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REVOLUTIONARY MEDICINE: HOMEOPATHY AND THE
REGULATION OF THE MEDICAL PROFESSION IN MEXICO,
1853-1942

by

Jethro Hernandez Berrones

DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

History of Health Sciences

in the

GRADUATE DIVISION

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by

Jethro Hernandez Berrones

Dedication

To Liliana,

who lived this journey by my side and filled it with love.

To Montse,

whose laughter illuminates me every day.

To Esthela and Ambrosio.

Acknowledgements

While writing a dissertation —hours of literature review, days of archival research, months of analysis, and years of writing— may seem at times an isolated process, it is actually rather the contrary. Looking back to the process of producing this dissertation once I have completed the final product makes me recall all the people who contributed both intellectually and materially. Knowledge production is exceptionally the outcome of one single mind and for the most part could not be completed without having the needs of our material life fulfilled. Throughout my graduate life and as a graduate student at UCSF in particular, I was fortunate to receive the mentorship, advice, and support of professors, friends, and family, both in the United States and Mexico.

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Abstract

In my doctoral dissertation, I analyze homeopathy as a subaltern medical movement that both participated in and reacted to the cultural reforms and institutional regulations that characterized Mexico during the Porfiriato and the post-revolutionary periods. In a context where medical elites used science to consolidate their position amidst state institutions, homeopaths evolved into a group of professional physicians and lay practitioners who held an unorthodox view of medical science and whose institutions diverted the state's political and economic support. My analysis shows that professional societies, medical schools, and public health offices worked as an interconnected structure of regulatory centers. Here, homeopaths, regular medical practitioners, and state authorities used their understandings of science, education, and class to advance their positions in the professional arena, organize and administer medical institutions, and centralize political control. I argue that by using homeopathy as a scientific therapeutic method distinct from contemporary medical science and as a professional ideology that critiqued elitist medical training and practice, homeopaths aligned with the Mexican state's cultural and institutional reforms that aimed to provide scientific medical training to the working class. In this way, they resisted the marginalizing strategies implemented by medical elites' professional societies, professional education, and public health authorities. The professionalization of homeopathy, hence, reproduced in a smaller scale the tensions between lay and scientific knowledge, professional libertarianism and regulation, and the working and the privileged classes that characterized Mexico before and after the revolution of 1910. My dissertation thus investigates the influence of local social, cultural, and political realities in the construction of the boundaries between biomedicine and other healing traditions in modern Mexico. My work is based on extensive research in private and public archives of homeopathic medical schools, and government offices such as the Department of Public Health, the National University, the

General Archives of the Nation, and the Historical Archives of Mexico City, as well as published homeopathic journals. This dissertation contributes to the history of medicine and public health in Mexico and in Latin America, the history of the medical profession, the history of alternative medicine, and the history of the Mexican revolution.

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Introduction: What is Revolutionary in the History of Mexican Homeopathy?



Figure 1. “In 1935, fanaticism and prejudice still exist [in Mexico], in spite of the Constitution’s reformed article 3rd and 20th-century scientific positivism”. Back cover of the “Número especial dedicado a las manifestaciones charlatanesco-homeopáticas.” *Acción Médica*. 14. (Octubre, 1935). See main text for explanation.

On October 1935, the journal of Mexico City's Union of Medical Doctors, *Acción Médica*, published a special issue aimed to attack what they called "the charlatanistic homeopathic manifestations". The back cover depicted a congress of homeopaths using symbols and representations that pictured homeopathy as a "fanatic and prejudiced" approach to medicine that opposed modern scientific progress (Figure 1). The owl of wisdom mocked at the law that had created a state-funded school of homeopathy in 1895. A poster above the speaker ridiculed homeopathic medicines by highlighting that the homeopathic pharmaceutical company, "Sugar, Inc.", promised to heal diseases, such as "scabies, dysentery, syphilis, malaria, and tape worm". The irony in this comment lay in physicians' generalized acknowledgment that these diseases were caused by microorganisms and that they could be only either prevented through sanitary interventions or vaccination or treated with recently developed pharmaceutical products that actually proved effective such as Salvarsan for syphilis, but not with homeopathic sugar globules, which contrary to what homeopaths argued other physicians believed did not contain any trace of therapeutic substance. The homeopath's speech in the back cover's picture repeated the union's critiques to homeopathic practice, "there are no microbes. We stop epidemic outbreaks. Serums do not work. Vaccines do harm". The text-box in the bottom explained that by selling remedies that contained only sugar and water, homeopaths highly profited from their practice, concluding in a satirical tone that homeopaths still argued that they helped the poor.¹

In this representation of homeopathy, the conflicting notions of disease and therapeutic intervention between homeopaths and allopaths were intertwined with university physicians' ideas of what should be science's and the state's role in medical training and the provision of medical services. According to the reasoning of the graduates from the National School of

¹ "Número especial dedicado a las manifestaciones charlatanesco-homeopáticas," *Acción Médica*. 14 (1935).

Medicine, the state should use medical science to train physicians who based on reliable methods that uncovered the true nature of disease would be able to bring health to all the Mexican population. The tensions between homeopaths and university trained physicians were not new. Since the arrival of the first Spanish homeopathic practitioners to Mexican shores in the mid-19th century, medical elites used contemporary medical science to discredit homeopathy, homeopaths' medical practice, and professional organization, in academically-trained physicians' quest to monopolize state support and the medical marketplace. As during the *Porfiriato* (the thirty-year-long period when Porfirio Diaz ruled the country, 1884–1911), science was used as a tool not only to modernize state institutions but to redeem the masses after the armed conflicts of the 1910s. For instance, in a talk given to the National Academy of Sciences “Antonio Alzate” in 1937, Alfonso Pruneda, an elite physician who occupied key government positions from which he promoted the reconstruction of institutions of the revolutionary state in the 1920s, the social function of science, which according to him consisted in allowing the humanity to live an easy and pleasant life, could not be entirely achieved if the rupture between science and the masses was not mended and if university students and faculty did not get closer to the people.² In other words, for Pruneda, Mexico could not achieve the desired progress unless science became part of Mexican culture, that is, until all of Mexican society integrated science as an integral part of its ways of understanding the natural and the social world.

However, this redeeming view of science, progressive as it may seem, carried the seeds of exclusionary social, cultural, and political mobilizations, such as the one depicted in the introductory vignette. Being a physician, Alfonso Pruneda himself used science to discredit other forms of healing approaches. In a conference given to the *Sociedad Folklórica de México*

² Alfonso Pruneda, "La función social de la ciencia," Memorias de la Academia Nacional de Ciencias "Antonio Alzate" 54.1-3 (1937): 56-9.

[Folkloric Society of Mexico] in 1942, Pruneda explained the nature of charlatanism and detailed the practices of charlatans in Mexico.³ According to him, a charlatan was someone who abused others because that person knew that it was possible to take advantage of their ignorance and naïveté. He did not mention homeopaths among Mexican charlatans, but his description mirrored those given by the Mexico City's Union of Medical Doctors in the special issue dedicated to homeopathy. This was no coincidence. Medical students were being trained in contemporary science in the National School of Medicine at the National University of Mexico during the 1920s. With promoters of science such as Fernando Ocaranza who led the former, and Alfonso Pruneda who led the latter, the medical school reproduced Pruneda's critiques of other approaches to medicine that differed from those supported by contemporary medical science. For instance, Miguel Ceceña Quiroz, who studied medicine at the National School in the mid-1920s and later practiced homeopathy, said that

if one professor talked about [homeopathy] — may be because it became a fashion when we [students who were formerly studying homeopathy at the state — sponsored homeopathic medical school that was merged to the National School of Medicine in 1924] came- it was to attribute to [homeopathy] any wisecrack [*cuchufleta*] that revealed [the professor's] lack of knowledge about the issue. [...] One of the professors, full of pride and vanity, said 'homeopaths put in a container a large number of white and inert globules, as they say, and then it is enough for them to lean out into the container and scream — for instance — *Argentum nitricum* in the 30th dilution, with which the globules are baptized'.⁴

It is no surprise that most physicians who studied at the National University contended that homeopathy and similar practices were useless, regardless of their wide acceptance by the public.

This public was frequently described as the people or the masses, as in Pruneda's works.

However, homeopaths proselytized that their approach was beneficial to a specific group of

³ Alfonso Pruneda, "La superchería médica en el folklore," Anuario de la Sociedad Folklórica de México III (1942).

⁴ Miguel Ceceña Quiroz, "Retorno," Revista homeopática I.1 (1936).

people, not all the people, and particularly not elites, as it used to happen during the *Porfiriato*. Homeopathic physicians, homeopathic lay practitioners, patients, and any who defended homeopathy in social terms after 1910 argued that homeopathy was particularly suitable for the poor, the disenfranchised, and the working class. For this reason, María González de Origel, a homeopathic practitioner in Guadalajara, said that homeopathy was “truly revolutionary”. By protecting these particular groups of people, she argued, homeopathy “prepared the healthy future of the Republic; because when healing the Mexican people, it made men suitable to contribute to the glory of the revolution; at the same time, [homeopathy] protected nationalism in the sense that it prevented the high influx of patent medicines coming from foreign countries at a high cost for the national treasure [...]”. For this reason, she concluded, “Homeopathic Science is truly revolutionary and must not be discharged”, referring to the campaign led by university physicians against homeopaths.⁵

The progressive science pictured by Pruneda was the same as that which prevented the progress of the nation, in the opinion of homeopathy supporters. The need to bring science to the masses in Pruneda’s talk indicated the limitations of the National University to bring education to the Mexican population in general and to popularize scientific knowledge in particular. As exemplified in Querido Moheno’s letter to request that graduates from a proprietary homeopathic medical school received licenses to practice medicine from the Department of Public Health, the use of science as a tool of progress, which was reflected in the structural changes carried out by government authorities, seemed to contradict the revolutionary values that motivated these changes in the first place. In other words, the revolutionary policies and government structures that used science as the foundational ideology of progress privileged Mexican social elites and

⁵ See correspondence from María González de Origel to the head of the Department of Public Health on February 28, 1934, in the AHSS, SP, EM, 13, 5, pp. 76-8.

while in principle aimed to bring modernity to the masses, in practice they left out of the equation of progress those for whom the revolution was fought. Moheno argued that

in the Department of Public Health was established a mafia of allopaths, who had been working against homeopaths due to envy and competition. Since those revolutionaries who governed boasted their being protagonists of progress — he argued — the Department of Public Health, being integrated by revolutionaries, should not prevent the practice of homeopathic medicine because this had even more scientific foundations than allopathy.⁶

Homeopaths and their supporters contended, hence, that medical science and those who supported it were not revolutionary. This contention begs the question, what was there in homeopathy that made it revolutionary as opposed to biomedicine in the 1920s and 30s in Mexico? What does Mexican homeopaths' activism tell us about the position of medical science and the medical profession in Mexico from the last half of the 19th century to the first decades of the 20th century? What does homeopathy as revolutionary medicine tell us about its relevance as a historical subject in Mexican history?

Revolutionary Medicine

My dissertation uses homeopathy as a lens to understand the changes that the Mexican medical profession went through in the period from the publication of the first homeopathic manuals in the mid-19th century to the recognition of homeopathic medical doctors as regular practitioners in the law of professions issued in 1943. During this century homeopathy not only gained a place among the therapies consumed and administered by urban Mexican patients, but also and perhaps most importantly, obtained the support of the Mexican state as a medical option suitable to the national population. Whether as a “medical reform” promoted by elites during the 19th century or as “revolutionary medicine” pushed by the working class during the 1920s and

⁶ Querido Moheno's request for the revision of the case between the Department of Public Health and homeopaths graduated from the Free School of Homeopathic Medicine, on April 14, 1923, AHSS, SP, EM, 4, 15, pp. 64-66. Emphasis in the original.

30s, homeopathic practitioners were able to convince contrastingly different sectors of the Mexican population as well as officers with radically different political ideologies and government strategies of the usefulness of their peculiar therapeutic approach to the Mexican population. As I argue in the first two chapters of this dissertation, homeopathy was a medicine of elites during the 19th century. Only literate citizens who had access either to literature that came from Europe or to books, pamphlets and newspapers published by nationals were able to read about homeopathy and practice it. Illiterate citizens had access, if any, only through the charitable homeopathic practice of these literate elites. Consequently, homeopathy's institutionalization just before the turn of the 20th century was a result of the mobilization of homeopathic elites in a government that privileged elites. In this sense, the "medical reform" was less an epistemological overturn to medical knowledge than a political one. Members of the national medical profession acknowledged that homeopathy divided national medical science, actually meaning the profession, by receiving state support and diverting resources that otherwise would have been allocated to the regular profession.

The revolution initiated in 1910 transformed Mexican society and initiated a series of structural changes that slowly materialized in state institutions through the 1920s and 30s. In this period homeopathic institutions were at the same time eclipsed and reinvigorated by government officers. On one side, *Porfirian científicos* such as Pruneda and Ocaranza based their exclusionary policies on a monolithic understanding of medical science, leading to the closure of homeopathic medical schools and the marginalization of homeopathic practitioners. On the other, educational reformers such as Jose Vasconcelos (Dean of the National University and Ministry of Public Education, 1920–4) and government officers concerned with the provision of education to non elites, i.e., the working class and the urban and rural poor, such as President

Emilio Portes Gil (1920–30) and Lázaro Cárdenas (1934–8) restructured state educational institutions to include homeopathic schools and regulate homeopathic practice. There was no shift from “medical reform” to “revolutionary medicine”, in the sense that the revolution did not change the ideology of elite homeopaths who were trained at *Porfirian* homeopathic institutions. Rather, the revolution set the conditions for the organization of urban non elites around homeopathy as an ideology through which they could actively protest against the privileges of medical elites. Homeopathy as a marginal and marginalized urban medical system gave voice to the larger complaints of the working class but in the realm of medicine.

Revolution and revolutionary are words heavily loaded with multiple meanings. These meanings are regularly associated with drastic changes that lead to progress. For instance, the revolutions of independence in Latin America in the early 19th century that detached this region of the globe from colonial, mostly Spanish, political, economic, social, and cultural rule, and the revolutions in the 20th century that aimed to overturn the privileges that independent Latin American nation states perpetuated in the 19th century are but an example of how this word refers to radical changes in social, political, economic, and cultural structures. Intellectual histories in general and histories of science and medicine in particular have used the word to refer to dramatic changes in the understanding of the natural world or notions of disease. Perhaps the most iconic example in the history of science is the term Scientific Revolution which refers to drastic changes that occurred in the early modern period and initiated a new way of understanding the natural world.⁷ While historians of medicine are less prone to talk about

⁷ See for instance works such as P. M. Harman, The Scientific Revolution, Lancaster pamphlets (London ; New York: Methuen, 1983).; I. Bernard Cohen, The Birth of a New Physics, Rev. and updated. ed. (New York: W.W. Norton, 1985).; Alexandre Koyré, From the Closed World to the Infinite Universe, The library of religion and culture: History, 1st Harper Torchbook ed. (New York,: Harper, 1958).; and David C. Lindberg, "Conceptions of the Scientific Revolution from Bacon to Butterfield: A preliminary sketch," Reappraisals of the Scientific Revolution, eds. David C. Lindberg and Robert S. Westman (Cambridge

radical changes in revolutionary terms, the term has not escaped some major medical breakthroughs particularly those associated with the rise of biomedicine at the end of the 19th century.⁸

My use of the term “revolutionary medicine” does not imply any assumption that homeopathy as a medical system or as a therapeutic commodity represented or represents a radical therapeutic innovation or a breakthrough in the understanding of disease and the body, although homeopaths used both this term and “the medical reform” in this sense. Rather, what I mean is that the Mexican state’s adoption of homeopathy as one of the forms through which it provides medical training and healing services to the Mexican population raises questions about the place of science in the configuration of the national medical profession and the stratification of Mexican society; the role of the state in defining such a configuration with the aim to fulfill the social promises of the revolution; and the usefulness of categories that divide medicine into the dichotomies of scientific/regular/orthodox/mainstream and alternative/irregular/unorthodox/marginalized to study the history of medicine in Mexico. In other words, Mexican homeopathy is revolutionary because it highlights the power of medical science as a tool to reform and modernize the medical profession, including both elite and working class homeopaths; because by reconfiguring the understandings of medical science it was able to obtain, lose, retain, and regain state support in the 19th century and throughout the 20th century; because it gave voice to a particular group of practitioners whose critiques of medical elites’ policies to regulate medical training and practice opened up the contradictions of

England ; New York: Cambridge University Press, 1990). For an analysis that questions this narrative see Steven Shapin, The Scientific Revolution (Chicago, IL: University of Chicago Press, 1996).

⁸ As an example see Morris J. Vogel and Charles E. Rosenberg, The Therapeutic Revolution: Essays in the Social History of American Medicine (Philadelphia: University of Pennsylvania Press, 1979).; and Andrew Cunningham and Perry Williams, The Laboratory Revolution in Medicine (Cambridge ; New York, NY: Cambridge University Press, 1992).

top-down regulatory policies; because using it as an ideology, its practitioners organized a professional group and created medical schools and clinics that the revolutionary state used to negotiate the growing political power of medical elites; and finally because it pushes us to reconceptualize the historiography of Mexican medicine.

As this list suggests, this dissertation centers its analysis of homeopathy on the negotiations of scientific knowledge in the configuration of the medical profession and the creation of state institutions, on the educational policies that aimed to homogenize professional medical training through one single medical curriculum, on the use of a unique approach to medical training as the measure to regulate professional medical practice, and finally on the limits of such regulatory policies. As in the rest of the Western world, science played a key role in the consolidation of the Mexican state as well as of the Mexican medical profession through the second half of the 19th century and the first half of the 20th century. Both *Porfirian* elites and their ideological descendants after the revolution used science to implement policies that aimed to modernize a society that these *científicos* regarded as backward. Consequently, science as a modernizing ideology that motivated educational reforms after the revolution perpetuated class distinctions established since the *Porfiriato*. Educational reforms in these two historical periods aimed to modernize the curriculum of medical schools to incorporate recent advances in medical science and to equip them with the instrumentation they needed to implement such curriculum, but medical training was not opened to the masses, as Pruneda's speech suggests. However if Mexican officials used science to direct the construction of government institutions, Mexican liberalism emphasized that knowledge was not the privilege of some and that any literate citizen was free to acquire, profess, and practice the knowledge — or *ciencia* as it was usually referred by liberals — he or she wanted. Being a European therapeutic commodity practiced by elites,

homeopathy penetrated the minds of some professional physicians as a new scientific breakthrough, but most importantly of some non-professional literate citizens who set it to work for the benefit of others both as a private effort to relieve the latter of disease in the absence of physicians or as a lucrative business that sold homeopathy as a proprietary remedy. Economic liberalism, which favored individual enterprise and free market, conflicted with professional monopoly. In this scenario, medical elites used their own understanding of medical science to discredit homeopathy as a type of knowledge that fooled naïve people, as a knowledge that was popular but not scientific. This distinction between specialized or scientific and popular medical knowledge permeated discussions between homeopaths and medical elites and dictated, once the latter were installed in regulatory positions in the new revolutionary state, the policies to marginalize homeopaths.

Second, since science played a key role in the modernization of Mexico and the consolidation of the Mexican medical profession, medical elites in key government positions incorporated this key ideology in educational institutions regulated by the state. Government officials hoped to transform Mexican society by indoctrinating them in positivistic science. However, only urban elites who lived in Mexico City benefited from this project. They learned Auguste Comte's epistemological approach to understand the natural and the social world in the National Preparatory School after which they embarked on a professional career. The projects for educational reform during the *Porfiriato*, which included homeopathy, were halted by the armed conflicts of the revolution, but once an established form of government was achieved in 1917, the *Porfirian* elites that were implementing such reforms resumed the project to modernize Mexico through education. However, the new position of medical elites within the government administration, the poor economic situation of the revolutionary government, and the need to

maximize economic resources in an increasingly more expensive medical school led the state to stop supporting homeopathy. In this context, only private homeopathic medical schools sustained by working class students helped homeopathy thrive as an option of medical training for those citizens who could neither afford nor attend the classes in the state medical school. Yet the regulatory efforts of the revolutionary state followed the same trends of the *Porfiriato* and eventually regulated these schools by requiring them to comply with a specific medical curriculum.

Third, this dissertation analyzes the control of medical practice as a sanitary strategy. Medical elites took control of the new Department of Public Health and regarding the free practice of medicine as a plague that needed to be combated accordingly used the resources of the sanitary office to ban the practice of those who had not studied in authorized medical schools. I contend that through controlling the National University, the National School of Medicine, and the Department of Public Health, medical elites mounted a campaign to marginalize the practice of their main competitor, homeopaths. The analysis of changes in the medical curriculum of homeopathic schools as well as the sanitary campaigns to ban the practice of these schools' graduates show that medical elites' purpose to modernize the medical profession through science contradicted the need to provide medical training to the working class. Medical elites' policies were designed to keep the privilege of becoming professional physicians to a few who usually belonged to economic and social elites and to ban the possibility of professional medical training and the social mobility that these implied to the working class. In this sense, I argue that the modernizing efforts of the medical elites clashed with the state's effort to dissolve the acute social stratification inherited from the *Porfiriato*.

Finally, facing the unwillingness of the regular medical profession to respond to the state's social projects, revolutionary governments gave their support back to homeopathy in the late 1920s and during the 1930s. This support overturned the policies implemented by medical elites, for homeopathic medical schools, both private and public, became regular institutions and its graduates regular practitioners. However, neither medical elites' nor the state's policies completely banned or allowed the practice of homeopaths, respectively. The lack of a clear regulatory framework of professional practice at the federal level and in each local state before 1943 allowed homeopaths who lacked either a degree or a license to practice in the nation. Moreover, regulatory inconsistency in the rapidly changing legal framework during the 1920s and 30s allowed different homeopathic medical schools to exist regardless of the state's effort to centralize and simplify professional education in the second half of the 1930s. I maintain that the conflicting negotiations between different understandings of science, their implementation as educational policies that resulted either in the perpetuation of class distinction or in an effort to disrupt these distinctions, and the contradictory regulatory policies of the state resulted in a medical landscape where a plurality of services prevailed and where homeopathy was vindicated as medicine for the working class, "revolutionary medicine".

Historiographical relevance

This dissertation emerges at the intersection of three fields of historical inquiry, the history of alternative medicine, the history of public health, and the history of the Mexican revolution. Mexican homeopathy, as conspicuous in the national medical marketplace during the previous two centuries as this introduction might suggest, has not been incorporated into national histories of medicine or anthropological studies of medicine in the region until the last couple of decades. Besides anthropologists and historians, homeopaths have chronicled their own historical

trajectories.⁹ The work of anthropologists shows that the widespread presence of homeopathy persists to the present and that its practitioners have a diverse academic and economic background: heads of family, other professionals who find in homeopathy an extra income, pharmacy owners or employees, allopathically trained doctors and even specialists who study homeopathy as another specialty in their quest to broaden their professional horizons.¹⁰

Historians have centered their attention in homeopaths' oppositional and combative role against mainstream elite physicians during the 19th century in Mexico City. While acknowledging the diversity of ideological positions amongst homeopaths regarding the nature of homeopathy and its oppositions to the principles of medical science, or what homeopaths called allopathy, Ana María Carrillo depicts them as a group that disqualified mainstream medicine and combated against the practices that derived from it.¹¹ My analysis extends the understanding of Mexican homeopathy during the 19th century by acknowledging its role as domestic medicine and a pharmaceutical commodity in the Mexican medical marketplace of this period. The key role that

⁹ These chronicles are very useful to the historian because they illuminate possible routes to follow in the process of research. However, by taking at face value the sources on which these stories are based on, without any contextualization and problematization of sources, their usefulness is limited as a map for sources. David Flores Toledo, Iniciación a la homeopatía (México: Porrúa, 1995).; Fernando Darío Francois Flores, Historia de la homeopatía en México (México, D.F.: Biblioteca de Homeopatía de México, A. C., 2007).; Juan Antiga, "Un resumen de la historia de la homeopatía de México," La propaganda homeopática VII.11 (1906). These chronologies later become standardize as official stories as in See also a compilation of oral histories in Jorge A. Fernández Pérez, La profesión del médico homeópata. Un acercamiento al pensamiento contemporáneo (México, D. F.: Centro Homeopático Nacional, S. A. de C. V., 2002).

¹⁰ Thomas F. Rice, "Homeopathy in Mexico: the History, Present Status, and Efficacy of a Surviving Mexican Medical Sect," 1985.; and M. B. Whiteford, "Homeopathic Medicine in the City of Oaxaca, Mexico: Patients' Perspectives and Observations," Medical Anthropology Quarterly 13.1 (1999).

¹¹ For the professional publications of homeopaths in Mexico see Juan José Saldaña and Luz Fernanda Azuela, "De amateurs a profesionales. Las sociedades científicas mexicanas en el siglo XIX," Quiipu 11.2 (1994). For the historical analysis of 19th century homeopathy see Ana María Carrillo, "Profesiones sanitarias y lucha de poderes en el México del siglo XIX," Asclepio L.2 (1998).; and Ana María Carrillo, "¿Indivisibilidad o bifurcación de la ciencia?: La institucionalización de la homeopatía en México," Continuidades y rupturas. Una historia tensa de la ciencia en México, eds. Francisco Javier Dosil Mancilla and Gerardo Sánchez Díaz (Morelia, Michoacán: Instituto de Investigaciones Históricas, Universidad Michoacana de San Nicolás de Hidalgo, Facultad de Ciencias, Universidad Nacional Autónoma de México, 2010).

successful entrepreneurs trading with homeopathy had in the professional organization of homeopaths suggests that rather than epistemological differences, it was homeopaths' professional organization which motivated the disputes between allopaths and homeopaths. By extending my analysis to the first half of the 20th century, my dissertation places homeopaths as key actors in the development of medical institutions and sanitary regulations during the 1920s and 30s.

Historians of the medical profession in Mexico have emphasized the importance of irregular healers, homeopaths among them, in the provision of health services to the population and as competitors of mainstream medicine during the colonial period and the 19th century, but none of them have used the term alternative to describe such practices.¹² In contrast, Historians who describe the medical profession of Costa Rica and Colombia during the 19th and 20th centuries picture a landscape where medical pluralism is the norm.¹³ Historians of medicine in the U. S. consider medical practices such as hydropathy, homeopathy, osteopathy, and Christian Science, alternative, as a consequence of the hegemonic control that the mainstream medical profession achieved over these competitors during the first half of the 20th century.¹⁴ However,

¹² See Luz Maria Hernández Saenz, Learning to Heal. The Medical Profession in Colonial Mexico, 1767-1831, American University Studies, Series XXI, Regional Studies (New York; Washington, D.C/Baltimore; Bern; Frankfurt am Main; Berlin;Vienna; Paris: Peter Lang, 1997), Carrillo, "Profesiones sanitarias y lucha de poderes en el México del siglo XIX."; A. M. Carrillo, "Nacimiento y muerte de una profesion. Las parteras tituladas en Mexico," Dynamis (Granada, Spain) 19 (1999).; Claudia Agostoni, "Médicos científicos y médicos ilícitos en la ciudad de México durante el Porfiriato," Estudios de Historia Moderna y Contemporánea de México 19 (1999).;

¹³ Even Steven Palmer, who explicitly uses the term alternative medicine to refer to practices such as homeopathy, spiritualism, popular healers and traditional healers such as midwives and *curanderos*, his work is a case study that explains the reasons fo medical pluralism in this country. See Steven Paul Palmer, From Popular Medicine to Medical Populism : Doctors, Healers, and Public Power in Costa Rica, 1800-1940 (Durham: Duke University Press, 2003).; and David Sowell, The Tale of Healer Miguel Perdomo Neira: Medicine, Ideologies, and Power in the Nineteenth-Century Andes, Latin American Silhouettes (Wilmington, Del.: SR Books, 2001).

¹⁴ Alternative medicine as an object of historical inquiry saw a boom in the last decades of the 20th century. See works such as James Harvey Young, The Toadstool Millionaires. A Social History of Patent Medicines in America Before Federal Regulation (Princeton, N.J.: Princeton University Press, 1961).;

when analyzed in a transnational context, alternative medicine appears less distinctive and oppositional to mainstream medicine as generally assumed.¹⁵ As in the case with American homeopaths, May dissertation shows that Mexican homeopaths were serious competitors in the medical marketplace, but in contrast the Mexican state's support as well as homeopaths' alignment with a social democratic political discourse after the Mexican revolution granted them a permanent space in professional landscape in the 20th century.¹⁶ My dissertation shows that the distinction between mainstream and alternative medicine is limited to understand the diverse understandings of medical science among different professional physicians and lay practitioners, the ways in which such understandings materialized in everyday practice, and the varied medical institutions that grouped practitioners with contending medical theories and political ideas.

Francisco Guerra, Las medicinas marginales : los sistemas de curar prohibidos a los médicos, El Libro de bolsillo 632 : Sección Ciencia y técnica (Madrid: Alianza Editorial, 1976), W. F. Bynum and Roy Porter, eds., Medical Fringe & Medical Orthodoxy, 1750-1850 (London; Wolfeboro, N.H.: Croom Helm, 1987).; Roy Porter, Health for Sale: Quackery in England, 1660-1850 (Manchester [England]; New York; New York, NY, USA: Manchester University Press ; Distributed exclusively in the USA and Canada by St. Martin's Press, 1989).; Norman Gevitz, Other Healers: Unorthodox Medicine in America (Baltimore: Johns Hopkins University Press, 1988).; , Studies in the History of Alternative Medicine: St. Martin's Press.; Marijke Gijswijt-Hofstra, Hilary Marland and Hans de Waardt, Illness and Healing Alternatives in Western Europe, Studies in the Social History of Medicine (London; New York: Routledge, 1997).; , Historical Aspects of Unconventional Medicine: Approaches, Concepts, Case Studies: European Association for the History of Medicine and Health Publications.; James C. Whorton, Nature Cures : the History of Alternative Medicine in America (Oxford; New York: Oxford University Press, 2002).; and Robert D. Johnston, The Politics of Healing: Histories of Alternative Medicine in Twentieth-Century North America (New York: Routledge, 2004).

¹⁵ See in particular the work of Roberta Bivins on acupuncture, Roberta E. Bivins, Acupuncture, Expertise, and Cross-Cultural Medicine, Science, Technology, and Medicine in Modern History (New York: Palgrave, 2000)., and also her general reflection when extending her analysis to other so-called alternative medicines in Roberta E. Bivins, Alternative Medicine? : a History (Oxford ; New York: Oxford University Press, 2007). In a similar line of inquiry see Roger Cooter, "Alternative Medicine, Alternative Cosmology," Studies in the History of Alternative Medicine, ed. Roger Cooter (New York: St. Martin Press, 1988).

¹⁶ For a histories of American homeopathy see Martin Kaufman, Homeopathy in America: the Rise and Fall of a Medical Heresy (Baltimore,: Johns Hopkins Press, 1971).; Naomi Rogers, An alternative path : the making and remaking of Hahnemann Medical College and Hospital of Philadelphia (New Brunswick, N.J.: Rutgers University Press, 1998), John S. Haller, The History of American Homeopathy: the Academic Years, 1820-1935 (New York: Pharmaceutical Products Press, 2005).; John S. Haller, The History of American Homeopathy: From Rational Medicine to Holistic Health Care (New Brunswick, N.J.: Rutgers University Press, 2009).; Anne Taylor Kirschmann, A Vital Force: Women in American Homeopathy (New Brunswick, N.J.: Rutgers University Press, 2004).

The interventionist role of the Mexican state in regulating the medical profession opened new veins of analysis in my dissertation. The historiography of homeopathy assumes that this particular group of practitioners whether professional or lay were regulated by efforts within the medical profession to monopolize medical training and the provision of health services in the absence of any external regulator, such as the state. For this reason some political scientists and sociologists have regarded the professionalization of American physicians as an exemplary case of how liberal professions organize.¹⁷ The presence of the state as regulator of professional organizations and as arbiter of professional disputes changes significantly the structure of the medical profession. For instance, social scientists Gustavo Nigenda and Solórzano argue that the corporativistic politics of the Mexican state in the 20th century resulted in a dispersed, and I would say plural, medical profession.¹⁸ Along the same line of reasoning, public health academic and former Minister of Public Health (2000–6) Julio Frenk argues that the interventionist state regulated the profession through training and the provision of labor.¹⁹ By responding to the demands of different medical groups as an approach to maintain its political control, the Mexican state fragmented the medical profession and did not allow the concentration of power in a single privileged group. My dissertation historicizes this process by centering its attention in the most conspicuous competitor of the medical profession, homeopaths. Through this lens, it shows up that state intervention was not monolithic. Changing state policies and contradictory interests of

¹⁷ Peter S. Cleaves, Professions and the State: the Mexican Case (Tucson: University of Arizona Press, 1987).; and Luis Duran-Arenas and Michael Kennedy, "The Constitution of Physician's Power: A Theoretical Framework for Comparative Analysis," Social Science Medicine 32.6 (1991).

¹⁸ G. Nigenda and A. Solorzano, "Doctors and Corporatist Politics: the Case of the Mexican Medical Profession," J Health Polit Policy Law 22.1 (1997).

¹⁹ Julio Frenk-Mora, Cecilia Robledo-Vera, Gustavo Nigenda-López, Catalina Ramírez-Cuadra, Oscar Galván-Martínez and Julio Ramírez-Ávila, "Políticas de formación y empleo de médicos en México, 1917-1988," Salud Pública de México 32 (1990).; Julio Frenk, Héctor Hernández-Llamas and Lourdes Alvarez-Klein, "El mercado de trabajo médico. I. Elementos teóricos y conceptuales," Gaceta médica de México 116.4 (1980).

officials in the departments of public health and education and even the ruling president defined the institutions that divided the national medical profession.

The recent historiography of medicine and public health in Latin America analyzes public health interventions to understand how the state coped with disease in the nation-building process. These histories have described epidemic disease as the motivation to implement sanitary measures led by mainstream physicians and public health officers that imposed social, cultural, and economic values associated with modernity to populations usually regarded as racially inferior, filthy, and ignorant by public health authorities.²⁰ My dissertation contributes to this

²⁰ There are a wide number of examples of this approach. For a general compilation of such works see Diego Armus, Disease in the History of Modern Latin America : from Malaria to AIDS (Durham: Duke University Press, 2003). For specific case studies in Latin America see David S. Parker, "Civilizing the City of Kings: Hygiene and Housing in Lima, Peru," Cities of Hope: People, Protests, and Progress in Urbanizing Latin America, 1870-1930, eds. Ronn F. Pineo and James A. Baer (Boulder, Colo.: Westview Press, 1998).; Ronn F. Pineo, "Public Health Care in Valparaiso, Chile," Cities of Hope: People, Protests, and Progress in Urbanizing Latin America, 1870-1930, eds. Ronn F. Pineo and James A. Baer (Boulder, Colo.: Westview Press, 1998).; Sam Adamo, "The Sick and the Dead: Epidemic and Contagious Disease in Rio de Janeiro, Brazil," Cities of Hope: People, Protests, and Progress in Urbanizing Latin America, 1870-1930, eds. Ronn F. Pineo and James A. Baer (Boulder, Colo.: Westview Press, 1998).; Ann Zulawski, Unequal Cures: Public Health and Political Change in Bolivia, 1900-1950 (Durham: Duke University Press, 2007).; Marcos Cueto, The Return of Epidemics: Health and Society in Peru During the Twentieth Century, *The History of Medicine in Context* (Aldershot ; Burlington, VT: Ashgate, 2001).; Mariola Espinosa, Epidemic Invasions: Yellow Fever and the Limits of Cuban Independence, 1878-1930 (Chicago: The University of Chicago Press, 2009). For specific cases on Mexico see Claudia Agostoni, Monuments of Progress: Modernization and Public Health in Mexico City, 1876-1910, *Latin American and Caribbean Series* (Calgary; Boulder, CO: University of Calgary Press ; University Press of Colorado, 2003).; Claudia Agostoni, "Popular Health Education and Propaganda in Times of Peace and War in Mexico City, 1890s-1920s," American Journal of Public Health 96.1 (2006).; Claudia Agostini, "Estrategias, actores, promesas y temores en las campañas de vacunación antivariolosa en México: del Porfiriato a la Posrevolución (1880-1940)," Ciência & Saúde Coletiva XVI.2 (2011).; Ana María Carrillo, "Economía, política y salud pública en el México porfiriano (1876-1910)," Hist. cienc. saude-Manguinhos História, Ciências, Saúde-Manguinhos 9 (2002).; Ana María Carrillo, "Salud pública y poder durante el Cardenismo: México, 1934-1940," Dynamis 25 (2005).; Anne-Emanuelle Birn, Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico, *Rochester Studies in Medical History*, (Rochester, NY: University of Rochester Press, 2006).; Katherine Elaine Bliss, Compromised Positions: Prostitution, Public Health, and Gender Politics in Revolutionary Mexico City (University Park: Pennsylvania State University Press, 2001).; Marcos Cueto, Cold War, Deadly Fevers: Malaria Eradication in Mexico, 1955-1975 (Washington, D.C.; Baltimore: Woodrow Wilson Center Press; Johns Hopkins University Press, 2007).; Heather L. McCrea, Diseased Relations: Epidemics, Public Health, and State-Building in Yucatán, Mexico, 1847-1924 (Albuquerque: University of New Mexico Press, 2010).

literature with the analysis of public health campaigns to regulate medical practice and control practitioners who did not comply with such regulations. By regarding the liberal practice of medicine as a plague that needed to be combated, sanitary authorities embarked on a campaign to sanitize the profession and get rid of practitioners who lacked adequate medical training. As other works on the role of public health in containing disease show, my work evidences the contradictions of these sanitary campaigns and unmasks the real problem behind the regulation of medical practice: the lack of physicians who tended to the health needs of the Mexican population and the lack of access among the working class to professional medical training. Analysis of the civilizing and modernizing efforts of the campaigns to sanitize the medical profession reveals the anxieties of Mexican physicians to retain control of their profession.

Chapter Structure

My dissertation traces the development of homeopathy from a domestic therapeutic commodity in the mid-19th century into a regulated profession at the end of the 1930s. It is divided in six chapters. Chapter 1 analyzes the popularization of homeopathy as domestic medicine and as a therapeutic commodity by entrepreneurial pharmacists and physicians in the context of 19th-century Mexican liberalism. It also explores how literate elites used homeopathy to their own domestic purposes through the case study of Francisco I. Madero. This chapter aims to understand how homeopathy was unconventional in the context of Mexican medicine during the 19th century and how Mexican people appropriated, promoted, and used the new therapeutic approach. Homeopathy arrived in Mexico when physicians were incorporating French positivism into the national educational system and the French clinical methodology into medical schools. The search for the anatomical cause of disease competed with homeopathy's symptomatic approach, but in the context of political liberalism which emphasized individual rights, a

symptomatic approach was closer to the personal experience of individuals who did not have technical training in medicine. Therefore the chapter contends that homeopathy was popularized in Mexican society because it fit the liberal ethos of the time, turning itself into the “medicine for the people”.

Chapter 2 problematizes domestic homeopathy by analyzing the adoption of homeopathy by university trained physicians and their efforts to turn it into a mainstream medical practice in the last quarter during the *Porfiriato*. During this period, the homeopathic community divided into two groups. Homeopathic elitist physicians supported the monopolizing efforts of the regular profession, while other homeopathic practitioners including lay and professionally trained homeopaths endorsed a liberal approach to medical training and practice. In this chapter, I explain the efforts of homeopathic physicians to introduce this therapeutic approach into the dynamics of medical professionalization in Mexico City. Such introduction meant that in order to cope with medical regulations and professional unifying tendencies, homeopathic physicians had to acknowledge the authority of the National School of Medicine and the Superior Board of Health in matters of medical training and licensing. Furthermore, these physicians adopted the rhetoric of positivistic science to position homeopathy as a scientific therapy over other therapies. Consequently, homeopathic physicians regarded entrepreneurial approaches to and the liberal practice of homeopathy described in Chapter 1 as unprofessional, and separated their activities and institutions from homeopathic practitioners who endorsed them. Eventually, the division of the homeopathic community paid off in terms of professional recognition. A government that sought to modernize the nation through education and science such as that of Porfirio Díaz saw the opportunity to train a growing population of irregular homeopathic practitioners with dubious medical training and professional credentials in modern scientific

homeopathic therapeutics, using properly trained homeopathic physicians in a homeopathic hospital and a school funded by the federal state. A “medical reform” turned the “medicine for the people” into a medical profession at the end of the 19th century.

Chapter 3 explores the role of the state’s educational politics and homeopaths’ political activism after the revolution in the development of both private and public homeopathic medical schools. The way different homeopathic groups used the rhetoric of educating the working class intertwined with the state’s educational and administrative policies and the interests of the larger medical and the local homeopathic community. Addressing medical training and healing services for the working class granted homeopaths support from both the people and the state throughout the 20th century, in spite of National-School-of-Medicine (ENM) graduates’ general opposition. In institutional terms, this rhetoric helped them to receive Porfirio Díaz’s support to open a National Homeopathic Hospital (HNH) and the National School of Homeopathic Medicine (ENMH) in 1893 and 1895, respectively; it helped the *Escuela Libre de Homeopatía de México* [Free School of Homeopathy of Mexico, ELHM] to attract students and become the largest homeopathic medical school in Mexico in the 1920s and 30s; and it also helped to reinstall the ENMH as a state medical school during the Cárdenas administration after the National University disintegrated it in 1925. The homeopathic medical system and professional schools thrived in the first half of the 20th century due to homeopaths’ ability to align their training institutions with different governments’ populist policies that aimed to bring professional education to the working class. However, this alignment came at a cost for homeopathic medical schools needed to adopt the scientific medical curriculum imposed by the ENM.

In chapter 4, I pay attention to the negotiations between authorities of the Department of Public Health (DSP) and first the National University of Mexico (UNM), and later the Ministry

of Public Education [*Secretaría de Educación Pública*, SEP] to achieve a coherent regulation to control medical practice. Particularly, I emphasize the central role that sanitary authorities played in this process. The UNM did not want to assume the role of a state institution that prescribed professional training, particularly at free schools, and in the late 1920s lost its place as a state institution that could potentially regulate professional training, at least locally in Mexico City. Facing such lack of first willingness and later authority, the DSP promoted reforms and enforcement of the Sanitary Code, aiming to cope with practitioners who lacked irregular medical degrees. I argue that the drive to control medical practice came from the DSP's new position in the government structure initiated in 1917, where it had the authority to rule on health matters all over the nation. I also argue that sanitary authorities aimed to sanitize the profession at the national level assuming that the demographics of professional physicians in the countryside reflected those of Mexico City.

Chapter 5 analyzes the forms of resistance of homeopaths since their arrival in Mexico in the mid-19th century to the year 1930, when President Emilio Portes Gil (1928–30) issued a decree that made the ELHM a legal institution. The purpose is to show that homeopaths' resistance provides a way to measure the limits of professional regulation. Homeopaths' nature as both regular and irregular practitioners and their struggles to belong to the medical profession and be acknowledged as such shows that the dispute between homeopaths and allopaths was a political rather than an epistemological one. Consequently, resistance, marginalization, professional control, and regulation were deeply influenced by the specific state policies in each historical period, the state structures that implemented such policies, and the particular position of these two professional medical groups within these state structures. This chapter, hence,

shows how homeopathy evolved as a subaltern social movement that resisted the hegemonic process of professionalization from the mid-19th century to the 1920s.

In the final chapter, I analyze the failed efforts of graduates from other free schools to resist the marginalization of medical practice by the sanitary code of 1926. I argue in the first section that the DSP enforced its sanitary policy and turned into a regulator of professional medical training as a result of the ELHM's political ability to obtain its recognition as an official medical school. The shifting policies of the Maximato (1928–34) together with the conflicts between the state and the university resulted in new regulations that the SEP used to shy away from its responsibility to regulate free schools and the DSP used to ban free school graduates from the medical registry. In the absence of an agreement between the SEP and the DSP regarding adequate medical training, the latter became an office that specifically surveyed free schools to prove they lacked official credentials to grant medical degrees. In the second section, I explore how the DSP changed its approach to police medical advertising from trying to convince practitioners of their compliance with the sanitary code to generating legal procedures that helped sanitary authorities frame legal cases that ensured practitioners both paid fines and complied with the sanitary code. Finally, I analyze the arguments that homeopaths used to unfruitfully convince President Abelardo L. Rodríguez (1932–34) and sanitary authorities to incorporate their demands in a new version of the sanitary code in 1934. These letters highlighted the conflict between sanitary authorities, ENM graduates, and homeopaths in terms of class struggle, professional competition, and the suitability of homeopathy as a scientific medicine for the working class. They used a social democratic rhetoric to convince the revolutionary government that supporting homeopathy aligned with the purposes and aims of the revolution. I conclude with a reflection about the limits of both top-down approaches to

regulation of the medical profession through sanitary campaigns and bottom up social mobilizations that aimed to limit or modify state intervention.

Chapter 1: Medicine “for the Mexican People”: Liberal Medicine, the Medical Marketplace, and Domestic Homeopathy in Mexico, 1853–1901

On 17 August 1901, Anastasia Rodríguez, a 55-year-old woman sought Francisco I. Madero’s medical advice to cope with maladies that had started disturbing her three months before. Madero found out that she was sick with “rheumatism and attacks; crippled... and before that, she had burnt her arm.” Confidently, he prescribed “Rhus”, an acronym for *Rhus toxicodendron*, a homeopathic remedy that according to Julián González’s *Family Guide*, was useful to treat “imminent apoplexy” and head-related complaints; rheumatism, particularly “muscular and joint... numbness..., and limb rigidity and paralytic resistance”; and some forms of fevers related to typhus.¹ Three days later, attacks receded, but the rest of Anastasia’s complaints persisted. During that month, her mobility and burns improved, yet attacks resumed over and over again. Madero persisted in his prescription, though one month later he decided to prescribe “magnetized water”. This remedy worked as an emetic at first, and consequently he enhanced such effect by prescribing *Arnica*. Since then every time Anastasia reported that attacks resumed, Madero prescribed this type of water, until she “notified [him] that precisely [on 6 November] when she started drinking the magnetized water, attacks receded.”²

During the second half of the nineteenth century, homeopathy was one of the most widely adopted and discussed medical systems amongst physicians in Europe and North America. In Mexico, its detractors argued that such a system broadly departed from

¹ Madero likely used González’s *Family Guide* as a tool to prescribe homeopathic remedies to his patients; though he had access to other homeopathic treatises produced abroad, particularly France. Julián González, *Tratado práctico de homeopatía y guía de las familias*, 4th ed. (México: Tipografía del hospicio, 1899) 177-8.

² Madero kept a clinical record of the patients he treated in 1901 and 1902. See the entry for Anastasia Rodríguez. Archivo de la Secretaría de Hacienda y Crédito Público (ASHCP), Fondo histórico Francisco I. Madero (FHFIM), 41, 66 (numbers indicate the pages within this document where the clinical cases are located).

contemporary medical science and that it was used by medical entrepreneurs to deceptively attract clientele.³ Less radical physicians sustained that in the hands of properly trained physicians homeopathy worked, but still further experimentation needed to be carried out in order to form a definitive opinion about its contributions to medical science.⁴ Outside academic medicine, homeopathy spread to members of Mexico's social elites such as Francisco I. Madero. They consumed it as a modern medical commodity that put medical science in the everyday language of non-technically trained people. In turn these literate individuals used homeopathy to provide healing services to illiterate people who could not read a homeopathic manual and take their health in their own hands, or who could not afford to pay for the travel and services of educated physicians. In order to diffuse homeopathy in Mexico, early practitioners and promoters wrapped this medical system in a set of liberal values and practices that prompted its consumption amongst literate elites, first as patients and later as practitioners.

Ramón Comellas and the Promotion of Homeopathy as a Liberal Form of Medicine

On August 1853, Ramón Comellas, a recently arrived Spanish physician, announced the publication of his book *Reseña de la homeopatía dedicada a los mexicanos* [Outline of Homeopathy Dedicated to the Mexican People]. The timing of homeopathy's introduction to Mexico could not have been better politically and historically situated in terms of its eventual success as a therapeutic approach that organized its practitioners into a profession. The new nation was reconstructing itself under the banners of republicanism and liberalism after earning

³ Manuel Eulogio Carpio commented on homeopathy in Fernando Martínez Cortés, La medicina científica y el siglo XIX mexicano, ed. María del Carmen Farías (México, D. F.: Fondo de Cultura Económica, 1997), June 6, 2012

<<http://bibliotecadigital.ilce.edu.mx/sites/ciencia/volumen1/ciencia2/45/htm/medicina.htm>>. Barreda's position is in Gabino Barreda, La homeopatía o juicio crítico sobre este nuevo medio de engañar a los cándidos (Mexico: Nabor Chavez, 1861).

⁴ Francisco de Asís Flores y Troncoso, "Terapéutica," Historia de la medicina en México desde la época de los indios hasta la presente, vol. 3 (México: Oficina tipográfica de la Secretaría de Fomento, 1886) 642-9.

its independence from Spain and having experienced deep internal conflicts to establish a democratic form of government during the first half of the nineteenth century. A new “medical doctrine that was cultivated and cared for in the majority of the civilized world”, as Comellas advertised homeopathy, fit the needs of a country that was striving for reconstruction and modernization.⁵

Responding to the need to create structures that favored personal freedom and individual legal uniformity, Mexico and its medical institutions went through a radical transformation in the mid-nineteenth century.⁶ As in other Latin American countries, Mexican physicians belonged to social elites who had access not only to academic training based on Latin and Greek texts, but also to modern philosophies that were flourishing in France and elsewhere in Europe.⁷ Due to their privileged position, they were key agents in the institutional transformation of medicine. For instance, they banned birth rights as requirement to enroll in medical schools, and any church influence on the structure of the medical curriculum.⁸ But while these structural changes

⁵ The newspaper ad is in "Reseña de la homeopatía dedicada á los mexicanos," El siglo diez y nueve Lunes 22 de agosto 1853. For his booklet see Ramon Comellas, Reseña sobre la homeopatía, dedicada a los mexicanos. Régimen homeopático e instruccion para consultar con fruto á un médico homeópata, aunque sea por medio de un escrito ó de una carta (México: Establecimiento tipográfico de Adrés Boix, 1853). The republican reconstruction went from the First Empire led by Santa Ana in 1848, to the Restored Republic when liberals led by Benito Juárez dethroned emperor Maximilian of Habsburg in 1876. Andrés Lira and Anne Staples, "Del desastre a la reconstrucción republicana, 1848-1876," Nueva historia general de México (México, D. F.: El Colegio de México, A. C., 2010).

⁶ Though these ideas were discussed in Mexico during the first half of the nineteenth century, it took them almost thirty years and several armed conflicts to establish institutional roots in the Laws of Reform (1855) and the federal constitution of 1857. Charles A. Hale, The Transformation of Liberalism in Late Nineteenth-Century Mexico (Princeton, N.J.: Princeton University Press, 1989) 4.

⁷ Creole scientists played a key role in the introduction of scientific knowledge in New Spain and particularly New Granada. They had a deep influence in the achievement of independence. Thomas F. Glick, "Science and Independence in Latin America (with Special Reference to New Granada)," The Hispanic American Historical Review 71.2 (1991). See also Palmer, From Popular Medicine to Medical Populism : Doctors, Healers, and Public Power in Costa Rica, 1800-1940.

⁸ President Valentín Gómez Farías, a physician himself, promoted most of these transformations during his presidential term (1833/6).

were propelled by a liberal ethos, they still privileged social elites who could afford a professional education and an extensive academic culture.

At the same time, medical knowledge was also shifting and transforming the medical profession. Following French medicine, Hippocratic and Galenic humoralism was ceding to new notions of the healthy and diseased body based on the connection between clinical observations at the bedside and autopsies of dead bodies. Such empirical connection, the basis of pathologic anatomy, integrated surgical and medical knowledge into one single epistemological apparatus. Pathologic anatomy gave nineteenth-century physicians a privileged access to the body and a specialized understanding of disease that the common people did not have. Elite physicians used such privileged epistemological access to create distance from popular approaches to disease and health. Their political liberalism led them to modernize medical institutions, but relying on modern medical knowledge to privilege their professional status led them to perpetuate the former stratification and marginalization of medical practices and knowledges.

Comellas' rhetoric to popularize homeopathy capitalized on the fact that medical knowledge was a privilege of those who received proper training. In order to replicate the status of medical knowledge for homeopathy, Comellas appropriated strategies elite physicians used to train medical students at professional schools. For instance, he mimicked Manuel Carpio's attempts to make medical knowledge and breakthroughs available to Spanish-speaking medical students at the recently formed School of Medical Sciences.⁹ Though originally conceived by the

⁹ Manuel Carpio studied at the Seminary in Puebla where besides learning the scholastic curriculum he learned medicine. During his school years he translated the *Aphorisms* of Hippocrates and published them altogether with a translation of Laennec's article about the use of the stethoscope in 1823. After his graduation he promoted the departure from scholasticism and Hippocratic medicine in the sake of French medical science. Manuel Carpio was one the founders of the School of Medical Sciences where he introduced the experimental study of drugs through the works of Francois Magendie. José Sanfilippo B, "El hipocratismo en tiempos del Dr. Manuel E. Carpio," Revista de la Facultad de Medicina UNAM 48.4, julio-agosto (2005). See also chapter III in Martínez Cortés, La medicina científica y el siglo XIX

German physician Samuel Hahnemann in the late eighteenth century, Comellas introduced homeopathy translating a French homeopathic text into Spanish.¹⁰ His *Reseña* promised to “place in people’s hands... this gigantic and positive breakthrough in medicine, known and practiced all over Europe and most of America; a doctrine that in spite of having only a few years since it started to get known, it has left behind and by much ordinary medicine.”¹¹ In the book, “ordinary medicine” was equated to previous attempts by Hippocrates and the eighteenth-century animist Georg Ernst Stahl to understand disease causation and therapeutic approach in terms of similarity.¹² Hahnemann was praised as being responsible for carrying out experiments and systematizing his discoveries into one single law to treat diseases through specific remedies. A medical book that introduced a “widely-practiced medical breakthrough in Europe” in Spanish to the Mexican people fit the rhetoric of enlightening the population while mimicking efforts of academic physicians to detach from Hippocratic medicine and introduce modern French medical breakthroughs.

mexicano; Vicente Guarner, "L'influence de la médecine française sur la médecine mexicaine au XIX^e siècle," Histoire des Sciences Médicales XLII.3 (2008): 279.; and Anne Staples, "La Constitución del Estado Nacional," Historia de las profesiones en México, ed. Lilia Cárdenas Treviño (México, D. F.: El Colegio de México, 1982) 97-9.

¹⁰ He mentions Guyard as the author of the French text. Samuel Hahnemann (1755-1843) was a German doctor, chemist and translator who severely critiqued therapeutic approaches of his time and in response proposed a new medical system that promised to ‘heal without tormenting the patient.’ Aligning with figures such as Paracelsus, J. B. Van Helmont and G. E. Stahl, he mounted a sustained attack on heroic medicine –bloodletting, purging, blistering, poly-pharmacy, massive doses- which in the lack of better therapeutic resources led him to abandon medicine. While he dedicated to earn a living through chemistry and translation, he came up with the two central principles of homeopathy, the principle of pure experimentation and the principle of similitude. Roy Porter, The Greatest Benefit to Mankind. A Medical History of Humanity from Antiquity to the Present (Hammersmith, London: HarperCollins, 1997) 674.

¹¹ Comellas, Reseña sobre la homeopatía, dedicada a los mexicanos. Régimen homeopático e instrucción para consultar con fruto á un médico homeópata, aunque sea por medio de un escrito ó de una carta frontpage.

¹² Comellas quoted texts where they explained that what cause a specific disease or ailment was its own therapeutic remedy. For instance, ‘vomit cured vomit’, or ‘burnt skin was cured approaching the affected parts to fire.’

Nevertheless, the way Comellas constructed homeopathy in his book blurred the boundaries between professional and public medical knowledge and practice that elite physicians were trying to build. By using symptoms as the basis for disease understanding and the experimental assessment of new drugs, homeopathy mirrored people's everyday somatic experiences. Patients such as Anastasia Rodríguez could describe with no problem their pain or maladies; what circumstances modified them; the physical appearance of the affected or wounded part of the body; digestive sensations or disorders; characteristics of bodily fluids such as stools, urine, and excretions; their skin appearance; fevers; and sleeping disorders. These somatic phenomena and symptoms constituted the homeopathic "vital reaction". Through this connection, patients could actually grasp through their personal experience what Comellas explained in his book. Moreover, he used such intimate individual experiences to instruct his readers about what they needed to know in order to identify a disease and report it to a doctor.¹³ The connection between symptoms and disease diagnosis turned homeopathy into the medicine for the people.

Moreover, the theoretical foundations of homeopathy attracted the untrained public because they framed disease understanding in an uplifting language that emphasized life rather than death. Comellas explained that the homeopathic system was founded on the idea that "life was the result of... an invisible, immaterial, dynamic, or virtual principle, called vital force".¹⁴ The efforts of the "vital force" against agents that disturbed the regular and organic harmony of the body constituted the "vital reaction". Emphasizing the idea that homeopathy was based on a "vital force" turned out to be much more uplifting to non-trained audiences than heroic therapies

¹³ Comellas, Reseña sobre la homeopatía, dedicada a los mexicanos. Régimen homeopático e instrucción para consultar con fruto á un médico homeópata, aunque sea por medio de un escrito ó de una carta 20-4.

¹⁴ Comellas, Reseña sobre la homeopatía, dedicada a los mexicanos. Régimen homeopático e instrucción para consultar con fruto á un médico homeópata, aunque sea por medio de un escrito ó de una carta 8.

which debilitated the body and caused patients' discomfort.¹⁵ Moreover, rather than disease being a sign of the dissipation of vital strength, in the homeopathic system disease was precisely the vital reaction that indicated that the body was fighting to recover its organic stability. In these terms, disease was less an omen of death than a sign of life.

Comellas's approach to introducing homeopathy into Mexican society bridged boundaries between homeopaths and patients that physicians with an approach based on anatomic pathology and heroic therapies could not. Comellas was clear about the importance of consulting a physician. His book was specifically designed to train patients how to "fruitfully consult a homeopathic physician", as the book's subtitle stated.¹⁶ In that sense, he perpetuated the traditional patient-doctor relationship. But homeopathy's symptomatic approach and theory of disease based on vitalism allowed an actual conversation between patient and doctor as a consequence of a shared understanding of disease which translated into a common medical language. Disease explanations that were foreign to patients' everyday experience together with invasive or unpleasant therapies turned patients into subjects rather than participants in the patient-doctor relationship. Such differences shifted patients' perceptions toward regular medicine. While they regarded physicians and their practice as distant, antipathetic, despotic, and frequently a sign of impending death,¹⁷ Comellas' representation of homeopathic practice as empathetic, connected, and life-affirming made them prefer homeopathy.¹⁸

¹⁵ The people understood homeopathy as a gentle therapy based on the law of similarity. For instance, in 1857 one journalist criticized a new law to regulate the public press because it seemed homeopathic. Former laws had not solved the problem the new one intended to. Rather, the journalist proposed to use emetics –that is radical solutions- to cure the 'legislative indigestion'. "Nueva ley de imprenta," Diario de Avisos Miercoles 21 de enero 1857.

¹⁶ Comellas, Reseña sobre la homeopatía, dedicada a los mexicanos. Régimen homeopático e instrucción para consultar con fruto á un médico homeópata, aunque sea por medio de un escrito ó de una carta frontpage.

¹⁷ Claudia Agostoni suggests that poor patient-doctor communications and uncertainty in the face of disease made the general public regard doctors the way I describe them. Claudia Agostoni, "Médicos

Comellas' *Reseña* also accommodated the liberal project through the means he used to publicize it. The liberal project sought to transform urban spaces into commercial landscapes,¹⁹ and Comellas' use of a newspaper to advertise his own book suggests he aimed to turn homeopathy into a therapeutic commodity that better positioned him in the competitive medical marketplace of Mexico City. He used patients' anxieties about contemporary heroic therapies to highlight homeopathy's gentleness and, hence, to attract customers. Accordingly, homeopathy had healing means that were "truthful, soft and expedite" and the homeopathic doctor did not "make the patient drink any repugnant beverage, use bloodletting or leeches to weaken the patients' body, or torment the patient with mustard plasters, cupping, caustics, setons, etc."²⁰ Comellas aimed to position homeopathy in people's minds not by showing that it was a logically consistent, or scientifically proven — in other words, rational or positivist — medical system, but by accommodating it to people's needs.

Homeopathic practitioners had diagnostic tools that disrupted the nature of traditional medical consultations, better positioning them in the competitive urban medical marketplace. The traditional doctor-patient relationship, based on careful observation and follow-up of patients' symptoms and — increasingly with the adoption of pathologic anatomy — signs, demanded the physical presence of the physician to actually diagnose the patient. In this

ecuestres, el arte de curar y los galenos en la historia nacional (Ciudad de México, 1877-1911)," *Ciênc. saúde coletiva* *Ciência & Saúde Coletiva* 13.3 (2008): 978-9. Doctors' therapeutic approaches based on heroic therapies and surgery contributed to the image of doctor as a messenger of death, too. John Harley Warner explains that throughout the nineteenth century American physicians slowly but progressively reduced the use of heroic therapies. The case of Mexican physicians remains to be studied. John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885* (Princeton, N.J.: Princeton University Press, 1997).

¹⁸ For an example see Fenelon, "CIRUGÍA PRÁCTICA. Carta del señor Fenelon sobre varios puntos de cirugía," *Gaceta Médica de México* IX.17 (1 de septiembre) (1874): 117-8, 321-3.

¹⁹ Steven Bunker explains how throughout the mid-nineteenth century, and propelled by liberal reforms, three types of advertising developed in Mexico City, newspapers being one of them. The other two were street hawking, and shop signs. Steven B. Bunker, *Creating Mexican Consumer Culture in the Age of Porfirio Díaz* (Albuquerque: University of New Mexico Press, 2012) 59-62.

²⁰ "Reseña de la homeopatía dedicada á los mexicanos."

traditional relationship, it was — more often than not wealthy — families who summoned the physician to their dwellings. There, the physician could closely follow the patient’s natural history of disease and prescribe accordingly, consuming the entire physician’s time. In contrast, taking advantage of the homeopathic symptomatic approach to disease, a homeopathic physician did not need to be physically present to make a diagnosis. Comellas’ used this advantage in the newspaper ad and in the subtitle of his *Reseña*, where he proposed to inform people about the “homeopathic regime and instruction to fruitfully consult a homeopathic physician, **at least by a letter or a text.**”²¹ Patients’ stories that recounted symptoms were mailed to the homeopathic physician, who did not waste time traveling from one patient’s house to another and consequently dedicated his time to diagnose from the comfort of his private study, saving time and money. This non-physical mode of diagnosis might have appealed to female patients who did not want to expose their bodies to the scrutiny of someone else’s eyes.

Comellas’ *Reseña* introduced homeopathy to a Mexican audience, but could not alone create homeopathic practitioners. The availability of homeopathy books that linked names of diseases, names of homeopathic remedies, and a list of both disease and drug symptoms in the Mexican marketplace, however, did.²² With these books, a reader of Comellas’ book had everything he or she needed to become a homeopathic practitioner. For instance, J. C. Ruoff’s *Guía del homeópata* [The Homeopath’s Guide] offered, as the subtitle expressed, a survey of

²¹ Emphasis mine. Comellas, *Reseña sobre la homeopatía, dedicada a los mexicanos. Régimen homeopático e instrucción para consultar con fruto á un médico homeópata, aunque sea por medio de un escrito ó de una carta* frontpage.

²² The *Librería Univeral* located in Mexico City distributed works written by important foreign homeopaths at the end of the 1850s. The advertisement reflects that the bookstore owner believed there was a market for books about homeopathy, and suggests the growing interest of residents in this topic. Among the titles a patient interested in homeopathy could find were Ruoff’s *Guía del homeópata*, Hering’s *Medicina homeopática*, and Hartman’s *Tratado práctico de terapéutica homeopática*. "De venta en la librería franco-mexicana," La sociedad Sábado 1 de mayo 1858.; "Libros nuevos que se hallan en venta en la librería universal," La sociedad Miércoles 16 de febrero 1859.; "Verdadero beneficio a los padres de familia," Diario de Avisos Miércoles 4 de abril 1860.

“more than a thousand diseases” that homeopathic physicians around the globe had successfully treated. This text did not explain homeopathy. Instead, the author offered a catalogue of diseases “using the names of the old school nosology” with their correspondent homeopathic remedies.²³ With Comellas’ and Ruoff’s works, and other homeopathic treatises of the 1850s, the Mexican literate public could “treat [themselves] with homeopathy in most cases, and in those urgent or serious ones, provide efficacious first aids to those who suffer from a disease until a homeopathic physician arrives.”²⁴ Comellas’ project of popularizing homeopathy in Mexico turned out to be the epitome of the liberal project in the medical sciences, turning it into a form of domestic medicine, a practice that academic physicians critiqued for the same reasons they critiqued the homeopathic lay practice, the subtraction of the academically trained doctor from the therapeutic intervention.²⁵

In contrast to medical elites’ efforts to transform medical institutions yet retain the privileges of professional stratification, Comellas’ strategies to promote homeopathy used liberal sentiments and practices that threatened the stratified professional structure. Comellas’ promotion of homeopathy promised to make accessible and public what physicians considered

²³ A. J. C. Ruoff, Guía del homeópata ó tratamiento de mas de mil enfermedades curadas y publicadas por los doctores homeópatas de Alemania, Rusia, Inglaterra, Francia, Bélgica, Estados Unidos, Suiza e Italia, trans. from the 2nd German edition by G. L. Strauss and into Spanish by A. P. y F. (Madrid: Imprenta y librería de Don Ignacio Boix, 1846).

²⁴ Constantine Hering, Medicina homeopática doméstica ó guía de las familias para que sus individuos puedan tratarse por sí mismos homeopáticamente en la mayoría de los casos, y en los urgentes y graves prestar auxilios eficaces á los enfermos hasta la llegada de un médico homeópata, trans. From the German edition by Leon Merchant and To the Spanish version by Tomás Pellicer, 2nd ed. (Madrid: Carlos Bailly-Bailliere. Imprenta Bailly-Bailliere, 1856).

²⁵ Constantine Hering’s book might have been advertised as such. The *Librería franco-mexicana* advertised it as *Medicina homeopática*; see “*De venta en la librería franco-mexicana.*” The book’s complete title was not advertised as such in the newspaper ad of the *Librería Universal*, but the catalogue of the National Library of Spain holds one edition with such a name. This edition might have been distributed in Mexico. For the critique of domestic medicine manuals see Francisco de Asís Flores y Troncoso, “Ejercicio de la medicina en el período positivo,” Historia de la medicina en México desde la época de los indios hasta la presente, vol. 3 (México: Oficina tipográfica de la Secretaría de Fomento, 1886) 254-6.

knowledge reserved to those who had been properly trained in medical science, the understanding of bodily processes, the causes of disease, and proper medical intervention. While Comellas' *Reseña* homeopathy opened the possibility of having an understanding of the body and disease to any literate citizen, it still preserved the traditional status of the physician and patient-doctor relationship. But with homeopathic domestic manuals, those who used homeopathy did not need a physician anymore. Comellas' effort to popularize medical knowledge through his homeopathic manual evolved into ways to provide people with tools to heal themselves. With patients turning into homeopathic practitioners and practices that made them competitive in the medical market place, homeopathy soon started to displace trained physicians at the bedside. As I will analyze in the following section, domestic manuals became one of the strategies to sell homeopathic commodities in the nascent medical marketplace in Mexico City that resulted in an extended use of homeopathy amongst the literate Mexican public.

Homeopathy as a Medical Commodity: Julián González, Domestic Medicine and the Mexican Medical Marketplace

In the 1860s homeopathy became a therapeutic brand. José Salvador Riera, a graduate of the University of Yucatán, advertised his services in *El Tabasqueño*, offering to treat people “according to the circumstances” with “allopathy or homeopathy”.²⁶ José Carbó offered his services at his homeopathic dispensary in 1857.²⁷ Homeopathy's widespread use led stores to specifically target their products to consumers of homeopathic medicine. Chocolate companies advertised products crafted specially without scents and substances that opposed the homeopathic regime, and chocolate factories in Mexico City even competed to offer products

²⁶ "José Salvador Riera," *El tabasqueño* Noviembre 23 1854.

²⁷ "Dispensario homeopático," *Diario de Avisos* 12 de noviembre 1857. The same ad appeared in the same daily newspaper throughout October and November.

that homeopathic physicians authorized.²⁸ Homeopathic dispensaries and drugstores started to populate the landscape of Mexico City. Pascual Bielsa sold first-aid kits and administered his own homeopathic dispensary,²⁹ and Mariano Omedes de Viela, who started offering his services as a homeopathic physician in September 1867, opened a dispensary in December of that same year and was still offering its services in 1870.³⁰ The “General Agency of the Leipsik [sic] Central Institute of Homeopathy” and the “Deposit of Homeopathic Medicines” offered homeopathic books, medicines, and other materials for the homeopathic practitioner in the mid 1870s.³¹ This trend suggests that there was a market of providers, both apothecaries and physicians, and consumers of homeopathy. However, what furthered people’s appropriation of homeopathy as domestic medicine was the selling of homeopathic manuals together with ready-to-use homeopathic first-aid kits.

Julián González played a central role in transforming homeopathy from a medical system used by physicians into a therapeutic commodity with which patients could self-medicate. He became acquainted with homeopathy through Comellas’ ads around 1850, when seeking treatment for chronic enteritis.³² The effectiveness of Comellas’ homeopathic treatment produced

²⁸ "Importante," Diario de Avisos 10 de marzo 1860.; "Chocolate homeopático," Diario de Avisos 21 de agosto 1860.; "Antigua y acreditada fábrica de chocolate superior, esquina de las calles de Cordobanes y segunda de Santo Domingo," Diario de Avisos 21 de agosto 1860.; and "Chocolate superior de las clases siguientes," Diario de Avisos 22 de septiembre 1860.

²⁹ See correspondence between Pascual Bielsa, the minister of Governance, the government of the Federal District and the Superior Sanitary Board, AHSS, SP, EM, 3, 53.

³⁰ "Dr. M. Homedes de Viela. Médico cirujano homeópata," El Constitucional 17 de septiembre 1867.; "Dispensario homeopático del doctor M. Omedes de Viela," El Constitucional 14 de diciembre 1867, "Dispensario homeopático del Dr. Omedes," El Ferrocarril 2 de junio 1870.

³¹ "Agencia general del Instituto Central de Homeopatía de Leipsik," El siglo diez y nueve Jueves 22 de abril 1875.; "Depósito de medicinas homeopáticas," La Iberia Sábado 25 de Diciembre 1875.

³² González suffered intermittent fever and was treated with quinine sulfide. He healed, but the drug produced chronic enteritis. Gonzalez does not specify how long he suffered of this health problem, but being chronic suggests a long and persistent condition. When he received the homeopathic treatment he soon felt better and in less than six months he was completely recovered. Julián González, "La homeopatía," El propagador homeopático II.2-8 (febrero-agosto) (1874).

a deep impression that led González to associate with Comellas and open a public dispensary.³³ A decade later, his small business turned into a “deposit of pharmaceutical specialties”, where González sold “homeopathic first-aid kits along with a booklet that provided instructions to use them”.³⁴ Homeopathy was but one of the medical products or patent medicines with which he diversified his drugstore. “Doctor López’s anti-venereal tonic... also called the infallible”; the “treasure of the mouth” which “eradicated bad breath and tooth decay”; “the secret of cupid to depilate the skin”; “the children’s amulet” which “as if by incantation eradicated fevers, cramps, flatulence, diarrhea,” among other children illnesses; “Bouillon’s emmenagogue powders, the best remedy against menstrual disorders, birth pains, flow and white flowers”; “Dr. Pariset anti-hemorrhoid, of surprising effects against hemorrhoids”; are a few examples of the multiple pharmaceutical specialties offered by Gonzalez’s dispensary.³⁵

At the turn of the 1870s the homeopathic section of González’s drugstore started to diversify and consolidate, turning into the center of his publicity machine.³⁶ In 1869, he offered globules and tinctures,³⁷ and two years later, he published a manual of homeopathic remedies³⁸ and his *Tratado práctico de homeopatía y guía de las familias* [Practical Treatise of Homeopathy

³³ A. García Sadas and Manuel M. Romero, "Biografía," *El Combate* 11 de abril 1878.

³⁴ "Interesante," *Diario de Avisos* 3 de mayo 1860.

³⁵ See his ads in "Interesante a los enfermos," *La Iberia* Sábado 26 de junio 1869. "Interesante a los enfermos," *La Iberia*, Sábado 26 de junio 1869.; and "Interesante a los enfermos," *El Ferrocarril* 15 de julio 1869.

³⁶ This shift coincided with Gonzalez sponsorship of the *Instituto Homeopatico Mexicano* [Mexican Homeopathic Institute], the first enduring homeopathic society in the nineteenth century. He funded its journal and provided facilities for the society’s professional meetings. He also gave free medical consultations and homeopathic medicines. Francisco Pérez Ortiz, "Discurso pronunciado por el señor vicepresidente del Instituto," *El propagador homeopático* I.6 (1871).

³⁷ "Interesante a los enfermos."

³⁸ Gonzalez advertised his new book, *La aplicación de los remedios homeopáticos* on 2 November 1871. He also started to publish almanacs every year, where he included “common diseases and means to heal them, certifications of successful treatments, varieties, and a diversity of articles useful for people living in the city or in the countryside.” Julián González, "Calendario homeopático," (México: Tomás F. Neve y M. Villanueva, 1870), vol.; "Segundo calendario homeopático para 1872," *El Ferrocarril* 2 de noviembre 1871.; and "Muy importante," *El Ferrocarril* 2 de noviembre 1871.

and Family Guide].³⁹ His *Tratado* became the tool with which González diffused homeopathy and profited from it. In 1873, he started advertising his dispensary as a “Homeopathic Drugstore”.⁴⁰ Moreover, he offered “a great variety of homeopathic first-aid kits and portable drugstores”⁴¹ that were specifically “useful for travelers, rural populations and *haciendas*, who not always are in the condition to receive professional medical assistance.”⁴² He recommended his *Tratado* as the most suitable to use the homeopathic kits. Julián González used the popularity of homeopathy to transform his drugstore into the most important homeopathic pharmacy in Mexico in the second half of the nineteenth century.⁴³

By bringing laissez-faire politics into medicine, González’s approach to selling homeopathy exploited the modern liberal political economy that aimed to detach Mexico from its colonial economic structures and push it forward as a modern nation.⁴⁴ Through this approach he also transformed the way the public consumed homeopathy. His manuals, first-aid kits, and portable drugstores became a means by which people could entirely appropriate their own health, rather than simply consult with success a homeopathic physician, as Comellas pretended.

³⁹ This work eventually turned into the main text with which Julián González publicized homeopathy. It went through at least four editions throughout the last quarter of the nineteenth century. Julián González, *Tratado práctico de homeopatía y guía de las familias* (México: 1871).; Julián González, *Tratado práctico de homeopatía y guía de las familias*, 2nd ed. (México: Imprenta de la viuda e hijos de Murgía, 1879).; and González, *Tratado práctico de homeopatía y guía de las familias*.

⁴⁰ “Botica homeopática,” *El siglo diez y nueve* 10 de octubre 1873.; “Botica homeopática,” *El eco de ambos mundos* 11 de agosto 1873. The last newspaper advertised González’s pharmacy throughout August 1873.

⁴¹ “Botica homeopática.”

⁴² “Medicinas,” *El Combate* 3 de febrero 1878.; and 15 de agosto de 1878. Gonzalez reiteratively advertised his drug store in *La Colonia Española* during December and January 1878-9.

⁴³ His was the most conspicuous, but not the only one. For instance, M. Omedes de Viela started offering his services as a homeopathic physician in the 1860s in the same terms as Comellas, but a decade later he started using it as a brand for therapeutic remedies, just like González did. “Dr. M. Homedes de Viela. Médico cirujano homeopata.”; and *La Colonia Española*, 3 de diciembre, 1875.

⁴⁴ For a short review of the notion of market in the nineteenth century see chapter 1 in Richard Weiner, *Race, Nation, and Market: Economic Culture in Porfirian Mexico* (Tucson: University of Arizona Press, 2004).

Gonzalez's commercial approach went beyond Comellas' book advertisement and consultation by mail, for

who could travel from one point to another, with an allopathic drugstore, or [who] could even use it without being a professional pharmacist or physician? This would be unattainable for a family. But a complete homeopathic first-aid kit, no matter how big, can be carried along any distance by a single person who needs no more than carefully and persistently consult the manual to use the kit.⁴⁵

The public reception of González's homeopathic manuals and products was divided.

Academic physicians labeled it a lucrative business that had nothing to do with medicine.⁴⁶ José Galindo, a graduate of the National School of Medicine, considered Julián González's approach to selling homeopathic manuals and first-aid kits as a robbery, and those who pursued healing as González recommended as "speculators" of health. According to Galindo, the homeopathic business had a "low risk" and was "productive".

[A] speculator... invests 22 pesos in Freleigh's manual and first-aid kit, the most expensive and complete one, and assuming that he treats two patients a day who pay 2 pesos for the homeopathic consultation, he earns 120 pesos a month. With it, he recovers the investment and has a huge profit only by visiting two patients and reading the manual two or three hours a day.⁴⁷

Francisco Flores de Asís, another graduate of the medical school, severely critiqued manuals of domestic medicine and the people who used them in 1886. He argued that "the mob" used "the jumble that swarmed [the city] and which was pretentiously called 'domestic medicines'" to "treat the sick only after [the mob] has learned from a [trained] physician the disease diagnosis." These practitioners or *aficionados* got rid of the physician once they learned

⁴⁵ González, Tratado práctico de homeopatía y guía de las familias xvii.

⁴⁶ This rhetoric of marginalization was typical within the community of academic physicians during the second half of the 19th century. In order to consolidate their professional status, academic physicians distanced themselves from popular approaches to health and disease, labeling them as unscientific.

Agostoni, "Médicos científicos y médicos ilícitos en la ciudad de México durante el Porfiriato," 977-9.

⁴⁷ José Galindo, "La homeopatía," El observador médico II.18, 20, 21 and 22 (julio, septiembre, octubre y noviembre) (1873). For this specific quote see "La Homeopatía," El observador médico II.22 (noviembre) (1873).

the specific name of a patient's ailment and started to medicate according to what the domestic manual indicated. For him, domestic manuals of medicine usurped, to the patient's harm, the doctor's place at the bedside, for it was only the "physician's eye", the trained medical gaze acquired in "good books of medicine and through a not-poor medical practice", the single means to diagnose a disease accurately.⁴⁸ Physicians' critiques expressed their discomfort about the commercial use of homeopathy and domestic medicine in a competitive medical marketplace. Their professional status as graduates of the National School of Medicine made them adopt a position that privileged the scientific medical knowledge they had received at the medical school to distance themselves from other healing practices.

In contrast, the public embraced González's products and publicity, prizing them as either an effort that "benefited all the classes of society" by bringing health to the population⁴⁹ or a proof of "generosity, detachment,... charity,... kindness[, and] philanthropy".⁵⁰ Generally, those who consumed González's homeopathic products were patients who just like him had been successfully treated with homeopathy and who dedicated their lives to understanding how it worked, popularizing its use, and providing homeopathic treatment, in other words, those whom Galindo criticized. It was they who boasted the benefits of homeopathy and the philanthropy of their homeopathic providers, as in the case of Luis Alva. He was one of González's patients. In return for González's kindness and effective treatment, Alva decided to publicize homeopathy through a pamphlet in 1883.⁵¹ This pamphlet was later reprinted in the fourth edition of González's *Treatise*, where Alva congratulated González for his medical intervention and altruistic behavior.

⁴⁸ Flores y Troncoso, "Ejercicio de la medicina en el período positivo," 254-6.

⁴⁹ "Tratado práctico homeopático," *El Combate* 4 de mayo 1879.

⁵⁰ González, *Tratado práctico de homeopatía y guía de las familias* 537-608, 539-40.

⁵¹ Luis Alva, *La homeopatía y la alopátia ante la humanidad doliente y ante la razón* (México: Manuel S. Gutierrez, 1883).

According to reports published by homeopathic practitioners, patients' gratitude praised homeopathic treatment itself, rather than González's products and publicity. But it was evident that such reports aimed to attract a larger clientele. Julián González and other homeopathic practitioners used their patients' reports as proof of the effectiveness of homeopathy. For instance, González advertised that his homeopathic remedies were famous because they healed patients deemed incurable by famous doctors. Furthermore, he included his clinical statistics of success in the ad, "4000 blood impurities, 230 skin diseases, 414 stomach diseases, 102 urinary diseases, 60 eye diseases, and 534 diseases that were not mentioned."⁵² Most of these reports were similarly structured to praise the clinical successes of homeopathic practitioners. Due to, for instance, a discouraging prognosis or the harming effects of heroic medications, distressed patients sought another medical option, homeopathy; patient's choices improved their health condition and left them satisfied with the outcome. It is unclear who wrote such reports: patients, homeopathic practitioners themselves, or both, the former to show their gratitude, and the latter to increase their clientele. In any case, the publication of these reports was solely the homeopathic practitioners' responsibility, which raises doubts about their authenticity.

Some reports added other elements to heighten their credibility, like the impartiality of the observer who reported the case of Rafael Navarrete, a homeopathic practitioner who had successfully treated a child with *Croup*, a breathing difficulty caused by inflammation of the vocal cords especially in infants and children. The reporter started his note by clarifying that he was not particularly fond of the homeopathic system, but having evidenced the "practical results", "palpable facts", and "happy healings" made him acknowledge the new system's effectiveness. The construction of the reporter's credibility was based on his intellectual distance from the homeopathic system and hence his nature as an impartial observer. Yet when the

⁵² The latter category might have referred to venereal diseases. "Botica homeopática."

impartial reporter recognized that it was his friend who acquainted him with the facts, the reporter's credibility seems to crumble.⁵³

Who should the reader of such a case report believe: the impartial reporter or the gratified patient? For medically trained physicians such as José Galindo, these reports were a clear example of how to “deceive naïve people”, but patients willing to find a cure might have read them otherwise.⁵⁴ When Guadalupe López de Herrera consulted Miguel Alva, a homeopathic practitioner, he recommended she receive spiritual counseling for he was not sure if homeopathy could do anything for her peritonitis, but the “persistence, efficacy and determination” of the practitioner achieved the “surprising” and unexpected healing.⁵⁵ The use of outstanding homeopathic clinical successes continued until the first decade of the twentieth century, when not only patients reported successful cases, but also authorities such as the police from all over the country provided certificates to homeopathic practitioners who healed and “saved thousands of people, most of them with terrible prognostics, without having any dead.”⁵⁶

⁵³ A. G. B. [Alfredo G. Bianchi], "La homeopatía," El Ferrocarril 10 de julio 1871.

⁵⁴ Gabino Barreda introduced the idea of homeopathy as a means to deceive naïve people. In 1861, he published *La homeopatía, o juicio crítico sobre este nuevo medio para engañar a los cándidos* [Homeopathy, or a critical appraisal of this new means to deceive naïve people]. Academic physicians used the arguments contained in this work to discredit homeopathy throughout the second half of the 19th century. It was reprinted in 1877 with a different name in Gabino Barreda, "La homeopatía ó juicio crítico sobre este nuevo sistema," Opúsculos, discusiones y discursos coleccionados y publicados por la Sociedad Metodófila Gabino Barreda, ed. Sociedad Metodófila Gabino Barreda (México: Imprenta del Comercio, de Dublán y Chávez, 1877); in Gabino Barreda, "La homeopatía o juicio crítico sobre este nuevo sistema," Revista positiva, científica, filosófica, social y política Mayo 1o. de 1902.17 (1902). Then the *Crónica Médica* reprinted it in several numbers of the volume 7 in 1904. Finally, it was printed in 1934 as a monograph, by *Acción Médica*, the medical journal of the Union of Physicians from the Federal District.

⁵⁵ F. O., "Sorprendente curación," El Combate 27 de junio 1880.

⁵⁶ For instance see letters addressed to Juan Pablo de los Ríos in the 1890s showing the unexpected healings he achieved with homeopathy. "El Sr. D. Juan Pablo de los Ríos," El Correo Español 18 de noviembre 1890.; "El Dr. Juan Pablo de los Ríos," El Correo Español 1 de enero 1891.; and "El Sr. Dr. D. Juan Pablo de los Ríos," El Correo Español 6 de enero 1891. See also the reports published in "Al público," La propaganda homeopática IV.4 (1904).

The interpretation of such reports is complicated by academic physicians' reports of homeopathic practice. In 1874, Juan Fenelon, a member of the recently created National Academy of Medicine, reported a case describing a woman who suffered from hemorrhages. After being treated by several physicians and then using "ordinary remedies", another physician diagnosed a uterine polyp, a mass of cells that grew within the uterus and caused the bleeding. But facing surgery, the patient and her family decided to consult a homeopath, who according to Fenelon fed the patient's and her family's fears and offered them "a miraculous healing". When the family sought Fenelon's opinion, he found the patient in a state close to death, yet "they were not determined to abandon homeopathy." Fenelon even highlighted that Mr. Navarrete,⁵⁷ the homeopath treating the woman, had made special emphasis on not bathing the patient, a situation that worsened the infection she was suffering. Fenelon notified the family of the imminent danger of an infection and another hemorrhage and recommended to anesthetize the patient in order to make the proper diagnosis and indicate possible ways of acting. Fenelon finished his report emphasizing his indignation with "the guilty ignorance of a *curandero*, that allowed [a patient] to reach such a deplorable state in a curable disease," and lamenting similar cases that did not reach the public arena. He offered to publish his own observations of such malpractices, "if only the public was not fond of being deceived."⁵⁸

What coincides in both homeopaths' and academic physicians' reports of clinical cases where homeopathy was used as the main treatment is that patients were satisfied and willing to continue homeopathic treatments in spite of the most adverse medical situations. To Fenelon's surprise, patients preferred to stay with homeopathy and face death rather than surrender their

⁵⁷ This homeopath might have certainly been Rafael Navarrete. "ACADEMIA DE MEDICINA. Sesión del 8 de febrero de 1882. Acta núm. 19, aprobada el 11 del mismo," Gaceta Médica de México XVII.5 (1 de mayo) (1882): 78.

⁵⁸ Fenelon, "CIRUGÍA PRÁCTICA. Carta del señor Fenelon sobre varios puntos de cirugía," 117-8, 321-3.

bodies to physical examination or surgical intervention, probably waiting for the unexpected and surprising recovery, as patients' accounts suggest. This preference reveals homeopaths' ability to attract customers and keep them faithful to their therapeutic approach. Homeopaths' strategy to commercialize their therapeutic innovation was effective in terms of patients' satisfaction and commitment to stick with one specific therapeutic approach. Moreover, academic physicians implicitly recognized such success when they criticized the profit homeopaths made or when they accused academic physicians who used homeopathy as "immoral [people] whose speculative conduct led them to robbery."⁵⁹

The popularity of homeopathy amongst patients attested to the success of homeopaths in penetrating the healing marketplace. These accounts also prove the success of homeopaths in advertising and addressing their therapeutic system to the people. For homeopathic entrepreneurs, patients' satisfaction was the core of their campaign to extend the use of homeopathy. What remains unclear is the source of patients' fear of academic doctors' therapeutic interventions. Did they prefer homeopathy because they believed it produced surprising healings, as homeopathic entrepreneurs advertised and patients' reports suggest? Were they simply responding to the interventional diagnostic and therapeutic approach of pathologic anatomy? Were there other beliefs involved in patients' choice? To explore these questions in greater depth and understand the context in which patients' appropriated and use homeopathy, I will analyze the homeopathic practice of one of the pivotal political leaders at the turn of the twentieth century, Francisco I. Madero.

⁵⁹ Galindo, "La homeopatía.", for this specific quote see "La Homeopatía," El observador médico II.18 (julio) (1873).

Francisco I. Madero and the Domestic Practice of Homeopathy in Rural Mexico

Madero's iconic place in the political history of Mexico and his unorthodox religious and medical beliefs inclined the historian Enrique Krauze to call him the "mystic of freedom".⁶⁰ Madero's life represents the cultural values that dominated amongst social and economic elites in Mexico in the last decades of the nineteenth century. The modern education based in science he received together with their deep religious beliefs combined into a fertile ground where homeopathy flourished. Madero's use of homeopathy was not a result of homeopaths' publicity and promotion, nor did his political inclinations lead him to a medical practice that ran against professional corporate bodies. Rather, his interest in healing stood at the base of his religious-based moral transformation. His experiences using homeopathy both as a patient and as a practitioner, together with his spiritualist practices and magnetic healing, are a window to understand how this medical novelty fit in the cultural landscape of rural Mexico, where elites offered modern medical commodities as charity to their workers at the turn of the twentieth century.

Francisco I. Madero (1873–1911) was the first son of one of the wealthiest families in northern Mexico. As such he received an elite education in Mexico, France, and the United States.⁶¹ The training in business administration and agriculture he received in Paris and at Berkeley allowed him to successfully run his family's *ranchos* and businesses. Yet it was the contact with Allan Kardec's spiritualist philosophy in Paris in 1889 that marked his personal life. He confessed in his memoirs that the Catholic religion seemed to him "obscure and irrational",

⁶⁰ Enrique Krauze, *Francisco I. Madero. Místico de la libertad*, Biografía del poder, vol. II (Mexico: Fondo de Cultura Económica, 1987).

⁶¹ He studied at a Jesuit school in Saltillo, the Saint Mary College in Baltimore, the School of High Studies of Commerce, and at the Department of Agriculture in the University of California, Berkeley. As a result of this education, he became fluent in French and English. Francisco Ignacio Madero, *Memorias, Obras completas de Francisco Ignacio Madero*, ed. Alejandro Rosas, vol. I, IX vols. (México: Editorial Clío, Libros y Videos, S. A. de C. V., 1998) 25-32.

and that at the time, he had “no belief”, so he was in an “impartial and dispassionate” position to appraise French Spiritualism. When Madero read Allan Kardec’s works, he “devoured” them. He found his “doctrines so rational, so beautiful, [and] so new” that he was “seduced”. Madero became a “spiritualist”, though he did not actually practiced spiritualism until he experienced the solitude of the rural life in 1893.⁶²

The connection between spiritualism, charity, and healing is pivotal to understanding the key role that health and disease played in Madero’s moral transformation. Madero defined spiritualism as a “science that investigates the forces of the human spirit”. Such science led to a specific form of ethics according to which every person’s duty was to pursue happiness by struggling against his or her bad inclinations. These included emotional attitudes such as anger, egoism, and vanity, as well as more material vices such as alcoholism, overeating, and other pleasures. “With these vices, health and will are rapidly lost”, Madero said. He argued that spiritualism, hard work, and charity helped a person to overcome such inclinations and vices, but healing above all provided the best means to personal development.⁶³

Madero practiced such means. When he learned about homeopathy in 1896,⁶⁴ he used it for charitable purposes. He personally visited his *peones* to prescribe homeopathic remedies and comfort them in their diseases. One of his intimate friends said that “in the city, someone could see how diseased *menesterosos* [working-class people] besieged him; and he comforted their

⁶² Madero settled permanently in Mexico in this year. Manuel Guerrero de Luna’s Prologue to Madero’s “Cuadernos Espíritas”. Francisco Ignacio Madero, Cuadernos espíritas, 1900-1908, Obras completas de Francisco Ignacio Madero, ed. Alejandro Rosas, vol. VI, IX vols. (México: Editorial Clío, Libros y Videos, S. A. de C. V., 2000) 20-3.

⁶³ Francisco Ignacio Madero, "Manual Espírita," Escritos sobre espiritismo. Doctrina espírita, 1901-1903, ed. Alejandro Rosas, vol. VII, Obras Completas de Francisco Ignacio Madero (México: Editorial Clío, Libros y Videos, S. A. de C. V., 2000).

⁶⁴ There is no consensus about who precisely introduced Francisco I. Madero to homeopathy. Krauze says that Madero’s father and uncle, Catarino Benavides, introduced him to homeopathy. Madero says in his Memoires that he learned about it when Colonel Carlos Herrera asked his father to bring a homeopathic first-aid kit. Krauze, Francisco I. Madero. Místico de la libertad 16-7. Also see Madero, Memorias 33.

pain, consoled their sorrows, and provided them with economic resources”.⁶⁵ Through healing, he rediscovered his gift as a spiritual medium and set it to practice.⁶⁶ Communications with spirits informed him about the importance of disease as a means to purification. One of the spirits told him “your disease is a punishment too, and you will not heal until you correct yourself. I am sure that if you healed now, you would follow the path of corruption you were in before”.⁶⁷ For this reason, Madero stopped smoking after being sick, drinking after his mother fell sick with typhoid fever, and married Sara Pérez to leave a dissolute life.

Spiritual communications also informed him about the need for disease to strengthen his bond with spiritual forces and the link that healing created between the medium and spirits. For instance, one spirit explained that a long and harsh disease made her die softly, because such a disease process “made her spirit detach from the matter little by little” to the extent that when she passed away her “spirit was free already”.⁶⁸ According to Madero’s “spiritualist morality”, healing was the most important means of charity through which individuals participated in altruistic activities that in turn strengthened their connection with spiritual forces and facilitated

⁶⁵ Cited in Krauze, Francisco I. Madero. Místico de la libertad 15. Krauze seemed to have taken the reference from Pedro Lamicq, Madero. Por uno de sus íntimos (Mexico: Oficina editorial Azteca, 1915) 10. He was also immersed in other charity enterprises. He organized a poorhouse in his own dwellings where he fed and provided shelter to the poor. With his wife, Sara Pérez, he supported orphans and students, and founded elementary and commercial schools, welfare institutions, hospitals, and community kitchens.

⁶⁶ For the historian Madero’s spiritualist letters represent an excellent window to his thought. While attending spiritualist groups in Paris, mediums told him that he was a writing medium, one who writes what spirits dictate. At that time, he tried to develop such gift without success and quit his attempts. Madero, Memorias 34-5. One night when his brother, Manuel Madero, suffered a gastric fever, he resumed his experiments as a writing medium and realize that ‘a force strange to [his] will moved his hand speedily.’ Once he became comfortable and confident with this new condition -especially with “Raúl”, the spirit of his younger brother who died tragically in 1887- Madero started to use such ability to seek moral reassurance and medical advice, particularly guidance about remedy election with the spirits.

⁶⁷ See the letter of 9 January 1901, in Madero, Cuadernos espíritas, 1900-1908 35. Six months later, on 9 May 1901, the spirit of Raúl told Francisco Madero that he believed that Madero’s headache was a consequence of abusing tobacco, and he commanded him to ‘stop smoking, because such a foolish vice does not do any good to you and it profoundly harms your health.’ Madero, Cuadernos espíritas, 1900-1908 41.

⁶⁸ Letter of 26 May 1902, in Madero, Cuadernos espíritas, 1900-1908 91.

their spiritual development. Raul's spirit specifically equated medicine with "the power of working as intermediaries of good spirits who came to heal those who suffered." Being an intermediary "elevated the spirits of [those who participated in spiritualist sessions] over others."⁶⁹ Such medical gift was a "light" that "should be used to enlighten the path of your brothers, once it has withdrawn all of you [in the spiritualist session] from darkness".⁷⁰

The notion of a connection between spiritual fluidic forces that linked the physical body with some sort of spiritual realm mirrored Comellas' homeopathic concept of the "vital force", making homeopathy a perfect fit as a medical system for Madero's notion of healing as a way to purification. Madero described in his *Manual espírita* that "*fuerzas anímicas* [psychic forces] came neither exclusively from spiritual nor material sources, and that their complex and mixed nature worked admirably as proof that our material body was ruled by a spiritual entity."⁷¹ He argued that "psychic phenomena", particularly the workings of magnetism, evidenced that such was the constitution of the human being. Accordingly, "magnetism was the vital fluid that worked as intermediary between the soul and the body. When such a fluid weakens, there is disease; when it vanishes, death."⁷² Madero explained the disease cause and the processes of healing with magnetism. He said that severe wounds may cause death because they obstructed channels of vital fluid circulation in the body, or that the transmission of "healthy and strong" vital fluid to a "weakened organism" produced "a reaction in the fluids of the latter" that healed physical complaints. One spirit told him that magnetism was useful specifically in treating diseases caused by "moral infections", colds, physical weakening and nervous diseases.⁷³ Such descriptions of the workings of fluidic forces in the process of healing mirrored Comellas' and

⁶⁹ Letter on December 2, 1901, Madero, Cuadernos espíritas, 1900-1908 65.

⁷⁰ Letter on 9 March 1902, Madero, Cuadernos espíritas, 1900-1908 79.

⁷¹ Madero, "Manual Espírita," 79-80.

⁷² Madero, "Manual Espírita," 96-7.

⁷³ Letter of 18 August 1901, in Madero, Cuadernos espíritas, 1900-1908 271.

the rest of homeopaths' explanations of how homeopathic remedies worked and the specific usefulness of homeopathy in chronic diseases.⁷⁴

It is unclear to what extent homeopathy influenced Madero's spiritualist beliefs or the other way round. He studied the latter earlier than the former, but the language, expressions, and reflections used when referring to the processes of healing, the connection of emotions with disease, choosing a homeopathic remedy and its dosage, and following a specific regime are so abundant in the homeopathic literature that it is difficult to trace the precise origin of such ideas in Madero's system of thought. Yet rather than causation, the link between homeopathy and spiritualism shows the congruity of such ideologies in a coherent set of beliefs that guided Madero's healing practices. Moreover, for Madero, both spiritualism and homeopathy were empirical sciences. They provided alternative yet modern ways to reflect about religion and morality in a secular world and about healing in a context with limited access to trained physicians.⁷⁵

⁷⁴ Madero was simply following the historical trend where Mesmerism -a therapeutic approach that used first magnets and then the therapist own vital magnetism, hence the name of animal magnetism, for healing purposes- evolved into different forms of mind healing, such as Ellen G. White Seventh-Day Adventists, Christian Science, and Theosophy. David Schmit, "Re-Visioning Antebellum American Psychology: The Dissemination of Mesmerism, 1836-1854," *History of Psychology* 8.4 (2005).; Ronald L. Numbers, *Prophetess of Health: a Study of Ellen G. White* (New York: Harper & Row, 1976).; Rennie B. Schoepflin, *Christian Science on Trial: Religious Healing in America*, Medicine, Science, and Religion in Historical Context (Baltimore: Johns Hopkins University Press, 2003).; and Stephen Prothero, "From Spiritualism to Theosophy: "Uplifting" a Democratic Tradition," *Religion and American Culture* 3.2 (1993).

⁷⁵ In his *Manual espírita*, he defined spiritualism as an experimental science, and he dedicated a whole section of this manual to explain the material phenomena on which spiritualism was based on. Madero, "Manual Espírita," 96-108. According to homeopathy, the quest to find the right medication for a specific diseases case was a permanent process of experimentation, as it was the quest to find the medical properties of natural substances. Maderos' spiritualist letters show a constant concern to find the right homeopathic remedy, though his personal correspondence evidences his reassurance with homeopathy, probably resulting from his personal reflections/communications with spirits. Raul's spirit constantly guided Madero in the election of a homeopathic remedy on the latter's specific request, or reassured him in the election of his own. Francisco Ignacio Madero, *Epistolario (1900-1909)*, Archivo de Don Francisco I. Madero, vol. I, 2 vols. (Mexico: Secretaría de Hacienda y Crédito Público, 1985) 55, 75-6, 60-1, 68-9.

Comellas and González turned homeopathy into a modern medical commodity in Mexico. Consumers, such as Madero, with a modern mentality, yet isolated from the burgeoning cultural, political, and economic center Mexico City was, used it as patients and healers. Madero became an avid consumer of homeopathic literature and first-aid kits, offered both in Mexico City and abroad.⁷⁶ He bought his first homeopathic manuals from Julián González in 1899 and continued obtaining homeopathic supplies from him throughout his life.⁷⁷ Madero's relatives preferred González's kits because they "believed that it was better to use [Gonzalez's] specifics rather than other first-aid kits which required a deeper study."⁷⁸ Such a comment testifies to how well González's publicity fit landowners' medical needs in the countryside. At unpopulated almost desolate places in the northern part of Mexico, people needed concise domestic manuals that filled the gap left by physicians' absence.

Madero's homeopathic practice provided healing services to his family and *peones*. He registered accounts of the *peones* he treated between 1901 and 1902.⁷⁹ The importance of

His personal correspondence also shows Madero's interest in proving –the homeopathic word for testing– the medicinal properties of native plants. Madero, *Epistolario (1900-1909)* 50, 215.

⁷⁶ For instance, Madero requested books from foreign providers. Most of them were related to spiritualism, though among these he also asked for titles about magnetism such as Delaye's *Instrucción práctica de magnetism animal*, Derville's *Aplicación del imán al tratamiento de las enfermedades*, Derville's *Procedimientos magnéticos*, Derville's *Leyes físicas del magnetismo*, and Derville's *El magnetismo humano*. See his letter to Don Quintín López Gómez, a provider from Barcelona, Spain, on 4 March 1902, in Madero, *Epistolario (1900-1909)* 41-2.

⁷⁷ According to Enrique Krauze, Madero bought *La salud de los niños*, *Medicina veterinaria y homeopática* y *Manual de la madre de familia* with the company Julián González Sucs. Krauze, *Francisco I. Madero. Místico de la libertad* 15. For his later requests to this pharmacy see Madero, *Epistolario (1900-1909)* 18, 22, 213, 332.

⁷⁸ Letter to J. González Sucs of 21 October 1900, Madero, *Epistolario (1900-1909)* 18.

⁷⁹ Madero entered 248 patients' names in his booklet out of which he explicitly identified 13 as recurring patients. This figure leaves 235 patients' entries. 60% were women and 40% men, ranging from 2 months of age to 75 years with an average of 40. Madero explicitly used the category of age, yet he did not explicitly register the category of sex. Using names and maladies that exclusively identify women I obtained a sex ratio of 0.42 men, 0.57 women. Entries dates range from 27 March 1901 to 25 November 1902. Most of the times he has from one to five entries registered for one single day, though there were exceptional days when he entered up to 16 cases. Assuming that entries represent Madero's interactions with his patients, we can say that he had regular visits during the second half of 1901. These largely

Madero's clinical notes lies in their private and personal nature. In contrast to patients' accounts edited and published as publicity for homeopathy, or actual clinical histories carried out by homeopathic physicians, Madero's notes are homeopathic clinical practice in the making, with no secondary reflections about how well or not such observations fit the homeopathic corpus or praised homeopathic treatments' success. It is uncertain to what extent Madero transcribed his patients' descriptions, or if he somehow filtered them.⁸⁰ In any case, his note taking represents a construction between the patient and the practitioner that shows how both understood disease.

In Madero's clinical notes, disease can be a symptom, an anatomical part, or what we would currently identify as diseases with a microbiological origin. Madero's descriptions of symptoms discussed evacuations, whether from the sexual organs, digestive organs, or the skin; some sorts of pain, such as numbness, burning sensation, colic, and cramps; fever; nervous disorders, like delusions, attacks, faintness, and insomnia; and skin rashes, swellings, sores, and marks. He sometimes used technical terms to refer to such symptoms, such as when he used blennorrhagia to describe white or yellow discharges from sexual organs, yet he sometimes used the term as a disease category, such as when a male patient described "a strong pain when urinating, but with no discharge, which made [Madero] think about a possible blennorrhagia."⁸¹ Lacking a disease classification, Madero sometimes referred to symptoms as a sickness at specific organs. He also used current disease categories, yet it is unclear if he referred to the group of signs and symptoms that we currently correlate with them, or even if he actually

decreased in 1902. As to whether he visited them or otherwise is hard to suggest a general trend from the booklet. His notes suggest that sometimes some patients visited him, but in these cases they did it to explain changes in symptoms or to express total recovery after Madero had first prescribed some remedy.

⁸⁰ While most reports are taken directly from patients' accounts, some of them suggest that symptoms of other patients were referred to him by a third party.

⁸¹ Madero's clinical booklet in ASHCP, FHFIM, 27. He used interchangeably -that is as symptoms and diseases- other technical terms such as metrorrhagia to refer to irregular menstruations; intermittent to refer to the periodicity and evolution of fevers; chancres; reuma or rheumatism, to explain some sort of pain or discomfort in specific body parts, and neuralgia, to refer headaches.

understood their microbiological origin. Though not particularly abundant in his booklet, herpes, dysentery, influenza, pertussis, typhoid fever, pneumonia, flu, and consumption figured as disease categories.

Disease etiology was seldom mentioned, and when Madero, or his patient ventured to explain the cause of disease, it did not influence remedy election. Disease etiologies have a regular pattern in his clinical notes. Generally, *susto* [fright], *disgusto* [disgust], and *coraje* [anger] caused pain, or menstrual disorders; food caused indigestion, stomachaches, and diarrhea; and alcohol ingestion was correlated to liver and nervous illnesses. Some of these etiologies were guessed by patients such as when a male reported “several rheumatic pains which [the patient] attributed to thermal work”, while some others were either endorsed or guessed by Madero, such as when one patient showed up with “a swelling nose produced by breathing in the presence of a cadaver.”⁸² These two forms of reporting imply that Madero either agreed with the patient’s explanation and consequently made it his own, or doubted about the patient’s reported etiology and made it clear that it was not his own.

Remedy selection is difficult to evaluate since Madero did not explicitly register the reasons why he chose specific remedies. Sometimes he just reported the remedy without even annotating the patient symptoms. In other entries he used the same remedy for different symptomatic descriptions. For instance he used *Belladonna* in people sick at the stomach, tonsils, or liver, or with cough, nervous attacks, burning sores, swollen eyes, sore throats, headaches, blenorrhagia, and so on. There are other remedies that Madero used specifically for certain complaints, nevertheless. For instance, *Merc Sol*, an acronym for *Mercurius solubilis*, was used in every patient that had skin rashes or whenever the patient’s wounded part needed to discharge.

⁸² See the clinical report of Herminio Hernandez and Francisco Tapia, respectively. Madero’s clinical booklet in ASHCP, FHFIM, 57, 56.

He preferred to use remedies that indicated they suited the environment Madero's *peones* lived in.⁸³ His magnetic passes or water were generally combined with homeopathic medicines, yet he only used magnetism in cases that hinted at an emotional etiology that produced headaches, chest pain, nervous attacks, and general body weakness and pain.

Madero struggled to find the adequate remedy for his patients. For instance, Pilar Pinales showed up with scabies and menstrual disorders, and Madero prescribed *Pulsatilla*. Two months later Madero reported "No effect and I gave her Sulfur 1000a"; six weeks later, "No effect and I gave her magnetized pills"; three weeks later, "they did not work, Nux moscata"; one week later, "Didn't work. Ferrum net. Didn't work"; six months later he prescribed magnetic pills.⁸⁴

Sometimes homeopathic medicines improved certain conditions, but Madero needed to use new homeopathic remedies to attack complaints that persisted, such as in the case of Laura Ramírez who suffered from rheumatism. He recommended *Aconito* and *Arnica*, but "medicines were not given as prescribed and she showed a poor relief. She has diarrhea... and is thirsty. Arsenico"; a couple of days later he changed to *Pulsatilla* 30a; and three days later "pains diminished, she healed from diarrhea and was almost entirely well." But two days later, Madero noted that rheumatic pains resumed. He prescribed *Bryonia*, which didn't work and changed to *Rhus Toxicica* 30a, which did. Three days later she showed up with a rash throughout her body. While *Merc Sol* "dried" the rash, the patient was left with headaches and swollen feet. Madero used magnetism, and the headache subsided, but the swollen feet persisted. *China* and *Arnica* solved this last malady, yet the last entry of this case stated "she was entirely relieved".⁸⁵

⁸³ An interesting case is the use of *Plantago* for intermittent fevers. Julián González's *Family Guide* recommended *Ipecac* or *Nux vom* for this malady, yet Madero chose *Plantago*, for in the same manual this homeopathic remedy was recommended specially for people who grew vegetables in low and humid lands. González, *Tratado práctico de homeopatía y guía de las familias* 172, 244-9.

⁸⁴ Madero's clinical booklet in ASHCP, FHFIM, 63, 71.

⁸⁵ Madero's clinical booklet in ASHCP, FHFIM, 41,47,53.

These clinical cases show that Madero was a committed homeopathic practitioner. He constantly tried to ascertain his patients' outcome, which he learned by letter or spoken word, and modified his prescription accordingly. He reported only a few cases — like the one in the introduction of the chapter — in which the patient was apparently left with no ailment at all, but only one where the patient died. No case report includes regime indications such as diet or exercise. It seems that he assumed that the homeopathic medicine or magnetism would do the work, though generally homeopathic family guides instructed about the regime patients should follow, and his spiritualist letters indicate that he was aware of diet.⁸⁶ It is difficult to assess the efficacy of homeopathic remedies with current medical knowledge, yet it is fair enough to say that homeopathy provided some sort of healing for people who had limited access to professional physicians. And for those who had access to them, such as Madero's family, it constituted a way to get rid of their pernicious methods, for as Madero said “allopaths do not have medicines for this disease, and with the syrups and other concoctions they provide, they hurt the patient's stomach, which in turn debilitates more and more the patient, making it difficult for him to heal.”⁸⁷

Conclusions

During a time of liberal reforms in Mexico, homeopathy became the medicine of the people. Following the French Enlightenment, homeopaths aligned with academic physicians in making contemporary medical knowledge accessible to the literate public. But homeopaths' language and commercial publicity undermined academic medicine's exclusivity by popularizing medical knowledge. With a language and publicity that resonated with the cultural values and health needs of the literate population, homeopaths positioned their medical system as an

⁸⁶ Madero, Cuadernos espíritas, 1900-1908 87.

⁸⁷ Letter to Sr. Don Gregorio D. Zambrano on 17 February 1904. Madero, Epistolario (1900-1909) 69.

alternative therapy that patients preferred over other traditional methods. They also placed homeopaths' services in competition with the ones provided by academic physicians. Moreover, homeopathy provided healing services to patients who were unable to afford or unwilling to use the services of regular physicians and was sometimes used by patients to provide healing services to others. In this sense, homeopathy became a medical commodity not only consumed by the people, but also prescribed by the people.

Being for the people did not actually mean that all the population had immediate access to homeopathy. Only literate citizens were able to purchase homeopathic kits and manuals, read them, and practice homeopathy. In this sense, homeopathy was still a medical knowledge for elites, though homeopaths popularized it as medical knowledge outside professional circles. Illiterate members of the working class had access to homeopathic therapy through charitable efforts of practitioners such as González and Madero. This meant that only literate individuals could actually become homeopathic practitioners and that the rest of the population who consumed homeopathy remained as patients without the possibility to become practitioners. The liberal medical project that homeopathy represented was still for elites in a country where 75% of the population was illiterate⁸⁸.

Yet homeopathy's popular appeal contributed to its success as a medical commodity during the second half of the nineteenth century in Mexico. Homeopathy's commonsensical disease explanations and its theory of disease based on vitalism aligned with people's own experience of diseases, how they understood them, and how they related such popular notions of disease with their own religious beliefs and moral lives, as Madero's personal life and clinical notes suggest. This shared understanding of the body and disease was the one that allowed popular interest in homeopathy, whether as sellers or consumers, practitioners or patients,

⁸⁸ Lira and Staples, "Del desastre a la reconstrucción republicana, 1848-1876," 483.

regardless of class distinctions. Homeopathy's success as a medical commodity was based on the ability of homeopathic entrepreneurs to accommodate it to the needs of customers from different social groups. While homeopathic entrepreneurs addressed urban educated audiences' interest in modern scientific medical commodities, they also addressed the urban working class highlighting homeopathy's gentle remedies and unexpected and surprising healings. They appealed to rural elites offering ways to cope with the lack of physicians in the countryside.

Homeopathy's disruption of the traditional doctor-patient relationship produced different reactions in urban and rural settings. In Mexico City, where the higher doctor-patient ratio resulted in a stiffer competition for patients, regular medical practitioners complained about homeopaths' ability to attract and retain customers through inaccurate explanations of diseases. In such a scenario, regular practitioners accused homeopathic domestic manuals and homeopathic consultation as detrimental to the patient. Yet in rural settings that lacked trained physicians, *hacendados* prized the possibility that homeopathy gave them to provide healing services on the road, to their families and to their workers, either personally or through mail. Homeopaths competed with physicians in the urban medical marketplace, yet their first-aid kits and manuals provided *hacendados* with a resource to provide medical relief in the rural landscape. While a close doctor-patient relationship communication accounted for homeopathy's success in the city, the possibility to turn any literate individual into a practitioner who could prescribe even by means of a third party or by letter resulted in homeopathy's success in the countryside.

Whether in the countryside or in the city, homeopathic domestic manuals did not shift people's understanding of disease and healing. In a free medical market, these manuals sought to gain the acceptance of the public and consequently accommodated homeopathy to popular

understandings of the body and its modifications, regardless of class and cultural distinctions. Madero's clinical notes evidence how he and his patients regarded disease in humoral terms and used homeopathic manuals as remedy finders. But because of the symptomatic nature of homeopathic therapy, remedy finding became a way by which homeopathy personalized therapeutic interventions as symptoms changed and gave material evidence to reassure patients' belief in their disease progress rather than increasing their concern about it. This connection between patients' beliefs and practitioners' approach resulted in patients' choosing homeopaths rather than other physicians.

Homeopaths adapted their medical system to the cultural and economic liberal practices that characterized the Mexican society in the second half of the nineteenth century. Homeopathy as a medical doctrine also fit the intellectual tastes and therapeutic needs of a stratified Mexican society. Such flexibility allowed homeopathy to penetrate different sections within the Mexican population and become one of the preferred therapeutic commodities of the people, whether by choice or by need.

Chapter 2. The “Medical Reform”: Professional Organization, Medical Science, and Scientific Governance in the Formation of the Homeopathic Profession, 1869–95

On July 15, 1893, President Porfirio Díaz, Minister of the Interior, Manuel Romero Rubio, and the governor of the Federal District, General Pedro Rincón Gallardo, gathered in the gardens of *El Polvorín* — a military facility located in the southern outskirts of Mexico City originally intended to function as an asylum for patients with typhus — to inaugurate the National Homeopathic Hospital. Homeopathic doctors Ignacio M. Montaña and Joaquín Segura y Pesado talked to the audience about the origins and development of homeopathy in Mexico during the last four decades and about the therapeutic principles on which homeopathy was grounded. Finally Juan de Dios Peza, an acclaimed poet at the time, entertained those who attended the event. The journalist wrapped up his report with a note that praised the government for “acknowledging homeopathy and opening the regular fields of battle to it.”¹

The creation and government sponsorship of the homeopathic hospital might appear surprising and against all odds, considering that homeopathy had been introduced as a medical commodity for domestic use and that academic physicians considered it a way to “speculate” with health. Yet the elements that made such an outcome possible are depicted in the inauguration itself. Rather than homeopathic entrepreneurs such as Comellas and González, academically trained doctors who endorsed homeopathy were the ones responsible for running the new hospital. This signals an important change in the configuration of the homeopathic community, a change that better fit the effort to turn this group into a modern medical profession. Dr. Montaña’s discourse precisely explained such a change, recognizing Comellas and González

¹ "El Hospital Homeopático," El siglo diez y nueve julio 17 1893.

as introducers and strong supporters of homeopathy yet emphasizing that the “modern school was sustained by intelligent and practicing physicians”.²

Homeopathic physicians gave homeopathy a different look to that given by their entrepreneurial counterparts. Rather than picturing it as a form of domestic medicine or as an unbeatable yet gentle therapeutic tool, physicians highlighted its positivistic nature. Dr. Segura y Pesado’s discourse during the inauguration underlined the “determinism” on which the homeopathic methodological approach was based and how “experimentation and observation” led homeopaths to characterize life and disease in terms of “sensible phenomena” or in other words “facts”.³ The parallel of this explanation to the Comtean positivistic philosophy is no coincidence. In a time when Gabino Barreda and other reformers used this philosophy as a tool to culturally transform Mexican society, homeopathic physicians adopted it to advance their position as a professional group.

Journalists regarded the hospital’s creation as a way to solve epistemological and social disputes between the groups that contested homeopathy’s legitimacy. The medical community was divided in its opinions about homeopathy. Within academically trained physicians, there were those who believed that homeopathy contradicted the foundations of medical science, but there were other group who considered that it either contradicted the foundations of medical science, or lacked enough evidence to proof its workings. Within the community of homeopaths, academically trained physicians practiced homeopathy as a scientific therapy and a growing communit of lay homeopathic practitioners profited from selling homeopathic manuals and medicines, offered homeopathy as a form of domestic medicina, or both. For a government that aimed to rule under the most advanced scientific dictums to achieve economic progress, such as

² "La inauguración del Hospital Homeopático," El siglo diez y nueve Jueves 20 de julio 1893.

³ "La inauguración del Hospital Homeopático."

Díaz's, this dispute could only be solved in equal conditions that warranted fair competition. Clinical outcomes of state hospitals decided on homeopathy's effectiveness which in turn influenced Díaz's government in regularizing and funding a homeopathic school that aimed to solve the problem of homeopathic charlatanism. Consequently, the creation of the homeopathic hospital positioned homeopathic physicians' practice and institutions vis-à-vis the ones of the regular medical profession.

In this chapter I will analyze the construction of the homeopathic profession in Mexico during the second half of the 19th century. I will follow the structure suggested in the previous paragraphs to show that by adopting homeopathy, some academic physicians introduced it into the dynamics of medical professionalization in Mexico City. Such introduction meant that in order to cope with medical regulations and professional unifying tendencies, homeopathic physicians recognized state medical schools such as the National School of Medicine and the Superior Board of Health as centers of professional authority in matters of medical training and licensing. Furthermore, these physicians adopted the rhetoric of positivistic science to position homeopathy as a scientific therapy over other therapies. In turn, homeopathic physicians regarded entrepreneurial approaches to and the liberal practice of homeopathy as unprofessional and separated their activities and institutions from those who endorsed them. Eventually, the division of the homeopathic community paid off in terms of professional recognition. A government that sought to modernize the nation through education and science such as Porfirio Díaz's saw the opportunity to train a growing population of homeopathic practitioners in modern scientific homeopathic therapeutics using the properly trained homeopathic physicians in a homeopathic hospital and school funded by the federal state. A "medical reform" turned the "medicine for the people" into a medical profession.

The medical profession in the first half of the 19th century in Mexico

When Comellas introduced homeopathy to the Mexican people around midcentury (see Chapter 1), academic physicians had just taken the first steps to turn medicine into a modern profession. The reforms of President and also physician Valentín Gómez Farías in 1833 turned colonial medical institutions (whose regulating control lay in the Spanish crown and the Catholic Church) into liberal ones, regulated by civilian laws.⁴ But with the disputes between federalists and republicans before 1850 and between liberals and conservatives from 1850 to 1870, there were few spaces for institutional construction during almost four decades. The School of Medical Sciences took turns with the National and Pontificate University of Mexico to train physicians during this hectic period, until the former turned into the *Escuela Nacional de Medicina* [National School of Medicine] in 1854. The school retained this designation for the rest of the century, indicating a definite emancipation from the control of the Catholic Church. The Superior Board of Health started to control medical practice in 1833 by creating a medical registry, a list of physicians whom the Board authorized to practice in Mexico City. The authority of the board did not go beyond Mexico City and consequently these regulations were not always followed, let alone implemented, by local *juntas sanitarias* [sanitary boards]. Something similar happened with the medical degree obtained at the medical school, for while social elites relied on it as a symbol of status, people consumed health services from a vast population of untrained and unlicensed practitioners.

The practical absence of trained physicians and their distribution in the national territory contributed to a poor professional organization. Indian towns relied on traditional healers or

⁴ See Jose Álvarez Amézquita, Miguel E. Bustamante and Francisco Fernández del Castillo, Historia de la salubridad y de la asistencia en Mexico, vol. I, 2 vols. (Mexico, D. F.: Secretaria de Salubridad y Asistencia, 1960) 247-52, Jose Álvarez Amézquita, Miguel E. Bustamante and Francisco Fernández del Castillo, Historia de la salubridad y de la asistencia en Mexico, vol. II, 2 vols. (Mexico, D. F.: Secretaria de Salubridad y Asistencia, 1960).

curanderos.⁵ Rural towns might not have been that different from Indian towns, though, as in provincial cities, the few *mestizos* who read, as well as *criollos* and Spaniards, might have had access to medical literature in domestic medicine manuals, and medicines in local *boticas*.⁶ The presence of academic physicians was exclusive to elite urban populations. Mexico City had the largest concentration of licensed practitioners — including physicians, surgeons, pharmacists, and phlebotomists — in contrast to the countryside, yet illegal practitioners outnumbered regular practitioners. For instance, only 17 out of 37 physicians that the census of Mexico City 1811–12 registered were included in the medical registry of the city (about 1.81 per 10,000 inhabitants).⁷ Though statistics are taken from a limited number of districts, they indicate an overall tendency in the nature of medical providers available to Mexico City's population at the beginning of the wars of independence. It is possible, then, to speculate that even in urban centers such as this, medical care from academic physicians was scant. Perhaps it was even more dramatic. Though academic physicians were obliged by law to provide medical consultations at specific hours of the day for free to the poor, they mostly offered their services to wealthy elites. Things slightly

⁵ Most of the local medical traditions relied on herbal remedies, though explanations of disease etiologies and therapeutic effects were deeply influenced by their religious understanding of the natural world and human nature. For analyzes on the contact between these tradition and Western medicine see Gonzalo Aguirre Beltrán, Medicina y magia: el proceso de aculturación en la estructura colonial, Colección SEP-INI, no. 1 (México,: Instituto Nacional Indigenista, 1973).; Noemí Quezada, Enfermedad y maléficio : el curandero en el México colonial, Serie antropológica, 1a ed. (México: Universidad Nacional Autónoma de México, 1989).; and Paul Hersch Martínez, Plantas medicinales : relato de una posibilidad confiscada : el estatuto de la flora en la biomedicina mexicana, Colección Científica, 1. ed. (México, D.F.: Instituto Nacional de Antropología e Historia, 2000).

⁶ See for an example in Colonial Guatemala, Marianne B. Samayoa, "Roy Porter Student Prize Essay: More than Quacks: Seeking Medical Care in Late Colonial New Spain," Social History of Medicine 19.1 (2006): 3-9.

⁷ The data for the rest of the sanitary professions are as following (licensed/total practitioners): surgeons 10/50, pharmacists 25/71, phlebotomists unknown/218. Taken from Hernández Saenz, Learning to Heal. The Medical Profession in Colonial Mexico, 1767-1831 228-29.

change the following decades, for in 1830 there were only 36 licensed physicians;⁸ and in 1859, there were 169 (about 9.9 per 10,000 inhabitants) in the capital of the nation.⁹

The few academic physicians that populated urban centers organized into professional societies, where they promoted the specialized discussion of clinical cases and the recent scientific breakthroughs that were taking place in Europe, particularly France.¹⁰ There were several societies that organized after the independence wars,¹¹ but the National Academy of Medicine of Mexico, the largest and most enduring professional medical society to these days, was founded in mid-century.¹² The academy was not interested in offering medical training or opening spaces for clinical practices. The Mexican state already funded medical training at the National School of Medicine,¹³ and expropriated hospitals from the Catholic Church were

⁸ 84 surgeons, 26 pharmacists, and 20 phlebotomists. Taken from Hernández Saenz, Learning to Heal. The Medical Profession in Colonial Mexico, 1767-1831 230.

⁹ List of licensed medical practitioners created by the Public Health Council [Consejo de Salubridad] published in José María Reyes, "Médicos, cirujanos, farmacéuticos, dentistas, flebotomianos, y parteras," La sociedad Viernes 25 de febrero 1859. There were also 17 surgeons, 49 pharmacists, 12 dentists, 7 phlebotomians and 14 midwives.

¹⁰ See Saldaña and Azuela, "De amateurs a profesionales. Las sociedades científicas mexicanas en el siglo XIX."

¹¹ Such as the Academy of Medicine, Anatomy and Pharmacy of the state of Puebla, created in 1802 and still functioning in 1824; in 1825, José Ruiz, an army surgeon organized the Academy of Surgery in Mexico City; the Medical Society of the Federal District of the Mexican United States was created in the early 1830s; and the Mexican Academy of Medicine, which grouped the faculty of the School of Medical Sciences in 1836 and published the journal *Periódico de la Academia de Medicina en Méjico*, which lasted seven years.

¹² It emerged as a branch of the French Commission for Science, Literature and Arts in 1864, an effort of Napoleón III that aimed to gather knowledge from Mexico in order to foster bilateral economic growth between France and Mexico. In 1865, this branch separated from the commission and became the Medical Society of Mexico, and started to publish the medical journal, *Gaceta Médica de México*, which is still the Academy's official publication. In 1873, this medical society was renamed as the National Academy of Medicine. Though other versions trace the academy's origin to a society created on November 30, 1851. Its journals were *Periódico de la Academia de Medicina de México* (1852-56) and *La Unión Médica* (1856-58). Dr. Leopoldo Río de la Loza was the founding member and president of this society. Gabino Barrera was the secretary. See Francisco Fernandez del Castillo, Historia de la Academia Nacional de Medicina de México (Mexico, D. F.: Editorial Fournier, S. A., 1956) 12-18. See also Carrillo, "Profesiones sanitarias y lucha de poderes en el México del siglo XIX," 153.

¹³ See Ana María Carrillo and Juan José Saldaña, "La enseñanza de la medicina en la Escuela Nacional durante el Porfiriato," La casa de Salomón en México: Estudios sobre la institucionalización de la docencia y la investigación científica, ed. Juan José Saldaña (México, D. F.: Facultad de Filosofía y

starting to work as welfare institutions that took care of the poor's health needs and as centers for medical students' clinical practices.¹⁴ Some of the graduates from the school of medicine were able to secure positions either in medical or other government institutions and most of them had a private practice. But during the second half of the 19th century, the competition between the growing population of trained physicians in Mexico City and the abundant population of irregular practitioners made the former seek state support¹⁵ and start a discrediting campaign to rule out other healing practices.¹⁶ The homeopathic community organized as a professional group amidst this transition, adopting and adapting the strategies followed by academic physicians, eventually keeping homeopathy as a distinct medical profession.

Homeopath's "Reforma Médica": From Domestic Healers and Medical Entrepreneurs to Homeopathic Physicians

Just like their academic counterparts, homeopaths populated the urban landscape, particularly amidst wealthy families, and their entrepreneurial activities targeted at least initially an audience well positioned in socioeconomic and geographic terms. Both were trying to find a social and professional place in the new structures that the modern nation was struggling to build up. Academic physicians sought in state institutions the support they needed to consolidate as a professional group, while homeopaths found the space to consolidate in the emergent liberal marketplace. As I have analyzed in the previous chapter, Ramón Comellas and other homeopaths popularized the use of homeopathy amidst Mexican elites. Consumers of homeopathy eventually

Letras, Dirección General de Asuntos del Personal Académico, Universidad Nacional Autónoma de México, 2005).

¹⁴ Members of the Academy believed that it was the role of the state to provide health services to the poor. See for instance Ana María Carrillo, "Médicos del México decimonónico: entre el control estatal y la autonomía profesional," *Dynamis* 22 (2002): 353-57.

¹⁵ For a larger discussion about the relationship between Mexican physicians and the state see Carrillo, "Médicos del México decimonónico: entre el control estatal y la autonomía profesional."

¹⁶ See for instance, Carrillo, "Profesiones sanitarias y lucha de poderes en el México del siglo XIX."; and Agostoni, "Médicos científicos y médicos ilícitos en la ciudad de México durante el Porfiriato."

became homeopathic practitioners or entrepreneurs who used it as a means to commercialize homeopathic products, medicines, and services, as in Julián González's case, or to procure medical relief to their closer ones, as in Madero's case. This approach helped homeopaths to enlarge their networks with several lay practitioners, some entrepreneurs, and a few physicians and pharmacists.¹⁷ By the late 1850s there were around thirteen homeopaths practicing in Mexico City contrasted to 169 allopaths (Table 2).

Ramón Comellas and other homeopaths also followed the trend their academic peers were pursuing and started to organize the reduced group of homeopathic practitioners into professional societies. The first homeopathic societies created in the mid-19th century were ephemeral.¹⁸ They needed more than enthusiasm to endure and funding the activities and journals of these societies was an essential need that homeopathic practitioners could not afford. Eventually, a patron came from one of Comella's patients, Julián González. The role of Julián González as a medical — but most importantly homeopathic — entrepreneur was central for the sponsorship of the first enduring homeopathic societies in Mexico City. In the previous chapter

¹⁷ Joaquín Salas and the pharmacist Nicolás Tinoco y Mijares were also turned to homeopathic practice by Comellas. Comellas also gathered a small group of people to discuss the new system where he probably met Rafael Degollado, a physician who practiced at Hospital San Pedro y San Pablo and who turned to practice of homeopathy as well in 1861. Other networks of homeopaths not initiated by Ramón Comellas started to populate the Mexican medical landscape of the 1850s. Rafael Navarrete, a Cuban physician, arrived in Mexico City in 1853. One year later, José Carbó, a Catalan homeopath who arrived in Veracruz, treated successfully forty cases of yellow fever in that city, and just like Comellas, he received the authorization from President Santa Ana to practice homeopathy in Mexico. By 1857, Carbó offered homeopathic medicines and medical advice in his own homeopathic dispensary in Mexico City. Narciso Sanchiz arrived in Mexico City in 1855. He is responsible of the conversion of Alfredo Domínguez Ugalde and Pablo Fuentes y Herrera. Pascual Bielsa, and brothers José and Jaime Puig y Monmany arrived in Mexico City in 1856. Both brothers would start practicing homeopathy in the mid-1860s after Sanfeliu, a Spanish immigrant who arrived in 1865, converted them to the new system. Homeopathy attracted members of Catholic institutions, such as the Dominican friar Manuel Aguas and the Presbyterian José Gómez de León who both started to practice homeopathy in 1857.

¹⁸ Ramón Comellas founded the first homeopathic society in 1850 altogether with the pharmacists Nicolás Tinoco y Mijares. Pascual Bielsa, Pablo Fuentes y Herrera, Rafael Navarrete and Manuel Aguas, a network of homeopaths independent from Comellas, formed the *Sociedad Homeopática de México* in 1861. This society published the medical journal *La Gaceta*. Both societies lasted no longer than a year.

we saw how homeopathic dispensaries and pharmacies started to populate the landscape of Mexico City during the last years of the 1860s, and how particularly González used homeopathy to expand his own business. He likely pursued the sponsorship and promotion of professional homeopathic societies in order to rule out his competitors.¹⁹ It was his and not others' homeopathic entrepreneurial approaches that were the target of critiques from academic physicians in the early 1870s, suggesting not only the profitability of the connection between entrepreneurship and professional societies, but the discomfort this produced amongst academic physicians.

Through Julián González's sponsorship, homeopaths organized the *Instituto Homeopático Mexicano* [Mexican Homeopathic Institute, IHM] in 1869, the first enduring homeopathic society. The building where González's dispensary was established provided the IHM with a room for the society's meetings and a consulting office where Institute's members provided free health services and medicines. González paid for the publication of *El Propagador Homeopático*, the academic journal of the recently created institute.²⁰ The new society gathered sixteen homeopaths, both physicians and practitioners, including the sponsor.²¹

This homeopathic institute appeared at the same time that the Medical Society of Mexico was forming, and consequently these two medical societies emerged as two competing medical

¹⁹ His dispensary is mentioned in connection with his support to homeopathy and the IHM; see "Consultas médicas," *El ferrocarril* Martes 16 de noviembre 1869.

²⁰ For the activities that González sponsored see the first numbers of *El propagador homeopático*. For his sponsorship of the consulting office and the homeopathic journal see the newspaper ads published in *El Siglo Diez y Nueve* and reprinted in the homeopathic journal, "El propagador homeopático," *El propagador homeopático* 1.2 (1870).; and "Botica homeopática," *El propagador homeopático* 1.2 (1870).

²¹ The founding members were Julián González, José Puig y Monmany, Francisco Pérez y Ortiz, Tranquilino Hidalgo, Pablo Fuentes y Herrera, Rafael Navarrete, Pascual Bielsa, Sariñana, Pomposo Patiño, Sanfeliú, Hay, Ruiz Dávila, Barona, F. Aguilar, D. de las Cuevas, Juan Pablo de los Ríos, and A. Salas. See Alberto G. Bianchi, "La homeopatía de México," *El propagador homeopático* 1.5 (1871).; and "Carta dirigida al organizador Dr. Carroll Dumham de la Convención Mundial de Homeopatía, Filadelfia, 1875," *La reforma médica* 1.12 (1875).

institutions.²² The recently formed Society promoted French medical science, while the Institute aimed to study and promote homeopathic medicine.²³ The Institute proposed to discuss homeopathic controversies, to print a scientific journal, to open a free medical dispensary for the poor, to create theoretical and clinical classes, and to grant prizes to promote research. The Society sponsored the same activities as the Institute, but having the National School of Medicine and state hospitals as centers of professional training, the Society had no need to establish classes and a medical dispensary. In contrast, the Institute not only sponsored such activities, but granted medical “diplomas” to some of the members which in turn used them to comply with regulations of medical practice that the Board of Health imposed.²⁴ This situation turned the homeopathic institute into a professional society that competed not only with the Society, but with the National School Medicine as a center of medical training and consequently of professional control.

The academic and homeopathic community discussed this conflict in terms of the institutions that could legally grant medical degrees. For instance, in his article *El médico en la sociedad*, José Galindo accused Julián González for disguising his profiting interests in the shade of “medical altruism” and for using the possession of a title which was not issued by the National School of Medicine to turn medical practice into medical business. For José Galindo, “the professional liberty that the Constitution [of 1857] granted did not intend to turn professions into

²² See Fernandez del Castillo, Historia de la Academia Nacional de Medicina de México.; and Guarner, "L'influence de la médecine française sur la médecine mexicaine aux XIXeme siecle."

²³ See Francisco Pérez Ortiz and Pablo Fuentes y Herrera, "REGLAMENTO del Instituto Homeopático Mexicano," El propagador homeopático 1.6 (1871).

²⁴ Julián González's dispensary was prosecuted by the Superior Sanitary Board in 1871. People who lacked a legal professional degree were banned from taking responsibility of pharmacies. González eventually was able to retain the control of his dispensary, but through negotiations with the President and not for possessing a medical degree. For a detailed account of this event see chapter 5.

a means of robbery”, openly referring to Julián González and his pharmacy.²⁵ Galindo’s critiques are an example of how academic physicians regarded the provision of medical training and degrees within homeopathic societies.²⁶ Particularly, Galindo could not conceive the idea that people like González, who did not pursue proper medical training at the National School of Medicine where contemporary breakthroughs in surgery, obstetrics, and anatomic and physiological pathology were taught, obtained a medical degree from a homeopathic society and presented themselves as true physicians.

Such critiques and a new wave of government regulations that aimed to use medical degrees issued by state medical schools as the basis of legal medical practice impacted the organization of the homeopathic institute and the composition of its members in the early 1870s. Julián González’s pharmacy was caught amidst this wave of regulations. At the center of González’s conflict with the Federal District’s government and the Superior Board of Health was his lack of a legal medical degree.²⁷ He didn’t have a degree from the National School of Medicine, yet he held a diploma from the homeopathic institute.²⁸ With this diploma, he aimed to comply with regulations that the Sanitary Board imposed on people who owned and ran pharmacies in Mexico City. Furthermore, he used the diploma and his influence within the

²⁵ José Galindo, "El médico en la sociedad," El observador médico II.17 (junio) (1873).

²⁶ Galindo, "La homeopatía."

²⁷ Homeopathic physicians such as Pascual Bielsa, who also had a homeopathic pharmacy and who possessed a legal medical degree, did not face at least in the beginning the vicissitudes that González suffered. For a detailed account of Bielsa’s case see chapter 5.

²⁸ He is not included in the medical registry of 1871; see “Lista de los médicos, farmacéuticos, dentistas y parteras residentes en el Distrito Federal” in AHSS, SP, EM, 3, 61. He recognized that the Institute granted him a diploma. See Julián González, "Literatura médica y homeopatía," El propagador homeopático 2.1 (1874).

Institute to change the Institute's regulations and attain key positions in the Institute's Directive Board that originally only physicians with a regular medical degree could hold.²⁹

Galindo's critiques, government institutions' actions against González, and the latter's reaction to the interventions of the Superior Board of Health motivated diverse responses from the homeopathic community that mimicked the same distinction that academic physicians wanted to use to separate from homeopathic practitioners. For instance, Galindo's critiques generated different responses from homeopathic practitioners and physicians members of the IHM. Julián González replied that a scientific society's diploma granted its holder the authority to promote that specific society's growth.³⁰ Homeopathic physicians differed from this position and argued that homeopaths indeed needed an adequate medical training. Therefore they suggested turning homeopathy into a legal practice by incorporating classes of homeopathy into medical schools, as already happened in other parts of the world.³¹ While not directly critiquing González's situation, homeopathic physicians were clear about their position regarding legal training and practice. González's self-promotion within the Institute motivated resignations from

²⁹ In 1869, Julián González was elected treasurer of the IHM Board. His new position within the Institute's government structure was possible only through a change in the Institute's internal regulations, which for that year allowed that along with those physicians authorized to legally practice medicine, "those who obtained a certification from the institute that they had taken and passed examinations on all classes that integrated the academic curricula of medical school" could become first class members and occupy positions in the Board. See "La junta directiva del instituto debe funcionar [...]," El propagador homeopático I.4 (1871). The new regulation was approved on March 6, 1871, just two days before González's dispensary faced difficulties with the Superior Board of Health due to the dubious origin of González's medical degree. The Board approved the new regulation of the IHM on that date; see Pérez Ortiz and Fuentes y Herrera, "REGLAMENTO del Instituto Homeopático Mexicano."

³⁰ See González, "Literatura médica y homeopatía."

³¹ The editors of the IHM's journal, Francisco Pérez y Ortiz, Pablo Fuentes Herrera, José Tranquilino Hidalgo and Juan Pablo de los Ríos, gave the homeopathic physicians' perspective on José Galindo's critiques, in Francisco Pérez Ortiz, Pablo Fuentes Herrera, José Tranquilino Hidalgo and Juan Pablo De los Ríos, "Atacados en los nums. 17 y 18 del *Observador médico* [...]," El propagador homeopático II.7 (1873).

members who possessed legal degrees and licenses, such as José Puig y Monmany, editor of the Institute's journal at the time, and Pascual Bielsa.³²

As Bielsa's and Puig y Monmany's departure from the institute show, Julián González's professional status and the nature of the IHM as an institution that granted medical degrees produced tensions and divisions amongst institute's members. Such divide distinguished between two factions within the homeopathic community, homeopathic physicians and homeopathic practitioners, a divide that mimicked how academic physicians distinguished themselves from other healing practices, homeopathy included, in their effort to constitute a professional group. Homeopathic physicians were willing to be considered as members of the nascent medical profession to the extent that they abided by the criteria imposed by sanitary authorities and medical elites as to what constituted a legal physician. Moreover, homeopathic physicians adopted the marginalizing discourse with which academic physicians addressed homeopathy and its practitioners and used it against homeopaths who practiced on the margins of regular medicine. As a consequence, homeopathic physicians promoted a division within the IHM.

Why would members of the IHM who were also regular physicians be dubious about homeopath's training, if they were the ones who modified the institute's regulation that authorized the organization of training courses and the granting of diplomas in the first place? Homeopathic physicians realized that the strategy to diffuse homeopathy initiated by Comellas in the 1850s was out of fashion and that if they wanted to push homeopathy forward in Mexico in the 1870s, it would not be enough to reproduce the social organization of academic physicians.

³² Report given in an extraordinary reunion on April 9, 1871; see Pérez Ortiz, "Discurso pronunciado por el señor vicepresidente del Instituto." For the list of authorized physicians of the Superior Sanitary Board see "Lista de médicos, farmacéuticos, dentistas y parteras, residents en el Distrito Federal", AHSS, SP, EM, 3, 61.

They needed to recognize the regulations that ruled the professional life of physicians.³³ On the contrary, homeopathic practitioners argued that their right to practice homeopathy was granted in the liberal Constitution of 1857 which gave them “*the right to teach* without any restriction that what might be appropriate [to them]; for where the law does not forbid, no one is allowed to proscribe”.³⁴ These fundamental professional divisions eventually materialized in a reform to the Institute’s internal regulations in 1875 that left all homeopaths who did not have a regular medical degree out of the institutions.

The IHM remained integrated by both professional and lay homeopaths from 1870 to 1874, and its Board continued to be integrated by graduates of the National School of Medicine who endorsed homeopathy, or practitioners certified by the IHM, such as Julián González. In 1875, homeopathic physicians reformed the Institute to include only those with a legal medical degree. In the new journal of the Institute, *La Reforma Médica* [*The Medical Reform*], the Board clarified that the new regulation had two objectives: first, to constitute the Institute as a scientific society that gave voice to homeopathy within the medical profession and attracted more physicians with a legal degree to its ranks, and second, to avoid critiques to the Institute for “granting the degree of *profesores* [professionals], without any right to do so, to people who, without any consideration of how learned or wise they were, had not adequately and legally provided proof of their medical knowledge.”³⁵ Through this action, the Institute complied with professional regulations and aimed to gain the acceptance of other homeopathic physicians,

³³ For such a position see the opinion of José Alberto Salinas y Rivera, who became member of the IHM in 1875, in José Salinas y Rivera, "REMITIDO," *La Iberia* Sábado 14 de agosto 1875.

³⁴ The newly created Medical-Homeopathic Mexican Society presented its arguments in "REMITIDO," *La Iberia* Martes 24 de agosto 1875.; and "La Sociedad Médico-Homeopática Mexicana," *El eco de ambos mundos* August 31 1875.

³⁵ "Advertencia," *La reforma médica* I.1 (1875): 3-4.

indicated by the re-incorporation of José Puig y Monmany into the institute and incorporation of new members, all of them regular physicians.³⁶

Nevertheless, the professional image of homeopathy was not repaired, and the Institute was not accepted as a professional medical society in Mexico City during the 1870s. Medical societies such as the National Academy of Medicine, the Pedro Escobedo Medical Association, and the Larrey Association stopped exchanging their journals with the IHM, at least during the first years of the decade.³⁷ Any public support of homeopathy by professors within the National School of Medicine caused heated reactions from homeopaths, students in the National School of Medicine, and the public press.³⁸

³⁶ Other important doctors in the other urban centers in Mexico who integrated to the new Institute were Francisco Marchena (Puebla), José Alberto Salinas y Rivera (Tenancingo), Sanfeliú (Veracruz), Luis Zaragoza and Plácido Díaz (Puebla, 1877), Mariano Omedes de Viela (Mexico City, 1879), Ismael Talavera (Orizaba, 1879), and Macario Romero (Yautepec, 1879). See the lectures required for new members in Francisco Marchena, "Un caso de eclampsia post-puerperal curado por el método homeopático," La reforma médica I.5 (1875).; José Salinas y Rivera, "DIAGNÓSTICO EN HOMEOPATÍA. Memoria presentada al Instituto Homeopático Mexicano por el profesor de medicina y cirugía Dr. D. José Alberto Salinas y Rivera, En cumplimiento de la fracción 4a. del art. 6o. del Reglamento.," La reforma médica I.8 (1875). There is a list of members in J. Alberto Salinas y Rivera, "Doctor D'Haucourt, médico homeópata, Miembro del congreso homeopático de París, con diplomas de Portugal, París, Estados-Unidos, Buenos Aires y Brasil, 10.- calle de Capuchinas-10.," La reforma médica III.7 (1879). News about Macario Romero are in "CRÓNICA MÉDICA," La reforma médica III.16 (1879).

³⁷ See "La homeopatía y la facultad," La reforma médica I.15 (marzo) (1876).; and "Extracto de la sesión del 26 de enero de 1876," Gaceta Médica de México XI.5 (marzo 1) (1876). Later on, when the academy's attitude towards homeopathy turned more receptive, it started to exchange the IHM's journal; see the Acts of the academic sessions on January 16, 1878, February 20, 1878 and June 5, 1878, in Gaceta Médica de México XIV.14 (July 15, 1879). Later on the academy would even exchange foreign homeopathic journals, for instance in 1881 it started receiving *Archivos de Medicina Homeopática* from Barcelona, Spain; "ACADEMIA DE MEDICINA. Sesión del 3 de enero de 1881. Acta num. 14 aprobada el 12 del mismo," Gaceta Médica de México XVI.7 (abril 1) (1881): 25.

³⁸ Such as in the case of Adrián Segura, a professor of pathology who *in cathedra* requested his students to experiment with highly diluted doses. The national press either praised Dr. Segura as a defender of homeopathy or as a traitor to scientific medicine, depending on the position that the newspaper took in this conflict. Juan Pablo de los Ríos, a journalist and ardent homeopathic practitioner, praised Adrián Segura as a defender of homeopathy, in Juan Pablo de los Ríos, "Una carta del Dr. Segura.- Comentarios," El Monitor Republicano Miércoles 25 de abril 1877. Some newspapers from Mexico City, such as *El Combate*, *La Patria*, and *La Orquesta*, published commentaries in the same terms as Juan Pablo de los Ríos, and even one of them suggested Segura's resignation from his position of Professor of Pathology at the National School of Medicine. But Adrián Segura addressed the National Academy of

Regardless of blocking the IHM's incorporation into the professional life of medical societies in Mexico City, the IHM's strategy of professionalization paid off in other parts of the country, gaining spaces where they could legally offer homeopathic training. Homeopathic physicians obtained teaching positions at the School of Medicine of Puebla in 1878³⁹ and opened spaces for clinical practice in that city and in Veracruz in 1879.⁴⁰ That year, Puebla's new law of public instruction regulated medical education, incorporating homeopathy as a medical degree, independent from that of regular medicine, and organizing the academic curricula for the homeopathic degree.⁴¹ Governor Luis Mier y Teran regularized homeopathic practice in Veracruz in 1880.⁴² Hence, the "medical reform" carried out by the homeopathic institute

Medicine justifying his action. He explained that he was not a homeopath and that he made a favor to homeopaths in believing in the accuracy of the homeopathic doctrine and in attempting experiments to see if homeopathic theories were true. See "REMITIDO," El siglo diez y nueve Miércoles 25 de abril 1877.; and Adrián Segura, "CRÓNICA MÉDICA. Carta del Sr. Dr. Adrián Segura," Gaceta Médica de México XII.9 (mayo) (1877).

³⁹ Francisco Marchena and Plácido Díaz Barriga gained the position of physiology and hygiene, and anatomy, respectively. See "La Escuela de Medicina de Puebla," La reforma médica II.8 (enero) (1878).; and "CRÓNICA MÉDICA. Enseñanza de la medicina en Puebla," Gaceta Médica de México XIII.5 (11 de febrero) (1878).

⁴⁰ Luis M. Zaragoza held the position of Professor of Homeopathic Therapeutics and was in charge of the Clinic of Homeopathy in the General Hospital in Puebla. Dr. Ismael Talavera promoted the opening of two wards, one for men with 17 beds and one for women with 8 beds, destined to homeopathic treatment in the Hospital "La Llave" in Orizaba, Veracruz. See "Inauguración de dos salas de homeopatía en el Hospital de Orizaba," La reforma médica. Segunda época IV.8 (25 de septiembre) (1880).

⁴¹ Students of homeopathy had to attend almost the same courses as allopaths, except Mineralogy and Geology, Pharmacy, Anatomic Pathology, and History of Medicine, which would be substituted by Clinic of internal homeopathic medicine, and Allopathic and Homeopathic Therapeutics; homeopathic students had also to perform "reasoned homeopathic experiences". The courses that allopaths needed to course were Botany, Zoology, Mineralogy and Geology, Chemistry, Chemical Analysis, Anatomy, Histology, Topographical Anatomy, Anatomical Pathology, Pharmacy, Physiology, Internal Pathology, External Pathology, Clinic of Internal Medicine, Clinic of External Medicine, Pathology of Infants, General Pathology, Surgery, Therapeutics, Hygiene, Obstetrics, Clinic of Obstetrics, Legal Medicine and Toxicology, and History of Medicine and Surgery. Even pharmacists needed to course homeopathic pharmacy as part of their professional training. See Francisco de Asís Flores y Troncoso, "Enseñanza de la medicina en el período positivo," Historia de la medicina en México desde la época de los indios hasta la presente, vol. 3 (México: Oficina tipográfica de la Secretaría de Fomento, 1886) 204-06.

⁴² In order to become a legal homeopathic practitioner in this state, homeopaths needed to certify that they had studied medicine as required by contemporary laws. Besides this requirement, they needed to pass examinations on "I. Applied botany with a special emphasis on the geography of medicinal plants of the country. II. Reasoned exposition of the Hahnemannian medical doctrine. III. Homeopathic therapeutics.

allowed homeopathic physicians to institutionalize homeopathy within official medical institutions in some states, but not in Mexico City.

The position taken by the reformed IHM in 1875 reconfigured the path to becoming a professional homeopath. An aspiring homeopathic physician needed to study medicine at any of the officially recognized medical schools, then learn homeopathy by reading homeopathic books or practicing along with a homeopathic physician or practitioner, and finally obtain a homeopathic degree from the state of Veracruz. Otherwise that person needed to study homeopathy in the School of Medicine of Puebla. Homeopathic practitioners believed that they did not need to go through this entire pathway to become homeopaths, and consequently when the IHM was reformed in 1875, they formed a homeopathic society of their own in 1874, the *Sociedad Médico-Homeopática Mexicana* [Medical-Homeopathic Mexican Society]. The Directive Board of this new society was integrated by practitioners who were not included in the list of authorized physicians issued by the Superior Board of Health in 1871. The society published an academic journal, *El faro homeopático* and opened a consulting office, just as the reformed IHM did. But in contrast to the latter, the society of homeopathic practitioners opened a school to train new homeopaths.⁴³ Homeopathic practitioners were not able to secure any authorization by government or academic institutions, as opposed to their professional peers.⁴⁴

IV. Homeopathic clinics.” The decree detailed the procedures for such examinations and clarified that while there were no professional homeopaths with title in Veracruz, the government would integrate the examining committee with three professors of surgery and medicine who were members of the IHM. See the decree no. 105 in "CRÓNICA DE LA HOMEOPATÍA. Reconocimiento y protección de la homeopatía en el Estado de Veracruz," *La reforma médica. Segunda época* IV.1 (1880).

⁴³ See "La Sociedad Médico-Homeopática Mexicana."

⁴⁴ For instance, José Salinas y Rivera was able to obtain a position of physician in a local prison, and Crescencio Colín participated in the oppositions for a position in one of the welfare hospitals in Mexico City; see note in J. Alberto Salinas y Rivera, "CRÓNICA de las oposiciones para proveer las plazas de médicos de los establecimientos municipales de México," *La reforma médica* II.6 (1877).; and "OPOSICIONES," *Gaceta Médica de México* XII.6 (15 de marzo) (1877). Following the example of the first homeopaths in Mexico, this homeopathic society sought to obtain authorization to practice homeopathy directly from local authorities. On July 1878, Manuel Valdés y Morelos, the Society's

During the 1870s, homeopaths sought to incorporate their activities into the ordered — or in other words, legal — national life. Both homeopathic physicians and practitioners detached from homeopathic entrepreneurial activities. Neither of the reformed professional societies, for instance, included Julián González amongst its members. Yet the community of physicians, homeopathic ones included, located the medical degree issued by the National School of Medicine as the junction that kept the profession together and that regulated official medical institutions. During this period, physicians whether homeopaths or not reacted against any attempt to disrupt such central unification. On the opposite side, practitioners unsuccessfully sought a venue to be accepted as regular physicians. If homeopathy was a therapeutic system that healed people even in the hands of those who did not have a legal medical degree, its practice could not be illegal, practitioners argued. This appreciation of homeopaths' clinical successes started a battle of credibility among homeopathic practitioners, homeopathic physicians, members of the National Academy of Medicine, pharmacists, and students and graduates from the National School of Medicine. These battles aimed to promote or discredit homeopathy, sublimate or derogate it, make it appear as either common or scientific knowledge, or use its tenets as a heuristic tool to find new medicines.

Positivism, Medical Science, and the Plurality of Scientific Homeopathic Therapeutics

The construction of homeopathy as the opposite of scientific positivistic medicine, a practice of ignorant people, a heuristic pharmacological tool, the true scientific therapeutic method, or a miracle cure mirrored at small scale larger socio-economic, political, and cultural changes in Mexican society during the second half of the 19th century. Homeopathy was not

president, requested authorization for him and all the members of the academic society he represented to issue death certificates, but with no success. To see a detail account of this event see chapter 5; "CRÓNICA MÉDICA. Acuerdo sobre una solicitud de la Sociedad Médico-Homeopática Mexicana," *Gaceta Médica de México* XIII.24 (21 de agosto) (1878).

intrinsically alternative or heterodox in nature to medical science, and the multiple contemporary depictions of it say more about the socio-political context within which the framers of such depictions lived in than about the ontology of homeopathy itself.⁴⁵ During the 1870s, while homeopaths organized into professional societies following the example of other medical societies of the time, and while the discussion about the value of an official medical degree for a professional practice and inclusion in official life was taking place, there was a discussion about the epistemological status of homeopathy and the epistemological value of the clinical facts to which homeopaths turned to validate homeopathy's effectiveness. These discussions took place only after homeopathy established a wide public practice in Mexico City, but most importantly when positivistic science became a tool of social reconstruction.

The process of the professionalization of medicine — and homeopathy — in Mexico came at a time of peace that promised economic and cultural progress in Mexico.⁴⁶ After Benito Juárez finally defeated his competitors to make the liberal Constitution of 1857 prevail, he established a government that gave the nation a sense of stability (1867–72). With his victory came along necessary regulations to implement the Constitution; new civilian and penal codes that ruled in the Federal District and other federal territories were issued and soon other states followed this example. What I have just described as the reorganization of homeopathic societies so they would only accept physicians with legal medical degrees was just but one example of such tendency.

But stability would not be achieved only through legal and institutional transformations. An ideological transformation was also necessary. The importance of positivism for the consolidation of the triumphant liberalism lies precisely in that it was used as a reconciliatory

⁴⁵ For an elaboration of this idea see Cooter, "Alternative Medicine, Alternative Cosmology."

⁴⁶ For a general assessment of this period see Lira and Staples, "Del desastre a la reconstrucción republicana, 1848-1876."

ideology that promised social reconstruction.⁴⁷ When Gabino Barreda publicly read his *Oración Cívica* [Civic preach] in 1867, he proposed to create a new ordered and progressive nation by teaching Mexican children how to think methodologically. Inductive science was to be the foundation of any empirical knowledge, keeping theology, metaphysics and philosophical speculation apart, and bringing the nation into a superior — positive, in Comtean words — stage. Such a pedagogical approach permeated the Mexican society in the following decades, thanks to Barreda's efforts as Minister of Instruction to create the National Preparatory School, where students willing to pursue professional education absorbed Comtean positivism. For him, new generations needed a structured mentality in order to promote progress. They needed to learn from particular facts to general laws, from what is concrete to what is abstract, through observation and experimentation, gathering positive facts from experience. Science, modernity, and progress were intertwined, and eventually materialized in projects that improved social and material conditions of the most important urban center in the nation, Mexico City.⁴⁸

Barreda started promoting his positivistic ideology within the medical sciences even before his *Oración cívica* and more importantly in the context of a critique of homeopathy. In 1861, he published *La homeopatía, o juicio crítico sobre este nuevo medio para engañar a los cándidos* [Homeopathy, or critical appraisal about this new means to deceive naïve people].⁴⁹

⁴⁷ See Hale, *The Transformation of Liberalism in Late Nineteenth-Century Mexico*. Natalia Priego discusses how what constitutes science, positivistic philosophy and scientificism in the second half of the 19th century in the introduction of her book Natalia Priego, *Ciencia, historia y modernidad: la microbiología en México durante el Porfiriato*, Colección Difusión y Estudio, ed. Jesús Raúl Navarro García (Madrid, Spain: Consejo Superior de Investigaciones Científicas, 2009). P. 28-42.

⁴⁸ For an example of how such ideologies transformed sanitary politics from the preindependent period to the Porfiriato, as well as the construction of the Grand Canal see Agostoni, *Monuments of Progress: Modernization and Public Health in Mexico City, 1876-1910*.

⁴⁹ It was originally written in 1861 and then it was reprinted in 1877, when the *Sociedad Metodófila Gabino Barreda* presented his work as the first one where Barreda presented the positivist method as “the only guide for the intelligence to investigate truth” and to deduct “precise conclusions”. See Gabino Barreda, *Opúsculos, discusiones y discursos coleccionados y publicados por la Sociedad Metodófila Gabino Barreda* (México: Imprenta del Comercio, de Dublán y Chávez, 1877) i.

This work was so influential that throughout the second half of the 19th century and the first half of the 20th century it would guide academic physicians' appraisal of homeopathy, as in the case of Galindo's critiques.⁵⁰ Barreda's concern with homeopathy was that it diffused medical knowledge among the general public, an audience that was not properly educated to judge medical matters. He recognized that professional physicians knew about homeopathy; they had an obligation to do so since that was their profession. But since midcentury, the wide diffusion of homeopathy in the Mexican population generated comparisons between homeopathy and "common medicine" amidst untrained people. Barreda considered that "the people" who talked about homeopathy lacked rational data to judge the new medical system because they were "ignorant" about medicine in the first place.

Barreda believed that each one had to decide on the wellbeing of himself and his family, but as the leading man of positivism in Mexico that he would become in the next years, he believed that it was necessary to "illustrate" people so they could make more informed decisions. Once he took this step, the tone of his book turned into a denunciation of ignorance. He believed that "there was no other way to effectively combat charlatanism, but with the diffusion of lights".⁵¹ As in the *Oración cívica*, Barreda placed science and its diffusion through education as the one and only solution that would truly and thoroughly eliminate what he called the hydra, referring to charlatanism. He put charlatanism, ignorance, and "vague and incomplete notions" in one single box, and contrasted them with truth and education. For the positivist, the diffusion of homeopathy among the Mexican public was a consequence of its ignorance, and the only way to

⁵⁰ Barreda's critique of homeopathy went through several reprints with a different name in *Revista Positiva*, Barreda, "*La homeopatía o juicio crítico sobre este nuevo sistema.*" Then the *Crónica Médica* reprinted it in several numbers of the volume 7 in 1904. Finally, it was printed in 1934 as a monograph, by "Acción Médica", the medical journal of the Sindicato de Médicos Cirujanos del Distrito Federal [Union of Physicians from the Federal District].

⁵¹ Barreda, "Opúsculos, discusiones y discursos," 1-2.

stop ignorance — or the diffusion of homeopathy, in that case — was through education. The rest of the pamphlet was precisely that, an instruction on how to think about homeopathy in terms of a charlatanry that deceived illiterate and untrained people.

In the early 1870s, the decade academic physicians started using Barreda's rhetoric and methodology. In order to discredit dispensaries', patients', and practitioners' accounts about surprising and unexpected results achieved with homeopathy, academic physicians used "experience", the ultimate tool to decide epistemic conflicts according to Auguste Comte's positive methodology, without noticing that experience was also at stake. While for homeopaths experience referred to the clinical outcomes of those patients who had been treated with homeopathic medications,⁵² academic physicians referred to how to understand disease and its causes in the body. A critique of homeopathy in 1871 read

The philosophical thinking of our time is pure observation. Bodies at the reach of our hands and conditions where changes in these bodies take place: That is science. There is no place in it for anything that has not been seen and touched. May anyone who believes in this [science] pay attention to animism, dynamism, vitalism and other preconceived hypothesis? Back up reactionary homeopathy! Hail to the school of Paris!⁵³

This understanding drew a boundary between professional and amateur practice of medicine. Only those who had access to positivistic science — in other words, those with a privileged access to professional medical training — could grasp such an understanding of medical science and practice. These medical elites discredited all other forms of medical knowledge, particularly

⁵² It was homeopathic practitioners who most commonly used this argument, though previous homeopathic physicians such as Ramón Comellas and José Carbó obtained authorizations to practice homeopathy on the grounds their success in epidemic outbreaks using homeopathy. In the 1870s the Mexican Medical-Homeopathic Society would recurrently used this argument. Alberto G. Bianchi was the one who particularly responded to homeopathic critiques, arguing that homeopathy proved more effective in hospital statistics; see Alberto G. Bianchi, "Al "Progreso", " El Ferrocarril Miércoles 21 de junio 1871.

⁵³ Alberto G. Bianchi was responding to the critique published in *El Progreso*; see "Al Ferrocarril," El Ferrocarril Martes 30 de mayo 1871.

those proposed by *curanderos*, midwives, homeopaths, and nostrum sellers, practitioners who academic physicians labeled as charlatans. In the logic of academic physicians, these charlatans were guilty of malpractice due to their lack of scientific knowledge.⁵⁴

Even the *Gaceta Médica de México*, the National Academy's of Medicine's journal, which originally did not intend to side on any medical discussion in 1865,⁵⁵ started to publish critiques of homeopathic practice and therapeutics after homeopathic physicians professionalized the homeopathic institute in 1871. These critiques were not as centered on homeopathy as a medical system as José Galindo's; rather they were reflections on clinical cases that included negative comments about homeopathy. Yet these comments pinpointed similar critical issues for academic physicians regarding homeopathic practice, such as homeopath's lack of medical and surgical knowledge, the practice of homeopathy just for profit, and the absence of any medical substance in homeopathic globules. Demetrio Mejía and Juan Fenelon were the most eager critics of homeopathic practice and therapeutics in the 1870s in the *Gaceta*.⁵⁶ Mejía catalogued homeopaths amongst charlatans and included its therapeutic successes within those cases where the patient healed due to the natural course of disease or in the absence of any therapeutic intervention.⁵⁷ Homeopathy to him was simply no therapeutics at all. If homeopaths coincided

⁵⁴ Claudia Agostoni describes this boundary as the logic behind the distinction between scientific physicians and ilegal physicians; see Agostoni, "Médicos científicos y médicos ilícitos en la ciudad de México durante el Porfiriato."

⁵⁵ See Ehrmann and Jiménez, "Prospecto," *Gaceta Médica de México* I-II.1 (15 de septiembre) (1864).

⁵⁶ I analyzed one of Fenelon's critiques in chapter 1. There was another one where he detailed all the anatomical findings he made in a newborn who had developed liquid inside his skull, and all therapeutic interventions Fenelon did to reduce the baby's brain swelling. Fenelon guided the reader to what he believed was the single anatomical cause of the child's death, the contusion of the head. It did not matter that the immediate cause of death was diarrhea and that the physician mentioned in his report that the baby's family lived in extremely unhygienic conditions, Juan Fenelon accused a homeopath for "having used forceps without any dilution" during the child's birth. See Fenelon, "CIRUGÍA PRÁCTICA. Carta del señor Fenelon sobre varios puntos de cirugía," *Gaceta Médica de México* IX.17 (1 de septiembre) (1864): 317.

⁵⁷ As Fenelon's critiques, lack of knowledge or unsounding basis of homeopathy were the reasons why Demetrio Mejía labeled homeopaths as cause of death or useless for healing or at least palliation. See

with other physicians' diagnosis and advised surgery, Fenelon accused them for not sustaining their faith in homeopathy or for adapting their practice to the socioeconomic status of the patient; "the profit was not worth the risk of wasting patient's time, as they are used to do", he said.⁵⁸

Fenelon did not agree with the idea that the cause of a particular disease would be the specific treatment for that same disease — in other words the idea of *simila similibus curantur*, likes cure the like — and he provided anatomical examples, as when he criticized tracheotomy to remove an object from a patient's trachea. According to him, tracheotomy was a surgical practice worth of a homeopath, for it was "adding a strange body to an intolerant organ which already had a strange body within it."⁵⁹

Homeopathic physicians saw the need of the homeopathic community to catch up with the cultural demands imposed by positivism and medical science. They realized that by continuing to emphasize the ability of every person to learn homeopathy, they weakened homeopaths' ability to be recognized as legitimate medical practitioners. No matter their ties to the regular medical profession, by popularizing homeopathy as the medicine for the people homeopaths built an image of popular medicine that conflicted with their professional aspirations. For this reason, they internalized the scientific rhetoric and incorporated it into their professional community, reshaping their own discourse. Homeopaths turned homeopathy into a scientific therapeutic system, based on clinical observations and facts, rather than anecdotes of miraculous healings. Homeopathic physicians, hence, pictured homeopathy as a "medical

Demetrio Mejía, "Fractura extensa de la boveda y base del cráneo," Gaceta Médica de México IX.13 (1 de julio) (1874): 237.; Demetrio Mejía, "ACADEMIA DE MEDICINA. Acta de la sesión del día 19 de diciembre de 1877," Gaceta Médica de México XIII.3 (21 de enero) (1878): 52.; and Demetrio Mejía, "ACADEMIA DE MEDICINA. Acta de la sesión del día 8 de mayo de 1878. Presidencia del Sr. Liceaga," Gaceta Médica de México XIII.16 (1 de junio) (1878): 322.

⁵⁸ J. Fenelon, "CIRUGÍA. Apuntes para la historia de las inyecciones subcutáneas con efecto local," Gaceta Médica de México XI.3 (1 de febrero) (1876): 42.

⁵⁹ J. Fenelon, "CIRUGÍA. Nota sobre la discusión habida en la Sociedad de Cirugía de París, respecto del uso del termo-cauterio en la traqueotomía," Gaceta Médica de México XII.16 (15 de agosto) (1877): 301.

reform”, one that systematized empirical observations about the therapeutic effects of different remedies into a scientific system. The “medical reform” was truly positivistic therapeutics for them.

The reformation of the homeopathic institute in 1875 not only kept professional credentials as a membership requirement, but also introduced a discursive shift in the way homeopathic physicians diffused homeopathy. Homeopathic practitioners responded to José Galindo’s critiques by opposing homeopathy to pathologic anatomy and traditional therapeutics. For instance, Julián González argued that allopaths — for him, those who practiced the “official school’s” therapeutics — were not able to localize pneumonia in a single organ, and that even assuming this specific localization, their therapies harmed other organs, reducing the body’s natural self-recovery tendencies such when they used blood-letting, or producing new diseases such as when they used surgery. He blamed these methods as “hypothesis and nothing else; theories lacking any foundations; respect for a systematic and fanciful tradition; no experimentation; these are the great resources of the traditional school”. And he continued,

Is it proper to dismiss fair observations [referring to those made by homeopathic practitioners], persisting in doing harm, cultivating the mistake, and turning into strong advocates of doctrines that are far from being scientific? This is where allopaths dwell and yet they call us assassins and charlatans.⁶⁰

Graduates of the National School of Medicine who adopted homeopathy and joined to the IHM subscribed to the thesis that homeopathy was scientific therapeutics, yet they were not opposed to the traditional therapeutics offered by “the official school”. In response to José Galindo’s critiques of homeopathy, the reformed IHM argued that the scientific locus of homeopathy was its notion of pure experimentation and its foundational law of similitude, the *similia similibus curantur*. It was only through this law that therapeutics became scientific, the

⁶⁰ González, "La homeopatía," 239.

editors of the IHM's journal argued.⁶¹ This position allowed them to be less dogmatic about the principles of homeopathy, which consequently made them more cautious about the general applicability of the homeopathic law and some of its implications.⁶² For instance, José Alberto Salinas y Rivera believed that homeopathy supplemented "official therapeutics" and consequently believed that homeopathy was more a therapeutic method than a medical system.⁶³ According to him, allopathy lacked the individualization of each patient's disease implicit in the homeopathic approach; consequently homeopathy demanded more detailed clinical observations contrasted to the clinical practice taught by allopaths. Rigorous clinical observation and rigorous pharmaceutical experimentation — in other words, detailed application of the principles of pure experimentation and the law of similitude — made homeopathy a positive science in Salinas y Rivera's analysis.

There were some divergences amongst homeopathic physicians. While Salinas y Rivera believed that the exact coincidence of the patient's individual symptoms with the specific symptoms produced by a particular homeopathic remedy determined the homeopathic doctor's prescription, Francisco Marchena, another graduate of the National School of Medicine who joined the IHM in 1875, believed that the election of the right medication should be based on the patient's general symptoms.⁶⁴ Both agreed that it was necessary to use infinitesimal or highly

⁶¹ Francisco Pérez Ortiz and Tranquilino Hidalgo, both registered in the Superior Board of Health were the editors of the journal of the IHM. They subscribed this opinion in an editorial article of the Institute's journal; see "Similia Similibus Curantur," El propagador homeopático III.1-2 (1874).

⁶² Other graduates from this school such as Crescencio Colín persistently sustained homeopathy's exceptionality, aligning with the dogmatic rhetoric of homeopathic practitioners; see below in this chapter. For the position of the professional society founded by homeopathic practitioners see "Nueva cruzada," El faro homeopático (1874).

⁶³ See Salinas y Rivera, "DIAGNÓSTICO EN HOMEOPATÍA. Memoria presentada al Instituto Homeopático Mexicano por el profesor de medicina y cirugía Dr. D. José Alberto Salinas y Rivera, En cumplimiento de la fracción 4a. del art. 6o. del Reglamento.."; and José Salinas y Rivera, "Ensayos sobre la homeopatía," La reforma médica I.9-11 (1875).

⁶⁴ Francisco Marchena, "Resumen de los teoremas del Dr. Marchena para la Convención Mundial de Homeopatía, Filadelfia, 1875," La reforma médica I.12 (1875).

diluted doses, yet they believed that it was necessary to experiment with concentrated doses both to understand the physiological effect of those medical substances and to use concentrations that corresponded to the strength of the disease in each specific case.

When homeopathy became less radical in the hands of homeopathic physicians, members of the Academy started to experiment with it. Adrián Segura, professor of Pathology at the National School of Medicine, carried out some experiments with homeopathy and even prompted his students to test the infinitesimal doses of this therapeutic system in 1877. His pioneering position regarding homeopathy is evidence of a generational shift regarding therapeutics within the Academy. Instead of relying on what previous physicians, scholars or textbooks said about specific therapeutic approaches, what at the time was called empirical therapeutics, he proposed to actually carry out experiments to see if those approaches worked in clinical practice. When Segura addressed the Academy, he emphasized that he only asked students to “personally learn from the field of what is experimental”, as he had done it for “three years without reaching a definite opinion about homeopathy”.⁶⁵ He was clear about his disbelief in the theoretical foundations of homeopathy, yet he acknowledged that its law was recommended in clinical practice for it had proved to have good results. Regardless of public denunciations that with no success demanded him to resign from his position at the school of medicine, Segura continued experimenting with homeopathy and acknowledging its contributions to the national pharmacopeia.⁶⁶ By the first half of the 1880s, Adrián Segura was

⁶⁵ Segura, "CRÓNICA MÉDICA. Carta del Sr. Dr. Adrián Segura."

⁶⁶ In 1882, he continued prescribing treatments recommended by homeopaths in the *Hospital Juárez* and reporting his successful results to the *Gaceta*; see "ACADEMIA DE MEDICINA. Extracto del acta de la sesión del 16 de noviembre de 1881. Acta no. 7 aprobada el 20 de noviembre," *Gaceta Médica de México* XVII.1 (1 de enero) (1882): 10. He acknowledged that homeopaths introduced the use of phosphorous for the treatment of homeopathy, and that the medicine *sulphur* was effective against diphtheria because of its homeopathicity. He argued that this substance produced the ulcerations similar to those caused by the disease itself. For his report on phosphorus see "ACADEMIA DE MEDICINA. Sesión del 1o de mayo de

not neutral about homeopathy as other authors in the *Gaceta*, he was positive about the importance of homeopathic contributions in both new drugs to treat disease and theoretical explanations of the physiological effect of such drugs. Moreover, he was confident to discuss it with members of the Academy, which suggests a more open attitude of the Academy to introduce homeopathy in their discussion of clinical cases.

After twenty years of critiques, members of the National Academy of Medicine started to acknowledge the therapeutic value of homeopathy, even in the hands of those who were “outcasts” of professional or academic medicine.⁶⁷ This attitude shift also permeated the National School of Medicine, where students evolved from trying to explain “the parallel between rational medicine and homeopathy”, as the title of Facundo Ramos y Ramos’ 1872 dissertation read, to evaluate “what type of healing method should homeopathy adopt, dosimetry or allopathy?”, as Arturo Palmero Alcocer’s 1895 dissertation title asked.⁶⁸ Students from the early 1870s were not the same of those of the 1880s. Chemistry started to have an academic space in the school of medicine. With the educational reforms of 1867, the new academic

1882. Acta num. 22, aprobada el 8 del mismo," *Gaceta Médica de México* XVII.5 (1 de mayo) (1882): 135. For his comment about the homeopathicity of sulphur see Adrián Segura, "ACADEMIA DE MEDICINA. Sesión del 15 de octubre de 1884. Acta Núm. 3, aprobada el 22 del mismo," *Gaceta Médica de México* XIX.22 (15 de noviembre) (1884): 526.

⁶⁷ For instance, notes that reported the death of important homeopaths shifted from clearly stating that the Academy did not endorse homeopathy to simply clarifying that while being legal professionals these homeopaths were not part of the Academy. When José María Puig y Monmany died in 1877 the *Gaceta Médica de México* openly stated that “professors of the academy did not endorse such a system.” When the journal announced that Francisco Pérez Ortiz had passed away in 1884, the note only mentioned that he was a homeopath. When Crescencio Colín died in 1889, the journal only clarified that he was not member of the Academy. See "Necrología," *Gaceta Médica de México* XII.4 (15 de febrero) (1877).; "Necrología," *Gaceta Médica de México* XIX.6 (15 de marzo) (1884).; and "Necrología," *Gaceta Médica de México* XXIV.10 (15 de mayo) (1889).

⁶⁸ Facundo Ramos y Ramos was a doctor from Spain. He probably wrote this dissertation to fulfill the requirement to practice medicine in Mexico. The title dissertation clearly explained its content and suggested its conclusions –that the homeopathic approach did some contributions to medicine, though it also carried some problems with it. Facundo Ramos y Ramos, "Paralelo entre la medicina racional y la homeopatía," 1872.; and Arturo Palmero Alcocer, "¿Qué sistema de curación debe adoptar la homeopatía, la dosimetría ó la alopatía?," 1895.

program for medicine included the course of Galenic Pharmacy during the first year, and the academic program for pharmacy included Chemical Analysis and History of Drugs.⁶⁹ By the 1890s students were no longer trying to understand if homeopathy belonged to the realm of medicine. Rather they considered it as part of the therapies available for any physician, and being trained in chemistry, they were concerned about the doses it used.

Chemistry provided new tools for pharmacists and physicians to understand the structure of old drugs and medical formulations. It also provided new insights for thinking about homeopathy. Chemically oriented physicians and pharmacists' appreciations of homeopathy were not monolithic. On one side were those who believed, like the pharmacist Francisco Patiño, that mathematical and chemical analysis provided evidence that homeopathic dilutions did not contain any trace of medical substance.⁷⁰ Adrián de Garay, a medical student in 1881, followed all the instructions included in Hahnemann's *Organon* to prepare a homeopathic medication and then subjected himself to the homeopathic regime of foods and beverages.⁷¹ He finally ingested the medication without experiencing any of the effects attributed to the specific substance he was

⁶⁹ See Francisco de Asís Flores y Troncoso, "Establecimiento de Ciencias Medicas.- Escuela Nacional de Medicina. (Concluye)," Historia de la medicina en México desde la época de los indios hasta la presente, vol. 3 (México: Oficina tipográfica de la Secretaría de Fomento, 1886) 148-78. See also Sandra Martínez Solís, Patricia Aceves Pastora and Alba Dolores Morales Cosme, "Una nueva identidad para los farmacéuticos: la Sociedad Farmacéutica Mexicana en el cambio de siglo (1890 - 1919)," Dynamis 27 (2007): 276-78.

⁷⁰ What prompted Francisco Patiño to start a discussion about homeopathy was an article by Lic. Hilario S. Gavilondo in the newspaper *La República* where he placed homeopaths as an example of the liberty of professions that Mexicans enjoyed in the early 1880s; see Francisco Patiño, "La libertad de profesiones," La independencia médica I.36 (1881). The motivation to start the discussion suggests, as I have emphasized, that scientific discussions about homeopathy were rooted in the dispute for more patients as the marketplace became more competitive in the last quarter of the 19th century. For his critiques of homeopathic dilutions see Francisco Patiño, "La homeopatía," La independencia médica I.38 (1881).; and Francisco Patiño, "Estudios sobre la homeopatía. Las dosis infinitesimales," La independencia médica I.44 (1881).

⁷¹ Adrián de Garay was editor of the journal *La Escuela de Medicina, periódico dedicado a las ciencias médicas* from 1879 to 1914. He graduated of medicine in 1887. Around 1910, he was professor of Topographic Anatomy in the ENM. For his critique to homeopathy see Adrián de Garay, "La doctrina de Hahnemann refutada por el Sr. Colín," La independencia médica I.44 (1881).

ingesting. Patiño and De Garay even challenged Crescencio Colín, the homeopath with whom they were having a discussion about the content of homeopathic doses, to a public experiment, a situation that Colín rejected because he believed that Patiño and De Garay missed the fundamental points of homeopathy and homeopathic pure experimentation.⁷² This discussion about actual effectiveness with highly diluted doses continued throughout the rest of the 19th century.⁷³

On the other side were those pharmacologists interested in finding either new medical substances or new applications for already known medicines. Fernando Altamirano, one of the most important pharmacists in the last quarter of the 19th century who dedicated his life to investigate the medical properties of the national flora and fauna and who would play a key role in the research program initiated at the National Medical Institute, an institution created

⁷² When the “Sociedad Metodófila Gabino Barreda” and authors -both pharmacists and physicians- of the recently created journal *La Independencia Médica* critiqued homeopathy, Crescencio Colín was the single homeopathic physician who debated with them. In these debates, Colín pointed out that his adversaries missed the point of the law of similitude and pure experimentation, and that doses were not essential to the discussion of what homeopathicity was and how it worked. But as discussions progressed and his adversaries demanded experimental proof that diluted doses had a physiological effect in the human body, Colín responses turned dogmatic, emphasizing that homeopathy was the single therapeutic method that was scientific, and that there was no other method, whether chemical, physiological, used in animals or diseased humans but the homeopathic one that proofed the effect of homeopathic medicines. Colín was not willing to accept partial proofs of homeopathy’s effectiveness and he demanded a neutral public space for such experiments. The society was created in 1877. Between 1877 and 1878, the journal reprinted Gabino Barreda’s critique of homeopathy and another critique by Daniel Muñoz, one of Barreda’s disciples. Daniel Muñoz published “Examen de las teorías Médico-Homeopáticas bajo el punto de vista lógico. See E. Valverde Téllez, *Bibliografía filosófica mexicana* (México: Tip. de la viuda de Francisco Díaz de León, 1907) 111-2. According to Colín, the author was not Daniel Muñoz, but Ramón López Muñoz; see Crescencio Colín, “La homeopatía ante la secta metodófila Gabino Barreda,” *La reforma médica* II.12 and 14 (1878). For Crescencio Colín’s debates see also Crescencio Colín, “Remitido,” *La independencia médica* I.37 (1 de febrero) (1881).; and de Garay, “La doctrina de Hahnemann refutada por el Sr. Colín.”

⁷³ The discussion would continue during the late 1880s and the 1890s with Fernando Malanco and Maximino Río de la Loza. For Fernando Malanco see Fernando Malanco, “La homeopatía ante la razón,” *La reforma médica. Segunda época* III.9-11 (1888). For Maximino Río de la Loza’s position see below. Physicians that formerly argued against homeopathy such as Juan Fenelon continued to oppose homeopathy. He did not even acknowledge the value of homeopathy when his peer members of the academy, physicians and pharmacologists, started to acknowledge the value of homeopathy at the bedside and in pharmacological research in the mid-1880s. See J. Fenelon, “TERAPÉUTICA. Consideraciones prácticas médico-quirúrgicas,” *Gaceta Médica de México* XXIII.2 (15 de enero) (1888): 25 and 28.

during the Porfiriato solely for this purpose, was aware of the substances used by homeopaths.⁷⁴ His contribution to the Academy suggests that homeopaths' frequent use of poison ivy motivated him to look for the plant's pharmacological properties and promote its use among members of the Academy. In the review of animal-produced poisonous substances presented by Jesús Sánchez to the Academy in 1892, he commented that homeopaths used a large diversity of animal poisons as medicines and concluded by quoting a famous French treatise of therapeutics; "the homeopathic doctrine has created a pure *materia medica* from which all kinds of invaluable notions about the special properties of medicines and about a multitude of particularities about their action which were not known amongst us are taken".⁷⁵ Pharmacologists' interest in finding new therapeutic substances made them less concerned about homeopathic concentrations and more interested in the homeopathic pharmacopoeia and its applications.

Homeopathy was nothing like a marginal practice in Mexico City at the end of the 19th century. The intellectual environment of the last quarter of the 19th century favorably positioned homeopathy as a scientific therapeutic system that competed with others that were in vogue at the time. From domestic medicine practiced by patients who lacked any technical training in medicine in the 1850s, homeopathy had become a therapeutic system worth considering by trained physicians and pharmacologists. The widespread use of this therapy amongst not only patients but also scholars, whether physicians, veterinarians, and pharmacists, made it a sought-

⁷⁴ When he reviewed national plants that had irritant properties in 1880 for the *Gaceta*, he recognized that homeopaths were the ones who most frequently used poison ivy [*mala mujer*]. Moreover, this plant was the same one that Madero sent to Ignacio Fernández de Lara to research its homeopathic properties. See Fernando Altamirano, "MATERIA MÉDICA. Apuntes para el estudio de los medicamentos irritantes indígenas," *Gaceta Médica de México* XV.24 (15 de diciembre) (1880): 510.

⁷⁵ The authors of this Treatise of Therapeutics were Trousseau and Pidoux, authors to which homeopaths constantly referred to in their discussions with academic physicians to prove that the latter's peers had already experimented with homeopathy and found it valuable. See Jesús Sánchez, "HISTORIA NATURAL MÉDICA. Nota relativa á los virus, venenosos ó ponzoñas, de algunos animales que viven en México. 2a. parte. Invertebrados," *Gaceta Médica de México* XXVIII.11 (1 diciembre) (1892): 403, 04, 10.

after medical treatment, an alternative for patients with difficult diseases, and a research tool to investigate other uses of already known remedies or the therapeutic properties in new ones, i.e. alkaloids.

Regardless of the recognition of the therapeutic contributions of homeopathy and its value as a tool to investigate the pharmaceutical properties of chemical substances, physicians were not willing to consider homeopathy either as a distinct profession or as part of “the true medicine”. In other words, in a map of 19th century medical knowledge, academic physicians and professional pharmacists located homeopathy on the periphery as an accessory tool with which they could gain knowledge about new therapeutic substances. This chart of medical knowledge was a mirror image of the professional space that homeopaths occupied in the last quarter of the 19th century. Just a few graduates from the National School of Medicine practiced homeopathy and organized into professional societies. They were critical about some approaches of what they called “traditional” medicine at the medical school, but they had no influence to promote a change. Moreover, even geographically, the homeopathic school in Puebla and regulated medical degrees in Veracruz were not located in the epicenter of modernity that Mexico City was at the end of the 19th century.

Unable to find a more central position in academic discussions, within the National School of Medicine, and in other medical institutions, homeopathic physicians resumed former strategies to diffuse homeopathy, particularly the provision of medical training and free health services. The conjunction of these strategies with a scientific rhetoric helped homeopaths to convince Porfirio Díaz and his minister of the interior to support a homeopathic hospital where clinical results decided homeopathy’s therapeutic efficacy. As I will show in the next section, this was achieved thanks to the context that homeopaths themselves had created: a reconfigured

homeopathic community integrated now by both professional physicians who possessed knowledge of medical science and entrepreneurial practitioners who needed to be trained in medicine, and the public acceptance of homeopathy as a scientific therapy.

Porfirio Díaz's Scientific Governance and the Creation of the National Homeopathic Hospital

In 1884, Porfirio Díaz was elected President of Mexico. His thirty-years-long dictatorship transformed México from a politically divided and economically devastated nation into one where “order and progress”, as his political campaign boasted, dominated. Following the advice of *Los Científicos* [The Scientists], a group of elite politicians and men of profound influence, most of whom grew up in Mexico City adopting Barreda’s positivist philosophy, Mexico City became the epitome of an ordered and progressive city, particularly in terms of the medical sciences. As Mexican historian Claudia Agostoni shows, Díaz’s government sought to transform the nation’s capital into a cleaner and healthier city.⁷⁶ This interest manifested in the creation of institutions that aimed to promote pharmaceutical, microbiological, and pathological research⁷⁷. Such interest also extended to new therapies that promised to treat epidemic diseases, including

⁷⁶ See her Agostoni, Monuments of Progress: Modernization and Public Health in Mexico City, 1876-1910.

⁷⁷ The institutes were the *Instituto Médico Nacional*, the *Instituto Bacteriológico Nacional*, and the *Instituto Patológico Nacional*, respectively. For an overview of these institutes see Priego, Ciencia, historia y modernidad: la microbiología en México durante el Porfiriato 78-107. For a detailed history of the *Instituto Médico Nacional* see Nina Hinke and Laura Chazaro García, El Instituto Médico Nacional. La política de las plantas y los laboratorios a fines del siglo XIX (México: Universidad Nacional Autónoma de México, Centro de Investigación y de Estudios Avanzados del Instituto Politécnico Nacional, 2012).; Nina Hinke, "Fragmentos de una historia del Instituto Médico Nacional," Ciencias 83 Julio - Septiembre (2006).; N. Hinke, "Entre arte y ciencia: la farmacia en Mexico a finales del siglo XIX," Relaciones (Colegio de Michoacán) 22.88 (2001). See also Consuelo Cuevas Cardona, "Ciencia de punta en el Instituto Bacteriológico Nacional," Historia Mexicana LVII.1 (julio-septiembre) (2007).; Natalia Priego and John Fisher, "¿Quién era Joseph Girard? El Instituto Bacteriológico Nacional de México visto desde fuera (1905-1913)," Revista Electrónica de Estudios Sociales, Históricos y Culturales de la Ciencia y la Tecnología.1 (2006).; and Gabriela Castañeda López, "Los estudios del sistema nervioso en el Instituto Patológico Nacional," Archivos de Neurociencias XVI.Supl 1 (2011).

homeopathy,⁷⁸ and which eventually translated into the creation of the National Homeopathic Hospital and the National School of Homeopathic Medicine.

The hospital and the school were not originally conceived by Porfirio Díaz, his ministers, or his advisors. They resulted from homeopathic physicians' demands. They took advantage of several trends in Díaz's government: the need for regulation of professions through the creation of state-funded professional schools; the status of homeopathy as a modern scientific therapy in need for an ultimate experiment to certify its effectiveness; and the government's need to cope with the high rates of mortality in Mexico City — one of the clearest indicators of the lack of progress in Mexico — which translated into the provision of health services through welfare institutions. Díaz's creation of homeopathic institutions and, hence, his regulation of the homeopathic profession in Mexico took the form of a social experiment, one which both homeopathic practitioners and physicians had been requesting. In order to try the efficacy of homeopathy as a therapeutic tool, he first authorized the creation of the homeopathic hospital; and after receiving favorable results, he decided to authorize the creation of the homeopathic school.

In the 1880s, homeopathic institutions suffered a new transformation that put homeopathic physicians and practitioners back together again, reviving homeopaths' arguments about the liberal practice of homeopathy. In spite of the Mexican Homeopathic Institute's reorganization in 1875 and the recognition of homeopathy's contributions to medical science, it was not able to gain public spaces for the study and practice of homeopathy in Mexico City in the 1880s. The IHM's inability to enroll more physicians made its members to seek support from

⁷⁸ For instance, in 1887, the *Diario Oficial de la Nación* published the homeopathic treatment for cholera because it proved to be more effective than regular therapies. Correspondence that Manuel Romero Rubio, Minister of the Interior, addresses to the Superior Board of Health; see "MUY IMPORTANTE. *Instrucciones preventivas y curativas del cólera asiático*," *La reforma médica. Segunda época* II.8 (1887).

affluent homeopathic practitioners as they had done it two decades before in order to keep the homeopathic community alive in 1886.⁷⁹ The new IHM endorsed the same strategies to diffuse homeopathy that it practiced before its division in 1875, particularly the provision of medical training and free medical services. In 1888, Joaquín Segura y Pesado, a recent convert to homeopathy, one of the founding members of the new IHM, and a graduate from the National School of Medicine in 1877, opened a medical academy as part of the IHM efforts to propagate homeopathy. He believed that a homeopathic school was necessary for “it was better to train educated professors who would brilliantly represent and willingly diffuse Hahnemann’s science, than to expect the fortuitous adoption of it by physicians.”⁸⁰ The new generation of homeopathic physicians realized that the dreams of a previous generation to become part of the medical profession by acknowledging official institutions as centers of professional control did not work and that they needed to create their own means to make the homeopathic profession grow and endure, based on the professional liberties that the Constitution granted.

⁷⁹ The IHM grouped around 15 homeopaths in 1869. By 1873, it had approximately 30 members. The reformed IHM was left with only five homeopathic physicians in 1875. A rough calculation suggests that initially, the society that grouped homeopathic practitioners had at least five times more members than the IHM. Only a 10 physicians adopted homeopathy and became members of the IHM from 1875 to 1880. During the 1880s, the IHM lost institutional presence and Crescencio Colín remained as the single homeopathic physicians who debated with other physicians who critiqued homeopathy. In 1885, he reorganized former members from both homeopathic societies into a single one; the *Círculo Homeopático Mexicano* changed its name to IHM one year later, for the law of Veracruz recognized members of this institution as legal homeopaths. See “Ave Fénix”, *La reforma médica. Segunda época* I.11 (julio) (1886) quoted in Francois Flores, *Historia de la homeopatía en México*. For the new society, the distinction between physician and practitioner was no longer an obstacle to share an institutional life, as Juan N. Arriaga, a member of the new society and homeopathic practitioner, put it “there is no way one can require from those who practice [homeopathy] to have a title provided by our authorities, and one must rely on the ones issued by foreign institutions or by the corporation that represents [this] medical system in our country”. See *La reforma médica. Segunda época* II.7 (1887). The new institution incorporated a larger number of both former and new homeopaths than previous societies; there were 52 members distributed in 20 cities in 1887. Pánfilo Carranza, “El Instituto en el 133o aniversario de hahnemann. Inauguración del consultorio gratuito para los pobres,” *La reforma médica. Segunda época* III.7 (1888).

⁸⁰ See “La inauguración del Hospital Homeopático.”

The provision of free medical services was also a key element that distinguished the practice of physicians from that of practitioners. Members of the Academy believed it was the role of the state to provide health services to the poor.⁸¹ The reformed IHM found it difficult to establish free medical services after 1875, due to the lack of Gonzalez's sponsorship. Originally, its members needed to provide funds for the institute's new dispensary and their own medicines; patients in turn needed to pay medical consultation.⁸² In 1878, the institute opened the *Casa de Beneficencia Mexicana* [Mexican Welfare House] to provide free public medical consultations and medicines, but it was closed a few months later because sponsors sold the property.⁸³ Members of the institute tried to open homeopathic hospitals that did not have any connection with the IHM, but with no success.⁸⁴ In 1888, the institute that put homeopathic physicians and practitioners back together again opened its dispensary as a means to "increase the public awareness of such a therapeutic system, to provide evidence of its clinical successes, and to fulfill physicians' duty as charitable men".⁸⁵ Ignacio Fernández de Lara, a recent graduate of the National School of Medicine took charge of the new dispensary.

Once again, the duality of the homeopathic community both as legal physicians and irregular practitioners raised voices that clamored for regulation. In a lecture given at the

⁸¹ See for instance Carrillo, "Médicos del México decimonónico: entre el control estatal y la autonomía profesional," 353-57.

⁸² Arts. 3, 4 and 5 of the new "REGLAMENTO," *La reforma médica* I.1 (1875).

⁸³ See "Hospital homeopático," *La reforma médica* III.7 (febrero) (1879).; and Juan Arriaga, "El Dr. Crescencio Colín," *La reforma médica. Segunda época* IV.8 (agosto) (1889).

⁸⁴ In 1874, José Puig y Monmany, an honorary member of the IHM, attempted to open a homeopathic hospital for which he required permission to the city's government. The Superior Board of Health to whom the case was turned responded that a homeopathic hospital could be set to work if it complied with the hygienic requirements for a hospital, but the commission considered that Puig's hospital did not fulfill the requirements of ventilation and consequently denied the authorization to Jose Puig. See AHSS, SP, P, S, 4, 34; and the Superior Board of Health commission's evaluation in AHSS, SP, P, S, 5, 6.

⁸⁵ Carranza, "El Instituto en el 133o aniversario de hahnemann. Inauguración del consultorio gratuito para los pobres."

National Academy of Medicine in 1887, Maximino Río de la Loza, a famous pharmacist,⁸⁶ proposed to solve the problem of homeopathic charlatanism by both incorporating homeopathy into allopathy and teaching homeopathic classes in the National School of Medicine.⁸⁷ He believed that by eliminating the dogmatism in both systems, disputes would end and every practitioner would find room to use any system for specific cases in their clinical practice. Moreover, he acknowledged that the only way to stop the diffusion of homeopathy as a domestic medicine and the demand of homeopathic “healers” by patients in Mexico City was for the National Academy of Medicine to promote the study of homeopathy in the National School of Medicine. Only in that way, would homeopathic patients seek treatment with trained physicians rather than charlatans, he concluded.

Francisco de Asís Flores y Troncoso regarded homeopathy and the training of homeopaths in a similar fashion. He welcomed the training of homeopaths in the school of medicine of Puebla.⁸⁸ He even considered that through this approach the medical school of Puebla surpassed the ENM. But he also criticized the regulation in Veracruz, for it provided medical degrees without even having a medical school. In Flores’s opinion, regulation could

⁸⁶ Son of Leopoldo Río de la Loza. As his father, he played an important role in the institutionalization of chemistry, pharmacy and pharmacology in Mexico, as researcher, inventor, president of the Pharmaceutical Society, and promoter of pharmacy as a profession independent from medicine during the second half of the 19th century. See Liliana Schifter Aceves, "La trayectoria científica de Maximino Río de la Loza como parte de la identidad de la Química Mexicana," Boletín de la Sociedad Química Mexicana 5.2-3 (2011).

⁸⁷ He was confident that homeopathy was not only useful to explain for instance new developed vaccines, but also to foresee the application of new discovered alkaloids, as he himself did it when he competed for a position of adjunct professor of chemistry in the ENM in 1861. Maximino Río de la Loza, "FARMACOLOGÍA. Ideas generales sobre el sistema homeopático en relación al alopático," Gaceta Médica de México XXII.16 (15 de agosto) (1887). In admission thesis, he studied the uses of the plant *Senecio canicida* where he explained how people used the plant to poison wolves and coyotes that lived in their villages, how extracted the alkaloid responsible for its effects, and how by using the law of similitude he deduced the medical uses of such substance. In clinical experiments with dogs that received a specific dose of this acid, he found that all of them suffered from convulsion. He concluded that the new substance could be used to treat epilepsy. See Schifter Aceves, "La trayectoria científica de Maximino Río de la Loza como parte de la identidad de la Química Mexicana."

⁸⁸ See Flores y Troncoso, "Enseñanza de la medicina en el período positivo," 209.

only come through proper medical training. So while acknowledging that some trained physicians adopted homeopathy, he severely criticized untrained people who practiced it. Moreover, when he analyzed homeopathy as a medical system, he acknowledged it as a valuable tool because of its idea to carry out experiments in healthy individuals and its law of similitude.⁸⁹ For Flores y Troncoso, homeopaths needed to carry out further experiments in order to demonstrate that highly diluted doses had clinical effects. For such reasons he believed that the homeopathic doctrine was “worth as a subject of study and reasoning, even if it seemed singular and ineffective”. “It was time — he concluded — to judge it based only on the purest and most reasoned experimentation and provide a definite verdict”, about it as either “a lie, or a true medical progress.”⁹⁰

The idea of carrying out an impartial experiment to test homeopathic doses drove medical and pharmacological discussions in the early 1880s. But like many of Porfirio Díaz’s political and economic decisions during his dictatorship, his inclination for homeopathy was guided by his own personal and political interests, rather than the benefit of the nation. While the press reported the creation of the National Homeopathic Hospital as a welfare effort that would also help to settle down the disputes between allopaths and homeopaths, the idea to support homeopathy did not come from the group of politicians called *los científicos*, among which figured members of the National School of Medicine who were open detractors of homeopathy, such as Porfirio Parra, close disciple of Gabino Barreda. Rather Díaz’s inclination to homeopathy came through Manuel Romero Rubio, his Minister of the Interior in the early 1890s and father-in-law. Romero Rubio’s close relationship to one of the wealthiest families in Mexico, the Pesado family, and his inclination for homeopathy, facilitated Joaquín Segura y Pesado’s

⁸⁹ See his chapter Flores y Troncoso, "Terapéutica," 641-9.

⁹⁰ Flores y Troncoso, "Terapéutica," 647-8.

access to the President.⁹¹ Díaz suffered from a bone infection that no physician had been able to treat successfully. When he learned about Joaquín Segura y Pesado, he requested his services. Using homeopathy, Segura y Pesado was able to make Díaz's wound heal in 10 days.⁹² Whether the story is accurate or not, or if it only resembled clinical stories of success pictured by homeopathic practitioners, Segura y Pesado's family connection with the President allowed the homeopathic doctor to reach Porfirio Díaz and obtain his support for homeopathy.

When Segura y Pesado addressed the Minister of the Interior to request support to open the homeopathic hospital, he accommodated homeopathy into the trends I have described so far. He argued that "those who subscribe [to the cause for the homeopathic hospital] possess this title", and "consequently, we fulfill the requirements of the law to practice our profession." He believed that by establishing a hospital, the government would "expose the excellence of homeopathic methods, contribute to solve the calamities caused by epidemic diseases in Mexico City, [... and] indicate that the administrations look[ed] after the general good through public welfare." To substantiate his arguments, Segura y Pesado listed a series of statistics of European and US hospitals that showed the reduced mortality of patients treated with homeopathy during epidemic diseases. He only asked for material support and administrative staff to keep the facility working, for the medical staff would provide their services free of charge.⁹³

⁹¹ Joaquín Segura y Pesado was son of Guadalupe Pesado de Segura and Vicente Segura y Argüelles. Guadalupe Pesado de Segura was daughter of the first matrimony of José Joaquín Pesado. See Samuel Torija Saavedra, La familia Pesado. Curiosa relación de un reparto de bienes y de un cúmulo de picardías (Brooklyn, NY: Imprenta de R. Smith, 1889).

⁹² Porfirio Díaz's daughter told this story. See Flores Toledo, Iniciación a la homeopatía 317.

⁹³ Letter where Joaquín Segura y Pesado, Fernando Gómez Suárez, Ignacio Fernández de Lara, and Ignacio María Montañó requested support to the Ministry of the Interior, Manuel Romero Rubio to use *El Polvorín* located in a state known as *El Cuartelito* to open the homeopathic hospital; June 26, 1883. AHSS, BP, EH, HNH, 1, 1, 17-21.

On July 1, 1893, Manuel Romero Rubio, Minister of the Interior, announced that Porfirio Díaz had granted authorization to use *El Polvorín* for the homeopathic hospital.⁹⁴ In a few days material resources and regulations were set, and the hospital started offering its services. The hospital was intended for poor patients with acute diseases who wanted to be treated by the homeopathic method. For patients with chronic diseases, the hospital hosted an outpatient clinic. The government paid for up to 60 patients in the hospital and 14 staff personnel. Four homeopathic physicians — Joaquín Segura Pesado, the hospital's head, Ignacio María Montaña, Ignacio Fernández de Lara, and Fernando Gómez Suárez — offered their services, medicines, and medical and surgical instrumental free of charge, and medical personnel were subsequently incorporated from Joaquín Segura y Pesado's homeopathic school.⁹⁵ As the journalist from *El Siglo diez y nueve* argued when he reported the inauguration of the hospital, the government had opened the fields of regular battle to homeopathy, setting up a clinical experiment to decide the effectiveness of homeopathy in the clinic, as well as a social experiment that would decide the future of the homeopathic profession.

Medical statistics came out every six months, showing the results of homeopathic intervention in acute diseases in the homeopathic hospital, and giving both homeopathic physicians and Porfirio Díaz the arguments they needed to regulate the homeopathic profession. The hospital's staff and Porfirio Díaz found the statistics outstanding. Mortality ranged between 8.01 and 12.8%, in contrast to, for instance, 33% in *Hospital Juárez*.⁹⁶ The homeopathic

⁹⁴ Correspondence from the Minister of the Interior to the Joaquín Segura y Pesado and other homeopaths, AHSS, EH, HNH, 1, 1, 23 – 25.

⁹⁵ Correspondence between the Welfare Office of the Minister of the Interior and Joaquín Segura y Pesado, and “Reglamento del Hospital Homeopático”; AHSS, BP, EH, HNH, 1, 1, 26-36

⁹⁶ For the statistics of the homeopathic hospital see AHSS, BP, EH, HNH, 1, 1 p. 53; 1, 3, p. 2-3; see also Juan Antiga Escobar, Consideraciones acerca de las estadísticas del Hospital Nacional Homeopático (México: Imp. de Trinidad Sánchez Santos, 1901) 11-14.; an article published by *El Partido Liberal* reprinted in "Una defensa de la homeopatía," La medicina científica VIII.22-23 (1895).

hospital's staff argued that Porfirio Díaz found the statistics of allopathic hospitals in such a stark contrast to the homeopathic ones that he decided not to make the former publicly available. In the eyes of the President, homeopathy succeeded in the clinical facts. In a time of scientific governance, of the dictatorship of facts, homeopathy proved its superiority over other treatments and earned a place in the official institutions of modern Mexico at the end of the 19th century.

Yet homeopaths still needed to regulate their professional situation. Professors of the existing homeopathic academy used the same argument that Barreda used to discredit homeopathy, but this time adapting it to support their petition. They used the argument that the regulation of homeopathic medical training would end up with homeopathic charlatanism in order to convince President Díaz to support a homeopathic medical school; after all, the homeopathic hospital had already prove the effectiveness of homeopathy and its status as a scientific practice. As homeopathic physicians did 20 years before to professionalize the IHM, this new generation argued that most homeopaths who practiced in Mexico were not trained physicians and that homeopathy was a “legacy of charlatans”. “Unemployed, ignorant, and misfortunate people, all of them open homeopathic consulting offices; there is one on every street; even women open theirs and venture on with the beneficent science, greatly harming people and homeopathy itself,” they maintained.⁹⁷ Porfirio Díaz seconded this perspective. Considering that Joaquín Segura's homeopathic academy already nourished the homeopathic hospital with homeopathic physicians, and that his school needed to provide “all the scientific curriculum to its students in order to give plain certainties to patients who used this medical system and to preclude any abuses from practitioners who lacked any medical training and title”, Díaz decided to constitute the profession of *médico cirujano homeópata* [homeopathic medical

⁹⁷ See "Una defensa de la homeopatía," 351.

doctor].⁹⁸ On August 17, 1895, he issued the decree that created such a profession and that regulated Joaquín Segura's academy. This document provided the foundations of the academic curriculum for students of this new profession, which were similar to those provided by the ENM, plus dissection and homeopathic doctrine. Coursework done at the homeopathic academy was considered legal, and the academy itself was declared "national"; in other words, the decree transformed Joaquín Segura's academy into the state's professional school for homeopaths, the *Escuela Nacional de Medicina Homeopática* [National School of Homeopathic Medicine]. Properly trained homeopaths would no longer be charlatans and would instead become authorized physicians.⁹⁹

Conclusions

The regularization of the homeopathic profession can be seen as a symbol of state policies during the Restored Republic and the Porfiriato, rather than an actual form of regulating the medical profession. Starting in the 1870s, the Mexican government sought to organize state institutions into ordered structures that promoted Mexico's economic growth and the social and cultural modernization of its population. For this reason, the state's instructional system adopted positivism as a modernizing ideology, and, in the case of medicine, turned the National School of Medicine, the Superior Board of Health, the National Academy of Medicine, and welfare hospitals into centers that aimed to control, regulate, and unify the medical profession. Homeopaths' efforts to reorganize their professional associations to acknowledge these institutions as centers of professional authority in the 1870s and Díaz's support to create and

⁹⁸ See Porfirio Díaz's Decree, August 10, 1895, that created the ENMH, in "DECRETO," *La homeopatía* III.1 (1895): 3.

⁹⁹ See a note published in *El Universal* on October 2, reprinted in "La Escuela de Medicina Homeopática y el progreso de las ciencias médicas," *La medicina científica* VIII.22 (1895).

fund a homeopathic hospital and regulate a school of homeopathic medicine in the 1890s followed this trend.

The way these modernizing efforts aimed to transform the nation, its institutions, and its population favored particular elite groups and marginalized the rest of the population. The construction of homeopathy as a distinct medical profession in Mexico during the second half of the 19th century is an example of such a tendency within the medical profession. Homeopaths who pushed for the professionalization of homeopathic professional societies and the creation of homeopathic hospitals and schools belonged to urban medical elites. Moreover, their network of acquaintances was closely associated with Díaz's extended family, which also occupied key government positions. The status they had as graduates of the National School of Medicine and the scientific rhetoric they used to position homeopathy as a therapy worth discussing within academic circles was the same as that used by the rest of the academic medical community to distance itself from unprofessional forms of medical practice and unscientific forms of medical knowledge. Homeopathic physicians, hence, discredited and marginalized other homeopathic knowledge and practices that they regarded as less scientific and professional.

Yet, physicians and the government used the growth of the population of irregular medical practitioners as an argument to further state regulations. The presence and increasing growth of irregular practitioners' population motivated physicians, homeopathic ones included, to demand more comprehensive laws that attracted more state support to the medical profession, creating a loop that perpetuated the social stratification of all medical practitioners, whether professionals or not, allopaths or homeopaths. By obtaining Díaz's government support, homeopathic physicians furthered the divide between regular and irregular medical practitioners in Mexico. If in the 1870s they supported it by acknowledging the status given by the possession

of a medical degree provided by an official school and the use of a scientific rhetoric, in the 1890s they created an institutional distinction between homeopathic and allopathic medical doctors, and homeopathic and allopathic practitioners. Homeopathic physicians used those practitioners who could not have a place in professional homeopathic societies in the 1870s as a reason for the regulation of a homeopathic school that provided them adequate medical training.

If the National Homeopathic Hospital and the National School of Homeopathic Medicine were symbols of the regulatory unification that governments sought during the Restored Republic and the Porfiriato, at a narrower level they represented a true divide for the medical profession.¹⁰⁰ But if there existed other types of practitioners and therapies in the last quarter of the 19th century, why did homeopathy in particular obtain Porfirio Díaz's support? The answer lies in the nature of homeopathy as a medical system around which its practitioners found identity and the marginalizing attitude of academic physicians against it.¹⁰¹ Homeopathy was not an unorthodox group of medical beliefs in the second half of the 19th century, but by framing it as a distinct type of medical knowledge practiced by untrained people, academic physicians prompted homeopaths' creation and organization of parallel medical institutions. Other groups such as midwives, while resisting control, eventually were assimilated and eliminated as a profession.¹⁰² Clergymen and traditional healers provided free healing services and in the case of traditional medicine, had an alternative view of medicine, but they did not seek to organize into a

¹⁰⁰ See a note published in *El Globo* on September 28, reprinted in Quevedo y Zubieta, "La Homeopatía oficial ó la Bifurcación de la Ciencia," *La medicina científica* VIII.22 (1895).; and Carrillo,

"¿Indivisibilidad o bifurcación de la ciencia?: La institucionalización de la homeopatía en México."

¹⁰¹ For a discussion about how heterodox medical practices in the 19th century constituted themselves as such see Cooter, "Alternative Medicine, Alternative Cosmology."

¹⁰² See Carrillo, "Nacimiento y muerte de una profesión. Las parteras tituladas en México."

professional group.¹⁰³ Therapies such as magnetism, hypnotism, dosimetric medicine, and traditional herbal remedies were simply that, therapies, and their theoretical background either fit contemporary explanations of disease and the body, or did not function as ideologies that socially organized and unified their practitioners.

Homeopathy was a medical system that attracted urban elites and middle class population, and for this reason it did what other therapeutic or medical approaches could not. It worked as an ideology that grouped educated citizens who in turn used it as a means to criticize the elitist aspirations and monopolistic desires of professional physicians. As in other countries where homeopaths organized into professional societies and created their own medical schools and hospitals,¹⁰⁴ in Mexico homeopathy gathered a group of practitioners, entrepreneurs, and physicians around a single ideology and professional corporate body. Unlike these countries, Mexican homeopathic physicians were unable to create major medical institutions, such as schools and hospitals, without the lack of sponsors, and even with them, homeopathic professional societies only provided some basic medical training and small dispensaries or consulting offices. Homeopathic physicians were able to raise homeopathy to the status of a scientific therapeutic approach, but they were not able to position it within the curriculum of the National School of Medicine. In contrast to the United States, where homeopathic institutions thrived thanks to a regulatory model that minimized the regulatory intervention of the state in professional medicine in the 19th century, in Mexico the centralizing regulatory policies of the Porfiriato led to the allocation of state resources to support a homeopathic hospital and school.

¹⁰³ Ana María Carrillo places these three groups of practitioners –homeopaths, clergymen and traditional healers- as groups that were resistant to control. See Carrillo, "Médicos del México decimonónico: entre el control estatal y la autonomía profesional," 161-5.

¹⁰⁴ For the professional organization of homeopaths in England during the 19th century see Phillip A. Nicholls, Homoeopathy and the Medical Profession (London ; New York: Croom Helm, 1988).; for the US case see Kaufman, Homeopathy in America: the Rise and Fall of a Medical Heresy.

Hence, the case of homeopathy in Mexico provides a good example for understanding how strong state intervention influenced the configuration of the Mexican medical profession in the 19th century.

Chapter 3. Scientific Medical Training for the Working Class: Homeopathic Medical Schools and the Centralization of Medical Education in Mexico City, 1895–1940

In 1939, the newly created *Instituto Politécnico Nacional* [National Polytechnic Institute] distributed a booklet that explained the history, curriculum, institutional status, and reasons for the inclusion of the National School of Homeopathic Medicine (ENMH) as one of the Institutes' founding professional schools.¹ The pamphlet argued that “homeopathic medicine [...] proposed to solve a tough problem[...] the provision of an efficient social service with a minimum cost to the human masses.” According to the text, homeopathy's primacy in providing such a service was a consequence of its theoretical foundations and practices addressed specifically to “the crowds of *desheredados* [disenfranchised]”, which the text identified with “workers, *campesinos* [farmers,...]” and those “fighters of the socialist true” who were still in their mothers' wombs.² For this reason and aligning with the socialist emphasis on education proposed by President Lázaro Cárdenas, the ENMH gained a position amidst the professional schools intended to provide professional training to the working class.

This rhetoric reproduced arguments used by homeopathic practitioners and physicians who had been trying to organize into a distinct professional group within the larger medical profession since the mid-nineteenth century. Addressing medical training and healing services for the working class granted homeopaths support from both the people and the state through the 20th century, in spite of National-School-of-Medicine (ENM) graduates' general opposition. In institutional terms, this rhetoric helped them to receive Porfirio Díaz's support to open a National Homeopathic Hospital (HNH) and the ENMH in 1893 and 1895; it helped the *Escuela Libre de*

¹ Escuela Nacional de Medicina Homeopática (México: Secretaría de Educación Pública, Instituto Politécnico Nacional, Departamento de Enseñanza Superior, Técnica, Industrial, Comercial, Vocacional y Prevocacional, 1939).

² See section “Importancia de la medicina homeopática frente a la Revolución Mexicana” in Escuela Nacional de Medicina Homeopática 35-6.

Homeopatía de México [Free School of Homeopathy of Mexico, hereon ELHM] to attract students and become the largest homeopathic medical school in Mexico in the 1920s and 30s; and it also helped to reinstate the ENMH as a state medical school during the Cárdenas administration after the National University dissolved it in 1925. The homeopathic medical system and professional schools thrived in the first half of the 20th century due to homeopaths' ability to align their training institutions with different governments' populist policies that aimed to bring professional education to the working class.

The way different homeopathic groups used the rhetoric of educating the working class intertwined with the state's educational and administrative policies and the interests of the larger medical and local homeopathic communities. The complex interplay between educating the working class, providing modern scientific medical training, and financing the complex facilities this type of training demanded led to the diversification of homeopathic schools in Mexico City. Furthermore, the institutional shifts that the two schools that emerged as a result of this process went through was also the result of a difficult social, political, cultural, and institutional process of institutionalization of the Revolution of 1910 during the decade 1920–30. The provision of medical training to the working class was not a simple issue in Mexico City either in the *Porfiriato* when social elites integrated the medical profession and enjoyed the favor of Porfirio Díaz or after the revolution when military leaders contended for political power and struggled to create modern institutions that fulfilled the promises of the revolution. The revolution acquired different meanings for different homeopathic groups. While for ELHM founders it meant providing medical education to those who could not attend the ENM, for ENMH authorities it meant that the state provided the resources to improve medical training. While different administrations favored one or the other for various — mostly political rather than academic —

reasons, eventually what made both institutions thrive was students' resistance to being coopted by top-down regulation of medical training.

As I will analyze in this chapter, this divide influenced these homeopathic schools' positions within government institutions and state regulations, the financial support they received, the quality of their facilities, their academic curriculum structures, and their student population structures and graduation rates. Eventually, the ENMH's model that reproduced the ENM's ended up in the former school's incorporation into the latter, leaving the model that addressed the working-class needs as the only one through which homeopathic medical training survived. Eventually, the interventionist state regulated in favor of academic-medical-curriculum uniformity and adequate teaching facilities. Yet its compromise to fulfill social demands — specially the provision of training to the working class — led it to listen to homeopaths and keep their schools alive.

The doctrinaire struggles within the homeopathic profession, the push of university physicians to unify and standardize medical training, and the state's intervention in regulating medical schools interplayed to create a diverse set of medical schools, including homeopathic ones, in Mexico City. The socio-economic and political diversity of actors and institutions made the unification of professional medical training a nuanced process that while giving uniformity to the medical curriculum, also retained institutional diversity. The disputes between the groups that headed medical schools in Mexico City during the process of reconstruction after the armed phase of the Mexican Revolution raise questions about the role of a revolutionary state in the configuration of the medical profession in Mexico. In other words, it provides an opportunity to

trace the specific “political geographies” in Mexico that decided over the “science wars” between homeopathy and the rest of the medical profession.³

This chapter analyzes the institutional history of homeopathic medical schools in Mexico City during the first four decades of the twentieth century. The politics of the creation, closure, and re-intallment of the ENMH as well as those that created and regulated the ELHM demonstrate how class, medical science, and the state intertwined to diversify medical education in Mexico City. I will follow a chronological sequence to compare and contrast how different state policies worked on the ground in homeopathic medical schools. The first section describes the professional politics that led to the creation of the ENMH, how these influenced the medical school’s position in the *Porfirian* administration, and the consequences this position had regarding the quality of medical training offered at this school. The second section explains how the revolution introduced a new rhetoric that different groups within the homeopathic community used to either create a new homeopathic medical school, as in the case of the ELHM, or obtain state support, as the ENMH did. In the third section, I analyze the role that state regulation and medical science played in the transformation of the ENMH into a medical specialty. I show how professional aspirations of ENMH graduates aligned with the administrative centralization and ideological unification of ENM authorities and graduates, while the doctrinarian vision of homeopathy of ELHM students and faculty led them to oppose such tendencies and constitute a medical group and school that resisted state regulation and ideological imposition.

³ For the concept of boundary formation, epistemological geographies and science wars see Thomas F. Gieryn, Cultural Boundaries of Science: Credibility on the Line (Chicago: University of Chicago Press, 1999).

The “bifurcation of science” to prevent “abuse”: The National School of Homeopathic Medicine and the politics of medical training marginalization, 1895–1910

As I analyzed in chapter 2, a direct consequence of the success of homeopathic therapeutics as applied in the National Homeopathic Hospital was that Porfirio Díaz regulated homeopathic medical training that was already being offered by homeopathic professional societies through the Academy of Homeopathy.⁴ This academy was structured as a regular medical school. Some of its faculty members were ENM graduates, and the courses they taught were the same as the ones included in the ENM’s academic curriculum (see Table 1). The academy offered courses such as anatomy, clinical practice, materia medica, pathology, hygiene, surgery, physiology, and pharmacology.⁵ With Díaz’s regulation, the hospital hosted the academy and became the ENMH.

Díaz’s regulation compelled the new homeopathic school to include courses that “embraced all the scientific knowledge that [was] required by law”, standardizing requirements for enrollment and academic curricula in all medical schools in Mexico City.⁶ Now all ENMH

⁴ Joaquín Segura y Pesado, one of the homeopathic physicians who requested the creation of the National Homeopathic Hospital, already headed an Academy of Homeopathy hosted by the homeopaths’ professional society when the hospital opened. See Salinas Ramos, Luis. *Síntesis para la historia general de la medicina en México*. Revista MH. Número 34. 1984, cited in Francois Flores, *Historia de la homeopatía en México* 32.

⁵ Segura’s Academy of Homeopathy offered a curriculum not as developed as the one offered at the School of Medicine of Puebla, let alone the ENM, but still a curriculum that gave homeopathic practitioners or any person who wanted to learn homeopathy basic medical training in the early 1890s. Dr. Segura y Pesado was the head and also taught anatomy; Dr. Bernabé Hernández was secretary; Dr. Ignacio Fernández de Lara taught clinical practice; Dr. Pablo Fuentes y Herrera, *materia medica*; Dr. Juan N. Arriaga, pathology, Dr. Miguel Bachiller, hygiene; Dr. Joaquín González -Julián González’s son-taught surgery; Dr. Pablo Barona, physiology; and Dr. Manuel M. Legarreta, pharmacology. See Salinas Ramos, Luis. *Síntesis para la historia general de la medicina en México*. Revista MH. Número 34. 1984, cited in Francois Flores, *Historia de la homeopatía en México* 32.

⁶ The Law of Public Instruction regulated professional schools’ academic curriculum in the Federal District and the Federal Territories. Díaz’s signed the decree on August 10, 1895. It would not be effective until January 1, 1896. This regulatory trend did not differ from previous attempts to regulate homeopathic medical training in Veracruz and Puebla in the early 1880s, where students of homeopathy needed to be proficient in almost the same curricular content as their non-homeopathic peers. In addition,

prospective students needed to have previously attended the National Preparatory School. To obtain their medical degree, they had to undertake 19 courses in a span of five years after which they took their professional exam. The new academic curriculum of the homeopathic school was thematically a copy of the one offered by the ENM, though less extensive in terms of the number of courses taught for a single topic (see Table 1). For instance the ENM offered one course more of internal and external pathology, and of internal and external clinical practice. Instead the ENMH offered three extra-courses on *materia medica* and therapeutics. The ENMH curriculum also offered the course “Foundations and expositions of the [homeopathic] doctrine”, which the ENM did not.

Díaz’s regulation of homeopathic medical training also resulted in the legal recognition of ENMH’s medical degrees. The decree required ENMH’s professors to be legal physicians, in other words, holders of degrees obtained in state-regulated medical schools. They also needed to be members of the homeopathic professional society. With regular professors and an authorized medical curriculum, the ENMH medical degree acquired a legal status that according to the decree aimed to protect consumers of homeopathy by “preventing the abuse of those who practice without the authorized knowledge or medical degree”.⁷ The Academy was given the status of “national” — hence the name of the school — just to make its courses legal, and to give those who obtained the degree of *Médico Cirujano Homeópata* [Homeopathic Medical Doctor] the same rights and obligations as *Médicos Cirujanos Alópatas* [Medical Doctors]. With such intentions, Díaz seemed to cope with one of Mexico City’s persistent problems during his 30-year term, the presence of irregular practitioners. Having a state-sanctioned school for a

they need to undertake courses proper to homeopathy. The internal regulations of the Academy of Homeopathy followed Díaz’s decree in the configuration of its academic curriculum. See "DECRETO."; and “Reglamento de la Escuela Nacional de Medicina Homeopática de la Ciudad de México”, AHSS, BP, EH, HNH, 1, 5.

⁷ See "DECRETO."

therapeutic system that was widely consumed, but most importantly prescribed, by both social elites and the working-class seemed to provide medical training to individuals who could not afford elite medical training at the ENM. In other words, Díaz aimed to regulate irregular practice by providing medical training to the working class.

The position of the ENMH within *Porfirian*, Madero's, and Huerta's government structures hindered its material progress for two decades. The homeopathic hospital hosted the school during this period, and the Ministry of the Interior, which funded the hospital, did not pay for faculty salaries or other ENMH's specific needs.⁸ Material improvements to the hospital impacted the school, though, which meant that any improvement to the hospital also improved the school.⁹ For instance, the hospital provided classrooms for lectures and facilities and patients to carry out clinical practices. Moreover, the Ministry did not originally give any medical instrumentation to the hospital in 1895. Sixteen years later, the hospital's inventory registered a large list of "scientific instruments" which were useful for clinical practice and might also be used for instruction.¹⁰

Throughout the first two decades of the 20th century, the ENMH remained beyond the regulatory efforts of the Ministry of Public Instruction. Consequently, ENM graduates who controlled this Ministry and who questioned ENMH's medical training and existence as a state-funded medical school could not control or update its academic curriculum as they did with the ENM's. ENM graduates such as Quevedo y Zubieta and Porfirio Parra regarded the state

⁸ The section of the homeopathic hospital in the AHSS holds several letters with petitions from Joaquín Segura y Pesado, head of both the hospital and the school during this period, to either the Ministry of the Interior or the head of the Office of Public Welfare to request material for the out-patient clinic, but nothing specific for the school during this time period. See AHSS, BP, EH, HNH, 1, 7.

⁹ In 1910 the head of the hospital requested painting for the hospital facilities because it would host a meeting with foreign homeopathic practitioners to commemorate the anniversary of Mexico's independence. He also requested other minor fixes produced by an earthquake and the rainy season during 1911. AHSS, BP, EH, HNH, 1, 15.

¹⁰ AHSS, BP, EH, HNH, 1, 1, 26-35, and 1, 18, 3-5.

sponsorship of the homeopathic school as a “bifurcation of science” in 1895.¹¹ They believed that medical science ought to be unified and that doctrinal differences should be taught within a single school. Instead of opening schools for every medical method or procedure, Quevedo said, the government should provide material elements to advance the practical instruction of basic sciences in one single medical school. Moreover, he denounced the structural contradiction of Díaz’s government by placing the homeopathic school outside the jurisdiction of the ministry that regulated public instruction. This opinion persisted after a decade. When Díaz asked Eduardo Liceaga, head of the ENM, about opening a new homeopathic school in 1904, Liceaga replied that homeopathy only differed from medical science “in the way it prescribed medicines”, and as a consequence, he deemed as administratively illogical to keep a separated school or create a new one which would offer the same medical training as in the ENM. “There would not be any reason to build a National Homeopathic School [...] just because [that school] uses a special modality to prescribe medications”, he concluded.¹²

Its position outside the Ministry of Justice and Public Instruction made ENMH lag behind ENM’s curricular reforms. The ENM’s curriculum went through four changes during the *Porfiriato* in order to cope with the dramatic changes taking place in the medical sciences at turn of the 20th century. Curricular changes aimed to expose new medical students to specialties such as bacteriology, histology, mental diseases, gynecology, and ophthalmology — all topics offered

¹¹ The term was Quevedo’s, but both held a similar opinion about homeopathy and the ENMH. Quevedo y Zubieta, "La Homeopatía oficial ó la Bifurcación de la Ciencia.", reprinted in *El Globo* September 28, 1895; and Porfirio Parra, "La sanción legal de la homeopatía," *La escuela de medicina*.septiembre y octubre (1895).

¹² The new school of homeopathy did not open, but Eduardo Liceaga and the ministry of instruction did not have authority to stop the ENMH from working. See Justino Fernandez, *Correspondencia Particular Del Secretario De Justicia E Instrucción Pública*, AHUNAM, ENM, ENMH, 43, 4, P. 21; and Eduardo Liceaga, Personal letter to the Ministry of Justice and Public Instruction, AHUNAM, ENM, ENMH, 43, 4, pp. 27-33.

in the most renowned medical schools in Europe.¹³ These changes continued after 1910 for political rather than academic reasons.¹⁴ The pedagogic impulse that drove such changes was learning through practice rather than theory, at the bedside and in the hospital, in cadavers and patients, rather than in libraries using texts and printed images.

In contrast, the ENMH's curriculum remained unmodified until 1916 (See Table 1). Yet ENMH dissertation titles suggest that this unmodified curriculum did not influence graduates to merely pursue careers in homeopathy, as some ENM graduates argued (see below), though having a faculty of homeopaths did have an effect on students' interest in this particular therapy.¹⁵ Half of the dissertations approached regular medical issues such as pleurisy, puerperal fever, gastric disorders or dietetics, antiseptics, epidemic diseases, and medicinal plants, and the rest discussed the philosophical principles behind homeopathy, the therapeutic superiority of homeopathy over surgery or other allopathic therapeutic procedures, and the homeopathic way to treat specific diseases.

As a consequence of the homeopathic school's lag in facility improvements and curricular updates, it turned into a second-class medical school. While still offering basic medical training, it did not withstand the changes in medical science that were taking place during the first decades of the 20th century. In the eyes of the medical elite, homeopathic doctors

¹³ In 1881, 1897, 1902, 1906. Ana María Carrillo and Juan José Saldaña analyze ENMS's academic curriculums and the school's relationship with other government institutions in Carrillo and Saldaña, "La enseñanza de la medicina en la Escuela Nacional durante el Porfiriato."

¹⁴ Every political leader during the armed phase of the revolution brought his own educational ideals and political allies to run the National University, created in 1910, and consequently to run the university's medical school, the ENM. Enrique Herrera Moreno analyses the ENM's curricular changes from 1833 to the early 1920s. Enrique Herrera Moreno, "La Escuela de Medicina de México," Memorias y revista de la Academia Nacional de Ciencias Antonio Alzate 43 (1925).

¹⁵ Of 33 dissertations reported from 1896 to 1906, 17 approached regular medical topics and the rest discussed homeopathy in contrast to allopathy. Juan Antiga kept a track of ENMH's dissertations in Antiga, "Un resumen de la historia de la homeopatía de México." There are only three dissertations that discussed homeopathy in the ENM during the 19th century registered in Carmen Castañeda de Infante, Catálogo de tesis de medicina del siglo XIX (México, D.F.: Universidad Nacional Autónoma de México, Centro de Estudios sobre la Universidad, 1988)..

were poorly trained physicians who specialized in the use of a single therapeutic approach.¹⁶ In these terms, the goal of the homeopathic physicians who created the ENMH to uplift the status of homeopathy failed in the long term. However, in numerical terms, the homeopathic school became the second more important medical school in the city in terms of the number of graduates it produced. In 1900, a national census reported that only 9.3% of the total number of physicians in Mexico City was homeopaths; 8.2 if considered nationally. The DSP records show that the proportion of homeopaths vs. allopaths with license to practice medicine in Mexico City increased from 3.7% to 6.9% from 1871 to 1907 (See Table 2).¹⁷ While these statistics suggest a success of the homeopathic school in terms of regulating the homeopathic profession, they also provided ENM faculty with the information to argue that this school only diverted state funds that otherwise could be used in the ENM's academic and material improvement.

¹⁶ See Justino Fernandez, Correspondencia Particular Del Secretario De Justicia E Instrucción Pública, AHUNAM, ENM, ENMH, 43, 4, p. 21; and Eduardo Liceaga, Personal letter to the Ministry of Justice and Public Instruction, AHUNAM, ENM, ENMH, 43, 4, pp. 27-33. See also José Terrés, "¿Qué es la alopatía?," Revista positiva (1903).

¹⁷ Anexo 6 in Mílada Bazant, "La República Restaurada y El Porfiriato," Historia de las profesiones en México, ed. Lilia Cardenas Treviño (México, D. F.: El Colegio de México, 1982). Foreign medical directories reduced that figure to 0.74% at the national level. "The Standard medical directory of North America, 1903-4," (Chicago: G. P. Engelhard, 1903), vol. The information of the DSP was calculated from "Lista de Médicos, Farmacéuticos, Dentistas y Parteras residentes en el Distrito Federal", AHSS, SP, EM, 3, 61; and "Lista de médicos, farmacéuticos, parteras, dentistas, y veterinarios legalmente autorizados", AHSS, SP, EM, 4, 1.

Table 1. Academic Curricula of the National School of Medicine, the National School of Homeopathic Medicine and the Free School of Homeopathy of Mexico, 1895 – 1939												
1895		1913		1916		1924		1925		1933		
ENM (1)	ENMH (2)	ENM	ELHM (3)	ENMH (4)	ELHM (3)	ENM	ENMH (5)	ENMH (6)	ELHM (7)	ENM	ENMH (8)	ELHM (9)
Galenic Pharmacy		Galenic Pharmacy		Homeopathic Pharmacopeia			Homeopathic Pharmacopeia	Homeopathic Pharmacopeia	Pharmacopeia		Homeopathic Pharmacopeia and Practice	Pharmacopeia and Practice
		Medical Chemistry				Physiological Chemistry		Medical Chemistry	Biochemistry	Medical Chemistry and Practice (2 courses)	Biological Chemistry and Practice	Biological Chemistry (Biochemistry) and Practice (2 courses)
Histology	Histology	Histology		Normal Histology	General Anatomy	Microscopic Anatomy, Histology and Citology	Normal Histology	Normal Histology	General Anatomy	Theoretical Histology and Practice (2 courses)	Normal Histology and Practice	General Anatomy and Practice (2 courses)
		Microbiology and Anatomy (2 courses)		Bacteriology		Microbiology	Bacteriology	Microbiology	Bacteriology (2 courses)	Microbiology and Practice (2 courses)	Microbiology and Practice	Microbiology (1/2 course)
Descriptive Anatomy	Descriptive Anatomy	Descriptive Anatomy	Analytic and Synthetic Anatomy (2 courses)	Descriptive Anatomy and Dissection Practice	Special Anatomy (Analytic and Synthetic Method)	Descriptive Anatomy (2 courses)	Descriptive Anatomy	Descriptive Anatomy	Special Anatomy (Analytic and Synthetic Method)	Descriptive Anatomy	Descriptive Anatomy	Descriptive (Analytical) Anatomy
	Dissection (2 courses)	Dissection (2 courses)		Dissection (1/2 courses)	Clinical Anatomy	Dissection (3 courses)	Dissection	Dissection (2 courses)	Dissection (2 courses)	Dissections of Descriptive Anatomy (2 courses)	Dissection de Descriptive Anatomy (2 courses)	Dissection (2 courses)
Anatomy	Descriptive Anatomy (2 courses)	Pathologic Anatomy		Procesos morbosos generales	Surgical Anatomy	Topographic Anatomy	Topographic Anatomy	Topographic Anatomy	Clinical Anatomy	Topographic Anatomy	Topographic Anatomy	Clinical and Surgical Anatomy
		Practice of Surgery	General Surgery	Surgical Medicine	General and Special Surgery		Procesos morbosos	Pathologic Anatomy	Pathologic Anatomy	Pathologic Anatomy and Practice (2 courses)	Pathologic Anatomy and Practice	Pathologic Anatomy and Practice
Surgery	Surgical Medicine							Surgical Medicine	General Surgery, Surgical Practice at the amphitheater and the surgery room (3 courses)	Surgical Techniques in Animals and Corpses (2 courses)	Surgical Medicine and Practice	Surgical Technique and General Surgery, Surgical Practice (3 courses)

Physiology	Physiology	Physiology	Physiology	Physiology	Physiology	Normal Physiology	General Biology and Physiology Practice (2 courses)	Physiology	Physiology	Normal Physiology (2 courses)	General Physiology and Practice (2 courses)	General and Special Physiology general and Practice	Normal Physiology and Practice (2 courses)
General Pathology	General Pathology	General Pathology	General Pathology	General Pathology	General Pathology	General Pathology	General Pathology	General Pathology	General Pathology	General Pathology	General Pathology	General Pathology	General Pathology
Medical Pathology (2 courses)	Medical Pathology (2 courses)	Medical Pathology (3 courses)	Internal Pathology (2 courses)	Internal Pathology (2 courses)	Internal Pathology (3 courses)	Common Morbid Processes (1/2 courses)	Medical Pathology (3 courses)	Internal Pathology (2 courses)	Medical Pathology (3 courses)	Medical Pathology (3 courses)	Medical Pathology (3 courses)	Medical Pathology (3 courses)	Internal Pathology (2 courses)
Surgical Pathology (2 courses)	Surgical Pathology (2 courses)	Surgical Pathology (3 courses)	External Pathology (2 courses)	External Pathology (2 courses)	Special Pathology	Special Pathology	Surgical Pathology (3 courses)	External Pathology (2 courses)	Surgical Pathology (3 courses)	Surgical Pathology (2 courses)	Surgical Pathology (2 courses)	Surgical Pathology (3 courses)	External Pathology (2 courses)
Medical Therapeutics	Medical Therapeutics	Medical Therapeutics (3 courses)	Materia Medica and Therapeutics (3 courses)	Materia Medica and Therapeutics (3 courses)	General and Comparative Akology. Therapeutics. (3 courses)	General and Comparative Akology. Therapeutics. (3 courses)	Medical Therapeutics	Materia Medica and Therapeutics (3 courses)	Materia Medica and Therapeutics (3 courses)	Materia Medica and Therapeutics (3 courses)	Materia Medica and Therapeutics (3 courses)	Materia Medica and Therapeutics (3 courses)	General Akology (Materia medica). Therapeutics (4 courses)
			Surgical Therapeutics	Emergency Surgery and Medicine. Bandaging and Medical Devices (Conferences)			Surgical Therapeutics	Surgical Therapeutics	Surgical Therapeutics				Special Surgical Therapeutics
	Preparatory Clinical Medicine	Preparatory Clinical Medicine (1/2 courses)	Preparatory Clinical Medicine	Preparatory Clinical Medicine	Preparatory Clinical Medicine	Preparatory Clinical Medicine	Preparatory Clinical Medicine	Preparatory Clinical Medicine	Preparatory Clinical Medicine	Preparatory Clinical Medicine	Preparatory Clinical Medicine	Preparatory Clinical Medicine	Preparatory Clinical Medicine (1/2 course)
							Preparatory Clinical Medicine	Preparatory Clinical Medicine	Preparatory Clinical Medicine	Preparatory Clinical Medicine	Preparatory Clinical Medicine	Preparatory Clinical Medicine	Preparatory Clinical Medicine (1/2 course)
Clinical Medicine (2 courses)	Clinical Medicine (3 courses)	Clinical Medicine (3 courses)	Clinical Medicine (3 courses)	Clinical Medicine (3 courses)	Clinical Medicine (3 courses)	Clinical Medicine (3 courses)	Clinical Medicine (3 courses)	Clinical Medicine (2 courses)	Clinical Medicine (2 courses)	Clinical Medicine (3 courses)	Clinical Medicine (3 courses)	Clinical Medicine (2 courses)	Clinical Medicine
Clinic of Surgery (2 courses)	Clinic of Surgery (3 courses)	Clinic of Surgery (2 courses)	Clinic of External Medicine (3 courses)	Clinic of External Medicine (3 courses)	Clinic of External Medicine (3 courses)	Clinic of External Medicine (3 courses)	Clinic of External Medicine (3 courses)	Clinic of Surgery (2 courses)	Clinic of Surgery (2 courses)	Clinic of Surgery (2 courses)	Clinic of Surgery (3 courses)	Clinic of Surgery (2 courses)	Clinic of Surgery
							Clinic of Medical Therapeutics	Clinic of Internal Therapeutics	Clinic of Medical Therapeutics (1/2 course)				Clinic of Medical Therapeutics

Parasitology and Practice (1/2 course)	Parasitology and Practice (2 courses)	Embriology	Normal Radiology	Social Medicine	Medicina and Health at Work	Clinic of Tropical Disease	Epidemiology	Clinic of Otorrino-laringology (in the HNH)	Clinic of Urology	Psycology of the Abnormal and Elements of Psychotechnic	Social Service	Internship in the HNH (6 months)
Physiological Pathology and Practice (2 courses)	Physio-pathology	Embriology						Otorrino-laringology	Urology		Syphilography	
												Internship (6 months)

Notes: Courses of the Academic Curricula were organized by year in the three medical schools. When not indicated the course length is indicated between brackets. ENM: National School of Medicine; ENMH: National School of Homeopathic Medicine; ELHM: Free School of Homeopathy. Academic curricula went through modifications during years not represented in this table. Consequently, the information included in the table is valid only for the specific years. 1) Information for the ENM was taken from Herrera Moreno, Enrique. *La Escuela de Medicina de México*. Mexico, D. F.: Talleres Graficos de la Nacion, 1925. Coleccion Folletos sobre educacion en Mexico"; and Ocaranza, Fernando. *Historia de la medicina en México*. Mexico, D. F.: Laboratorios Midy, 1934, Cien de Mexico, 1995. 219 pp. 2) "Reglamento de la ENMH." AHSS, BP, EH, HNH, 1. 5. 3) Taken from Transcripts of students, Archives of the ELHM. 4) "Reglamento de la ENMH." AHSS, BP, EH, HNH, 1. 18-23. 5) "Resultado de los exámenes parciales correspondientes al año escolar de 1922." AHUNAM, Collection Ezequiel Adeato Chávez, Box 8, Folder 51, Document 5. Official reports written by professors of each class in the ENMH. AHUNAM, Collection Universidad Nacional, Section Rectoría, Box 11, Folder 174, Document 4479 - 4513. 6) "Decreto por el que se establece la carrera de medico cirujano homeopata." AHSS, BP, EH, HNH, 3. 31, pp. 3-6. 7) Perez, Higinio G. *Programas y metodos de enseñanza de la Escuela Libre de Homeopatía y Preparatoria Anexa*. Mexico, D. F.: J. I. Munoz, 1925. 76 pp. 8) "Escuela Nacional de Medicina Homeopática." SEP, IPN, Departamento de Enseñanza Superior, Técnica, Industrial, Comercial, Vocacional y Prevocacional. México, 1939, pp. 35-36. 9) Publicity of the ELHM in the Archives of the ELHM. For all academic curricula of homeopathic schools see also Fernando Darío Francoís-Flores, *La Escuela Libre de Homeopatía* [México, D.F.: Biblioteca de Homeopatía de México, A. C., 2004] 15 - 18.

***“Revolutionaries by heart” or “science is not the privilege of the wealthy”: two models of
homeopathic medical schools during the revolution, 1910–20***

Carranza’s administration (1914–20) initiated a series of changes that impacted the homeopathic school. The school’s faculty elected a new Dean and Directive Board, which were ratified by Carranza’s government in 1914.¹⁸ Led by the new Dean, Luis F. Porrugas, the ENMH went through curricular improvements in exchange for the government’s economic support during Carranza’s term. Using a revolutionary rhetoric, Porrugas explained the school’s slow progress as a consequence of the lack of economic support in July 1916. Accordingly, the “homeopathic physician needs to sacrifice his time to provide an inefficient and unpaid service.”¹⁹ Porrugas did not blame his faculty “for the human heart seeks improvements, which [the homeopath] cannot achieve when he comes to the School for jobs without stipend.”²⁰ For this reason, he demanded that the new Minister of the Interior include the school in the Ministry’s budget. “[A]s the revolution came to protect everything that implies improvement — Porrugas said — [...] we [...] revolutionaries by heart [...] come to tell you with adherence to the law, and according to our humanitarian motto, give the support that the noble cause we sustain demands”.²¹ A few months later, the school’s Board authorized a new curriculum that showed that the medical “knowledge provided by [the homeopathic school was] the same as the

¹⁸ Correspondence between the Office of Public Welfare, the Subminister of the Interior and the Dean of the ENMH, during October, 1914, see AHSS, BP, EH, HNH, 1, 22, pp. 1-4.

¹⁹ See Letter from Luis F. Porrugas and Ambrosio Vargas, dean and secretary of the ENMH to the Ministry of Interior, July 7th, 1916, AHSS, BP, EH, HNH, 1, 29, 1

²⁰ Letter from Luis F. Porrugas and Ambrosio Vargas to the Ministry of Interior, July 7th, 1916

²¹ Letter from Luis F. Porrugas and Ambrosio Vargas to the Ministry of Interior, July 7th, 1916

one taught at any Allopathic School of Medicine.”²² This new curriculum closely resembled that of the ENM (See Table 1).

Porrugas’ attitude was indicative of a generational shift. Founders of the ENMH adopted the 19th century discourse that sought homeopathy to thrive as a medical system and profession, parallel to what they called allopathy or the traditional school. For this reason, they wanted the same legal and social status for their school as the ENM had. In contrast, Porrugas internalized the discourse of the medical elite, recognizing that the school “had not progressed as desired” and that students “had not achieved all the required knowledge”.²³ Founders of the ENMH offered their professional services as charity, in order to secure government support. This new generation of homeopathic doctors sought a new relationship with the government that demanded remuneration for professional services.²⁴ For instance, Rafael Isaías y Fernández, head of the homeopathic hospital in 1916, requested that homeopathic doctors and students with their clinical practices at the institution receive a stipend; “besides being fair that they receive [such a stipend] in payment for their work, it creates the right to demand the exact fulfillment of their duties.”²⁵

But homeopaths’ demands surpassed what the government was willing to grant. Moreover, obtaining government support implied that homeopathic institutions depended directly on the volatile politics of the time. Porrugas’ correspondence to the Minister of the

²² See correspondence August 16, 1916 and October 23, 1916 in AHSS, BP, EH, HNH, 1, 28, 16. The new program is in “REGLAMENTO de la Escuela Nacional de Medicina Homeopática de la Ciudad de México”, AHSS, BP, HNH, 1, 28, 18-23. See also Table 1.

²³ See Letter from Luis F. Porrugas and Ambrosio Vargas, dean and secretary of the ENMH to the Ministry of Interior, July 7th, 1916, AHSS, BP, EH, HNH, 1, 29, 1

²⁴ Besides Porrugas letter, the report of the new head of the homeopathic hospital, Rafael Isaías y Fernández, recommended that physicians and practitioners at the institution under his lead received a stipend which in turn would give him the right to demand the fulfillment of their duties.

²⁵ “Informe administrativo que manifiesta las mejoras que se han efectuado en este Establecimiento desde el 1o. De septiembre al 31 de Diciembre de 1917.” AHSS, BP, EH, HNH, 2, 2, 9.

Interior suggests that he proposed to reform the school's academic curriculum following the one offered at the ENM in exchange of federal funding.²⁶ But further funding requests from Isaías y Fernández led Carranza's government to attempt to close the hospital²⁷ and relocate the school in a ward of the *Hospital General* [General Hospital].²⁸ Carranza wanted to keep the school's administrative staff and faculty. He even granted that if there was no ward available for the school, modifications should be carried out in the General Hospital to fulfill his demands. But the relocation of the ENMH was more expensive than keeping the hospital in its place, and both the school and hospital remained untouched.²⁹ After the politically turbulent and deeply violent years of the armed phase of the revolution when Carranza started to reconstruct the state's institutions, homeopaths' demands went beyond Carranza's political and economic willingness to support homeopaths' school. However, during this decade a different model of professional education started to develop.

The model of *escuelas libres* [literally free schools, referred to those schools that did not receive state funds; in other words private schools] emerged in 1912, amidst the revolutionary

²⁶ A letter –presumably from Luis F. Porrugas- on August 16, 1916 said that “today, the actual government filled with good will brings its attention to our cause and promises to offer its support. The school is undertaking reforms and hospital [facilities] are improving, showing proof that we are walking through a wider path. For this reason we make public the foundations of our studies where anyone will see that they are the same as in any Medical School.” AHSS, BP, EH, HNH, 1, 28, pp. 16.

²⁷ In a report of expenses in the homeopathic hospital in February, 1918, the head of the HNH highlighted the need of having salaries to pay interns. “It was their right to receive a payment for their job –he said, [...] that would give [the head of the hospital] the right to demand the accomplishment of their duties”. Apparently having to pay for professors and hospital interns was too much for President Carranza, who decided to close the homeopathic hospital and relocate the school in. “Informe administrativo que manifiesta las mejoras que se han efectuado en este Establecimiento desde el 1o de septiembre al 31 de diciembre de 1917”, AHSS, BP, EH, HNH, 1, 1, pp. 9

²⁸ Fernando Cuen, letter from the Secretary General of the office of Trasury addressed to the General Director of Public Beneficence of the Department of the Federal District, June 7, 1918, AHSS, BP, EN, HNH, 2, 6, pp. 1

²⁹ Letters between the responsables of the offices of Public Beneficence and Treasury, June 7-10, 1918, AHSS, BP, EH, HNH, 2, 16, pp. 1-2

process.³⁰ These schools sought to provide professional training independent of government regulation, particularly after the creation of the *Universidad Nacional de México* [hereon UNM; currently UNAM³¹] in 1910 as a central office that regulated professional schools in Mexico City.³² Originally it was no more than an office that organized and administered National Schools located in Mexico City (Law, Engineering, Medicine, Architecture, High Studies, and the National Preparatory School),³³ but after the triumph of the Constitutionalist Army in 1914, Carranza's government gave it the status of a ministry and made it responsible for education in the whole nation. Political instability and inconsistencies in the regulatory framework at the national level did not allowed university authorities to extend their policies beyond Mexico City. But even in the city, the model of free schools aimed to counterweight the authority of the university.

The *Escuela Libre de Derecho* [Free School of Law] first initiated operations in 1912, closely followed by the *Escuela Libre de Homeopatía* [hereon ELHM after its current name Free School of Homeopathy of Mexico]. Rather than an open effort to undermine the UNM's authority, as the Free School of Law was, the ELHM started as an effort to provide homeopathic training to the working class. Its founder, Higinio G. Pérez, would use this rhetoric to attract a larger population of students contrasted to the one the ENMH received, promoting the model of a

³⁰ Francisco Arce Gurza, "El inicio de una Nueva Era, 1910-1945," Historia de las profesiones en México, ed. Lilia Cardenas Treviño (México, D. F.: El Colegio de México, 1982) 232-4.

³¹ I will not be using the actual acronym for the national university. Since the regulation of medical schools and particularly homeopathic ones closely depended on the relationship of the university with the federal government, I want to make clear the difference between an institution closely aligned in administrative terms with the acronym UNM, and one with autonomy the autonomy for curricular and administrative self-regulation with the acronym UNAM. UNAM obtained its autonomy in 1929.

³² Javier Garcíadiego Dantan, "De Justo Sierra a Vasconcelos: La Universidad Nacional Durante La Revolución Mexicana," Historia Mexicana 46.4, Homenaje a don Edmundo O'Gorman (Apr - Jun, 1997): 776 - 77.

³³ Javier Garcíadiego Dantán, "De Justo Sierra a Vasconcelos: La Universidad Nacional durante la Revolución Mexicana," Historia Mexicana 46.4 (1997): 776-7.

private school as the ideal one to push homeopathy forward. Perez adopted the rhetoric used 50 years earlier by homeopathic practitioners and entrepreneurs to provide healing services and sell homeopathic first-aid kits to those who did not have access to a physician. Perez used his particular approach to homeopathy as an ideology under which he created a group that defended the rights of the working-class to have access to medical training.

Just as Porrugas represented a group of homeopaths who had assimilated the need for an education based on the new medical sciences and was willing to align ENMH's curriculum with ENM's,³⁴ Higinio Pérez represented a group that was not convinced that all medical science and scientific breakthroughs benefited the homeopathic physician. This tension between being a true homeopath or one who used other therapeutic approaches besides homeopathy had always been an issue of concern among homeopaths and their critics.³⁵ But in a school specifically designed to teach homeopathy, homeopaths needed to clarify their position, as Porrugas did in 1916. Yet during the early days of the ENMH, this position was far from clear. Having a curriculum that

³⁴ Porrugas' position is difficult to assess. He did modify the ENMH's academic curriculum in 1916, but it seems that he did it to obtain funds to improve the homeopathic school, rather than for any doctrinarian conviction. As I will analyze below, he was also a member of the Academy that Higinio Pérez created to group together those homeopaths who pursued orthodox homeopathy in 1910. In the early 1920s, he never showed up to discuss the eventual merging of the ENMH to the ENM, probably regarding it as a lost cause. Rather than someone who ceded to allopathy, he should be regarded as someone who took the opportunities he found to attract resources to the ENMH. Though in so doing it he tacitly acknowledged the medical ideology imposed by the ENM academic curriculum. See below for an analysis of ENMH merger to the ENM.

³⁵ In the 1870s the distinction between pure homeopaths and those who were not pure was based on the use of highly diluted doses or not. Generally, physicians educated at the ENM believed that it was necessary to prove all dilutions even concentrated ones in order to see their effects, while practitioners generally preferred to stick to Hahnemann's works and use only highly diluted doses. Salinas y Rivera, "Ensayos sobre la homeopatía."; Marchena, "Resumen de los teoremas del Dr. Marchena para la Convención Mundial de Homeopatía, Filadelfia, 1875." In a report in 1876 Fenelon said "All practitioners (and there were several of them) who visited and observed [one specific patient who had a uterine polyp] recommended to remove it, and this need imposed upon everyone in such a way that one of those who abused of the public indulgence by practicing homeopathy agreed on the prescription. He did not dare to prescribe a diluted and dynamized fibroid polyp as he should've done if he were a faithful disciple of Hahnemann, missing the 'similia similibus'. But the patient was not accommodated and the risk was not worth the gain". Fenelon, "CIRUGÍA. Apuntes para la historia de las inyecciones subcutáneas con efecto local," 40-1.

mixed courses on medical science and homeopathy was confusing for faculty, let alone students. For instance, in his 1904 article “What is needed to train good homeopathic doctors?”, Juan Antiga Escobar, a Cuban immigrant doctor who became a homeopath in Mexico³⁶, argued that true homeopaths needed to engage in a profound study of Hahnemann’s *Organon* in order to understand homeopathy in its totality. “[W]hen this knowledge is better diffused, and homeopathic schools teach Homeopathic Philosophy without reforms, as pure as it sprouted from the genius, then the new science of therapeutics [referring to homeopathy] will be thoroughly practiced and free of critiques” — he concluded.³⁷ Yet two years later Antiga published an article in which he described a “medical school of the future” as one where students learned that there were only “natural and undisputable laws” without any doctrinarian distinctions.³⁸ Claiming the need for every doctor to learn different therapeutic methods, he emphasized that no sectarianism should exist. No doctor should place one method as “the single one, ‘sinequa non’ of the therapeutic desideratum.”³⁹ The contradiction between being a “good homeopathic doctor” or a

³⁶ He was a Cuban immigrant who obtained a homeopathic degree from the ENMH in 1901 and who sponsored a homeopathic society and journal in the 1910s. He graduated as a physician from the University of Havana in 1892. His activities supporting José Martí and his revolutionary movement led him to travel widely between the island and the US. He arrived in Mexico in 1896 where he obtained a degree from the ENM and later from the ENMH. The Sanitary Board of Health sent him with a commission to study yellow fever to Chiapas. From there he travelled widely throughout Central and South America. He was professor of Pathology at the Free University of El Salvador; he practiced medicine in Costa Rica, and Ecuador. He returned to Mexico in 1899 and established as a homeopathic doctor. He was one of the founders of the *Academia Homeopática Mexicana* in 1904. He was editor of *La Propaganda homeopática* since 1902 until he stop publishing it in 1908. There he publicized homeopathy and other therapeutic commodities he distributed in Mexico City. He left Mexico in 1911. Gregorio Delgado García, "El doctor Juan Antiga y Escobar y la homeopatía en México," Boletín Mexicano de Historia y Filosofía de la Medicina 8.2 (2005). Jose Antonio Fernández de Castro, "Nada más que un hombre (alrededor de Juan Antiga)," Escritos sociales y reflexiones médicas, ed. Jose Antonio Fernández de Castro, vol. 1 (Madrid: Talleres Espasa-Calpe, S. A. , 1927).

³⁷ Juan Antiga, "Que se necesita para formar buenos médicos homeópatas," La homeopatía X.8 (1904): 117.

³⁸ Juan Antiga Escobar, "El colegio médico del futuro," La propaganda homeopática VI.3 (1906): 7.

³⁹ Antiga Escobar, "El colegio médico del futuro," 8.

sectarian one shows the uncertainties that students of homeopathy faced in deciding to pursue medical science or homeopathy.

Higinio Pérez followed the regular career path of a homeopathic doctor of his time⁴⁰ and might have suffered doctrinarian uncertainties as Antiga did. His own particular vision of homeopathy did not materialize until 1910 when he gathered a group of ENMH graduates into an academic society of “radical purists” that aimed to establish as a parallel institution to the National Academy of Medicine, hence its name, *Academia Homeopática de México* [Homeopathic Academy of Mexico].⁴¹ Members of this new academy proposed to use therapeutic approaches that resembled or stimulated the body’s natural way of healing and consequently rejected approaches that opposed natural healing forces and produced a non-natural, sometimes worse, form of disease.⁴² Highlighting that this was the truly core of

⁴⁰ He followed an orthodox career path for a physician who did not belong to urban elites during the *Porfiriato*, and for a student of medicine who eventually became a homeopath. He was born in Alfajayucan, Hidalgo, a town located 75 miles north from Mexico City, in 1865. He spent his early years studying at the local church before moving to the state’s capital seminar to pursue an ecclesiastical career. Pérez subsequently moved to Mexico City where he attempted to study laws, but after a couple of years in the ENM he ended up studying medicine in the ENMH. After three years, he graduated in 1899 with the dissertation title: “Morbid individuality”. He became faculty member of his alma mater, where he taught General Pathology and Histology. He established a private practice in Mexico City in the early years of the 20th century. See Fernando Darío Francois-Flores, *La Escuela Libre de Homeopatía* (México, D.F.: Biblioteca de Homeopatía de México, A. C., 2004) 15 - 18.

⁴¹ The act that created the Academy was signed on October 19, 1909. Higinio G. Pérez gathered the group that organized into the Board of the Academy. This Board was integrated by Francisco Castillo, President, Higinio G. Pérez, Vice-president, Alfredo Ortega, Secretary, and Luis F. Porrugas, Treasurer. While not part of the Board, Joaquín Segura y Pesado and Ignacio Fernández de Lara figured as honorary President and Vice-President, respectively, acknowledging their status as founders of the National Homeopathic Hospital and School. “Acta de Instalación de la Academia Homeopática de México”, Archivo de la Escuela Libre de Homeopatía de México [here on AELHM], pp. 1.

⁴² For instance, they believed that orthodox homeopathy did not oppose to general practices in medicine such as surgery, toxicology, hygiene, and mechanical medicine, but they were specific about the prohibition of certain contemporary therapies, such as antiseptics, thermal waters, caustics, cauteries, plasters, concoctions, and poultices. They did not like injections to introduce serum, narcotics, or analgesics in the body, not even as palliative medicine, but they believed that a true homeopath could use that type of therapy only if the patient asked for it. They also disagreed with cleansing injections for natural childbirths, but totally agreed with anesthetic injections for surgery. “Alocución del Dr. Higinio G. Pérez, al inaugurarse la Academia Homeopática de México”. Actas de la Academia Homeopática de

Hahnemann's homeopathic doctrine, Higinio Pérez applied a sectarian ethos to this particular approach to homeopathy. In his speech at the Academy's inauguration, he compared "orthodox" homeopathy to the "eternal truth", and criticized those who "diverted their steps from the pathway of light and preferred to walk through the dark and lost path of Allopathy." For him, the "true homeopath" was a "true priest of medicine and apostle of the altruistic science that homeopathy was".⁴³

Higinio Pérez pursued such "homeopathic altruism" to create a proprietary homeopathic school with working class sensibilities.⁴⁴ The narratives about ELHM origins point to its working-class sensibilities rather than to its medical sectarian emphasis, though once established, the school turned into a symbol of medical sectarianism, working-class rights to medical training, and independence from government regulation. In 1912, two disappointed working-class students who could not attend the ENMH approached Higinio G. Pérez for advice. He offered himself to lecture if they gathered a bigger group. One month later, twenty persons, professional teachers or students who could not continue their professional studies, attended Pérez's classes early in the morning and late at night, a schedule particularly suited for those who attended regular job duties.⁴⁵ Consequently, the newly created *Escuela Libre de Prácticos*

México, AELHM, pp. 3-4.; and also Session of February 1, 1910, Actas de la Academia Homeopática de México, AELHM, pp. 13-16.

⁴³ "Alocución del Dr. Higinio G. Pérez, al inaugurarse la Academia Homeopática de México"

⁴⁴ The life of the Academy was ephemeral, probably as a result of the political turmoil during 1910. Their members stop gathering after a few months, but they continued supporting homeopathy, sometimes effectively sometimes not. For instance, Luis F. Porrugas tried to improve medical education in the ENMH. José D. Conde Perera became the president of the *Sociedad Médico-Homeopática de Yucatán* in the early 1920s. This society created a homeopathic school within the *Universidad Nacional del Sureste*, when Conde Perera was president. "La Sociedad Médico-Homeopática de Yucatán, solicita la creación de la Escuela Especial de Medicina Homeopática," *Revista de Medicina Homeopática* I.9 (1922). The society opened a homeopathic hospital too. "El gobernador Dn. Felipe Carrillo visita la Facultad y el Hospital homeopáticos," *Revista de Medicina Homeopática* 2.1 (1922).

⁴⁵ The early account of the *Escuela Libre* is taken from Querido Moheno, "En defensa de los homeópatas. Alegato del lic. Querido Moheno ante la Suprema Corte de Justicia de la Unión," (México: 1924), vol., 75 - 76. See also Francois Francois-Flores, *La Escuela Libre de Homeopatía* 71-81.

Homeópatas [Free School of Homeopathic Practitioners] aimed to train working class students. However, acknowledging that they were receiving professional training, students decided to rename the institution as *Escuela Libre de Homeopatía* [Free School of Homeopathy] six months later after it was established. This insinuated students' desire to be considered professional doctors as a logical consequence of the training they received. Eventually this aspiration led them to confront the state's policies that regulated the medical profession.

In contrast to the ENMH, the ELHM was the result of one individual's efforts to provide education to the working class. Consequently its material resources were limited, and its academic curriculum was not as developed as the ENM's. Higinio Pérez's own residences originally hosted the school, but the increasing demand made him look for new facilities that accommodated classrooms and a sanatorium in 1913. In 1917, the medical sanatorium was transformed into a small clinic and a consulting office. In 1913, the ELHM's academic curriculum was not as developed as the one offered at the ENM or the ENMH (See Table 1). The ELHM offered 14 courses distributed over four years. Contrasted to the ENM's curriculum, the ELHM offered no training in "basic sciences" such as medical chemistry, medical physics, histology, and bacteriology; also no dissection practice, less clinical practice, and no courses on pharmacy or physiotherapy. In contrast to the ENMH's curriculum, the difference was mainly in extent, for both schools offered the same courses.

In 1921, after having remodeled his own house and installed new facilities, Perez moved the school back to its original installations. The remodeled building had now classrooms specifically dedicated to courses of surgery and obstetrics, a laboratory, three rooms for clinical practices, one conference room, one consulting office where students offered free medical services, a library, administrative offices and a large green area. Eventually, an amphitheater was

built; meanwhile students started doing their dissection practices at the crematories of “Dolores” Graveyard. Students had been requesting cadavers, bones or skulls to this graveyard early since the creation of the school, but in 1921 they obtained a permission from the local government to do their dissection practices early in the morning, from 6 to 8 am, before attendants to the cemetery arrived. In exchange, the local governor requested students open up four free consulting offices to provide medical services to the population who lived near the graveyard.⁴⁶ In exchange of material resources to complete their training, homeopaths offered health services which in turn gave them the clinical practice their training required. In curricular terms, the differences between the ENM and ELHM remained the same through the second half of the 1910s (see Table 1).

As an additional provider of medical training to the population of Mexico City in the early 1910s, the ELHM and its model for proprietary medical schools became the target of critiques from the medical establishment. Francisco I. Madero, the land owner and homeopath that I analyzed in Chapter 1, became the first democratically elected President after 30 years of dictatorship. Having a President that used, practiced, and promoted homeopathy caused uncertainty among the National Academy of Medicine. This uncertainty was dissipated when Madero acknowledged the Academy early in 1912 as an official institution that his government would consult on matters of sanitation, medicine, and health.⁴⁷ Consequently, the Academy felt less compromised to make a public critiques to homeopathic practice. For instance, during a celebration to congratulate Madero’s decision, Ricardo E. Manuell, President of the Academy, talked about how medical science had defeated most of the “plagues” in the country, but not the

⁴⁶ See AHCM, AGDF, P, AV 3469, 108. See AHCM, AGDF, PD 3513, 1132; 3520, 1555; and 3469, 108.

⁴⁷ The Academy requested such acknowledgment to President Madero. On January 9, 1912, Díaz Lombardo replied that Madero acknowledged it as an “oficial institutuion” “La Academia N. de Medicina de México, ha recibido la siguiente comunicación,” Gaceta médica de México XLIX (1912).

most important, the free practice of medicine.⁴⁸ According to him, the lack of regulation of medical practice in Mexico caused several problems amongst which he included homeopathy. For him homeopaths were a “national flora that corroded the nation” whose practice of prescribing globules that lacked any medical substance turned them into “murderers” and “criminals” who left a wounded person bleeding.

This attitude extended to the medical community, leading Eduardo Lavalle y Carbajal to criticize the lack of regulations for medical practice and the recently created ELHM.⁴⁹ Based on his appraisal of the recently created Free School of Law, he criticized the possible obstacles that a “hypothetical”⁵⁰ free medical school might face without funding from such businessmen as Rockefeller. For him, a high-quality medical education required the building of dissection rooms and hospitals, where students could be trained using the “three virtues” of good medical training — cadavers, laboratories, and patients with different kinds of diseases. Such a school, he

⁴⁸ Among these were native people’s healing approaches mingled with traditional religious beliefs; “more civilized” domestic remedies whose curative powers were testified by large lists of professionals, even physicians; charlatans who spectacularly advertised their services in the streets, offering secret remedies to heal incurable diseases; new drugs or serums whose therapeutic efficacy was certified by non medical authorities such as judges, governors, bishops and the like; and medical consultation by mail. Ricardo E. Manuell, "DISCURSO pronunciado por su autor, en la sesión celebrada en el anfiteatro de la Escuela Preparatoria, el 6 de marzo de 1912," Gaceta médica de México VII (Tercera Serie) or XLIX.3 (marzo) (1912).

⁴⁹ For his analysis about the regulation of medical practice, see Eduardo Lavalle y Carbajal, "Historia de la medicina en México. A los médicos debe exigirseles título oficial u oficialmente revalidado," Gaceta médica de México L.9 (septiembre) (1913).

⁵⁰ His work explicitly referred to a hypothetical free school. Yet it is unlikely that Lavalle was not aware of the newly created ELHM. Medical doctors who engaged in historical or sociological research during the twenties rarely recognized private medical schools, and when they did it, they considered them too unworthy to be studied. For instance, when in 1926 the National Academy of Medicine called for a prize to the best research that analyzed the contemporary status of medical education in Mexico, none of the submitted works included a discussion of private schools, not even the ELHM which by that year had graduated 166 students. Only Esteban Pous Cházaro mentioned that he would not include “those so-called schools that were a plain manifestation of medical piracy”. "Dictamen que presenta la comisión designada por la Academia Nacional de Medicina para juzgar los trabajos presentados la concurso anual. Primer Tema: 'Estado Actual de la Medicina en la República,'" Gaceta médica de México 57. See also Esteban Pous Cházaro, "Juicio crítico acerca del estado actual de la enseñanza de la medicina en la república. *Amicus Plato: sed magis amica veritas*," Gaceta médica de México 57.

continued, also needed to provide a gradual and pedagogical progression in the organization of its courses. Otherwise, he concluded, these schools would only graduate “médicos de pacotilla” [literally, rubbish doctors], “incomplete physicians” whose lack of thorough knowledge of medicine would make them kill rather than heal patients. He even recalled a case in the USA, where institutions turned “in one or two years the illiterate son of a central-American” into a medical doctor. This last statement is telling about the implicit classism that underlay his discourse about adequate medical training.⁵¹

The tradition of ENM faculty and graduates not directly attacking homeopathy and Lavalley's requirement of a big investment to fund a worthy private medical school suggest that Lavalley might have been openly aware of the ELHM and that he was being politically correct when he did not specifically refer to it. In his critique, he described problems that the school was already facing in 1913. For instance, his comment about the impossibility of funding a private medical school through an unsalaried faculty and a hundred-student population paying 5 pesos a month — as the Free School of Law's faculty and students funded their institution — was also applicable to the ELHM, though the latter was in a much worse situation since students paid an annual fee of 2 pesos. And his description of students at such institutions as “illiterate” mimicked Manuella's depiction of homeopaths.⁵²

Higinio Pérez, founder of the ELHM, regarded this school as a motor of social transformation that benefited Mexican society. At this school, orthodox homeopathy, which Pérez regarded as scientific medicine, transformed working class individuals into professionals

⁵¹ Lavalley y Carbajal, "Historia de la medicina en México. A los médicos debe exigírseles título oficial u oficialmente revalidado," 168-70.

⁵² Lavalley's idea of “incomplete physician who is only trained to kill patients” had recently been used by Dr. R. E. Manuella to refer specifically to homeopaths as one of the specific plagues that “corroded the nation”. See Manuella, "DISCURSO pronunciado por su autor, en la sesión celebrada en el anfiteatro de la Escuela Preparatoria, el 6 de marzo de 1912."

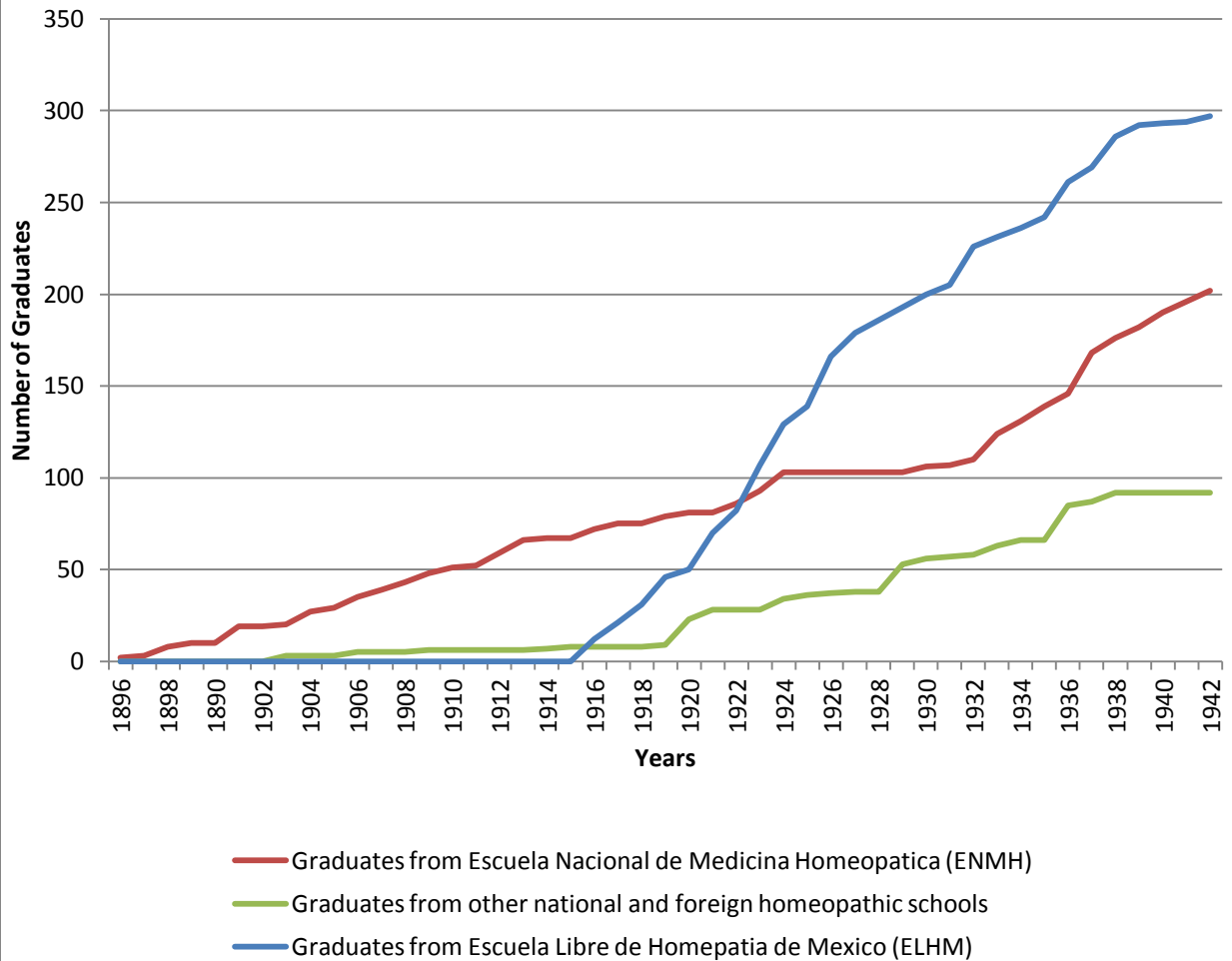
with a medical degree. In his view homeopathic science was a tool for class mobility, a tool to redeem the working class. In a speech addressed to ELHM students, he acknowledged that the school was blamed for hosting “masons, shoemakers, and the working class”, and “improvising professional [doctors]” with deficient medical training. But he motivated students by highlighting the school’s democratic ethos. The school “was open to any person without any class distinction who wanted to learn”, he said, because “science was not a privilege of the wealthy”. He believed that there was more pride in the transformation of working-class students into professionals who looked after their fellows than in training more “wise” doctors as the ENM did. He compared the school to “a forge that tempered [student’s] spirits, and forged [their] character”, in order to turn them into “modest practitioners”. He considered that there was no lack of planning in the school’s way of training, for small groups and closer interaction with faculty improved students’ academic performance.⁵³

Higinio Pérez’s adaptation of his homeopathic school to provide medical training to the working class attracted larger amounts of students than the ENMH did. The former enrolled 31 students in 1913.⁵⁴ In 1916, the ELHM graduated 16 students, while the ENMH graduated only 5 (Graph 1). Even five years after Porragas modified the ENMH curriculum with the promise of federal funding, the ENMH lagged behind. In 1921, 20 students graduated from the ELHM, while none graduated from the ENMH (see Graph 1). The ELHM became the most important provider of homeopathic doctors in Mexico City in the early 1920s and 30s. Eventually, its conspicuous presence pushed the Department of Public Health (see chapter 4 and 5) and the Ministry of Public Education (see below) to regulate its practice and training. But in the early 1920s the focus of regulation of medical training was the ENMH.

⁵³ See Francois-Flores, La Escuela Libre de Homeopatía 21-23.

⁵⁴ “Historias Académicas de médicos de la ELH” and “Registro general de médicos y parteras de la ELHM, 1916-1949” in AHELHM.

Graph 1: Graduates from Homeopathic Medical Schools, 1896-1942



Notes: Other national institutions that granted homeopathic titles were the Government of the State of Yucatán, the National University of the Southwest at Yucatán (which later on would become the School of Homeopathic Medicine of Yucatán), and the Homeopathic School of Jalisco. Other foreign institutions include the Homeopathic Institute of the Republic of Colombia, the Collegii Homeopathici Medici Clevelandensis de Cleveland Ohio, EUA, The Hahnemann Medical College of Philadelphia, EUA, and the Collegium Medicinæ Thompsonianæ de Allentoniensi, EUA. Data taken from the Archives of the Secretary of Health. Beneficencia Pública. Section Hospitales. Subsection Hospital Nacional Homeopático. Box 1. File 29. Page 7. Also Secretaría de Salubridad y Asistencia. Dirección General de Asuntos Jurídicos. Registro de Títulos de Médicos Homeópatas. Archives of the Antigua Escuela de Medicina. Group Escuela Nacional de Medicina y Alumnos. Box 296. File 22. Pages 6-8. Antiga y Escobar, Juan, "Un resumen de la historia de la homeopatía de México". *La Propaganda Homeopática*. VI, 11. pp. 1-11. SEP-IPN "Escuela Nacional de Medicina Homeopática", 1939. *Registro general de médicos recibidos* at Archivos de la Escuela Libre de Homeopatía de México. Registry of Titles of Homeopathic Physicians, in The Archive of the Secretary of Health. Series Secretaría de Salubridad y Asistencia. Section Dirección General de Asuntos Jurídicos. Subsection Registro de

Unifying the “bifurcation of science”: José Vasconcelos and the centralization of state-provided medical training in Mexico City at the National University of Mexico, 1920–25

The new President appointed José Vasconcelos to lead the UNM in 1920. Though widely known as a reformer whose interventions incorporated the native population into a national *mestizo* culture, Vasconcelos’ reforms also impacted professional education. The UNM became a revolutionary institution of the people and for the people, under his leadership. Administratively, he transformed the university into the *Secretaría de Educación Pública* [Ministry of Public Education, SEP], a change that signaled his priorities. Yet the privileged position of the university within the new office placed it over other professional schools, i.e. free schools, as a center from which the state could start to regulate professional education in the 1920s.⁵⁵ These changes also impacted schools of homeopathy too.

José Vasconcelos was interested in the status of both homeopathic schools and requested an evaluation that contrasted the national one and the free one. Dr. Gildardo Gómez and Engineer Fortunato Dozal’s noted that both institutions lacked facilities to provide hands-on experience for students, which in turn made these schools rely too much on lectures. Compared to each other, the ENMH’s “small” facilities “without any pedagogic plan” made it less suitable for professional medical training.⁵⁶ In a similar fashion, Dr. Donato Moreno criticized the curricula and pedagogic methods of state-regulated schools in general and those of the ENMH in particular as

⁵⁵ At this moment the issue about how to, if so, regulate professional practice was still under discussion. Attempts to regulate article 4 of the constitution which provided the liberty of professions had been undertaken with no success. This situation made the NUM an institution that aimed to regulate professional education in Mexico, but without any legal foundations. For a detail analysis of the regulation of professions see chapter 4.

⁵⁶ The report is dated on September 15, 1920. In the case of the ENMH, it highlighted the actual situation of the school its facilities and academic curriculum. At this moment the school had 51 students enrolled. They counted a total of 77 graduates up to 1920 with a rate of graduation of 3 per year. Gildardo Gómez and Fortunato Dozal, "Sr. Rector de la Universidad Nacional," *Escuela Libre* I.8 (1921).

encyclopedic, preserving the Comtean system which has been totally abandoned in the civilized world because it only produced erudite and pedantic people who lack[ed] practical competence [... These school's educational] system lack[ed] any practical studies to produce real abilities and knowledges.⁵⁷

In contrast, Gómez and Dozal's report praised the medical facilities and training at the ELHM.⁵⁸ Gómez and Dozal described ELHM's facilities as better in terms of size and organization. ELHM classrooms were large, well-ventilated, and well-illuminated, and different school's sections were separated on different floors. The ELHM also had a library. The report argued that while ELHM only provided courses essential to become a homeopathic medical doctor, the schools curricular content and structure had the advantage of avoiding a course overload that produced mediocre doctors. Dr. Moreno praised ELHM's pedagogic methodology for training students to use their "own senses" rather than "memorizing" to build up their own medical experience. "Their knowledge might be limited, but it is real", he said. Moreover, students' enthusiasm and the faculty's personalized attention helped overcome any school's material deficiency, he concluded.⁵⁹

Regardless of ELHM's limited infrastructure and the consequential limited practice that students had and that Gómez and Dozal acknowledged, the report highlighted the effort of providing medical training without state support, and suggested that the school would provide adequate training if the UNM inspected it regularly. Dr. Moreno requested that the UNM offer at least a one-time stipend to reward the effort of the private homeopathic school. Vasconcelos

⁵⁷ He introduced himself as Professor of Natural History, Psychology, and Logic in a High School in Zacatecas; professor of Descriptive Anatomy, Surgical Clinics, and Surgical Therapeutics at the ENM; and founder of and professor of Surgical Therapeutics at the Medical School of the Army. Donato Moreno, "Mi opinión sobre las escuelas homeopáticas, libre y nacional, formada con motivo de las visitas que a las referidas escuelas hicimos los señores ingeniero Dozal y doctor Gómez con el subscrito," Escuela Libre 1.8 (1921).

⁵⁸ The report also highlighted the differences in the population each school served. These figures are similar to the ones I already analyzed in this chapter. THE ELHM quadrupled the population of enrolled students. 50 students had graduated from the ELHM, making a graduation rate of 13 per year.

⁵⁹ Gómez and Dozal, "Sr. Rector de la Universidad Nacional."

empathized with such arguments, and though he could not offer financial or material support, he agreed to send inspectors to the school or to open courses at the UNM so that ELHM's students could complete their training.⁶⁰ Moreover, he brought the discussion about adequate training to regulation when he stated that ELHM medical degrees "should have" at least the same status as the ones from the ENMH, because both schools had a similar curriculum. This was more of a personal opinion than a feasible statement, for while in constitutional terms the degrees might have the same status, state institutions and social elites valued official degrees over any others (see chapter 4).

Vasconcelos decided to incorporate the ENMH into the UNM two months after the report.⁶¹ He might have been influenced by the school's poor infrastructure or Porragas' demands for funds, yet it is more likely that his interest laid in the organization of already existing state professional training institutions under the newly created *Secretaria de Educacion Publica* [SEP, Ministry of Public Education] rather than the technical needs of particular medical schools. Once hosted by the UNM, the ENMH began to receive funds and improve its facilities and curricular structure, just as Porragas had promised four years earlier.⁶² Six months after its incorporation, the school had new facilities and material resources for the library and the

⁶⁰ Transcription of a correspondence from José Vasconcelos to the ELHM *circa 1920* in response to the reports provided by Dr. Gildardo Gómez and Eng. Fortunato Dozal, see Los médicos de la Escuela Libre de Homeopatía y los artículos 3o. y 4o. constitucionales (México, D. F.: Escuela Libre de Homeopatía, 1934). Pag. 13.

⁶¹ "Acuerdo del C. presidente de la república, disponiendo que a partir del 1o. de noviembre de 1920, la Escuela Nacional de Medicina Homeopática, dependerá del Departamento Universitario y de Bellas Artes", copy of the *Diario Oficial*, Friday, October 29th, 1920, AHUNAM, EAC, 8, 50, 10.

⁶² For the budget see "Sr. J. V. - México," Gaceta médica de México LV, I.7 (December, 1920). Reports that described the progress of the school are in a collection of reports that school's faculty and staff sent to Luis F. Porragas. "Al C. secretario de la Universidad Nacional de México" AHUNAM, UN, R, DU, 11, 174, p. 4474.

amphitheater.⁶³ Porragas also took steps to modernize the school's pedagogic approach. He organized his faculty to "reform" the academic curriculum,⁶⁴ though he reported that almost all classes in the school's curriculum already offered practical activities.⁶⁵ For instance, J. M. Carrera, Professor of Physiology, reported several practical sessions on the effects of gastric substances, digestion, and the use of instruments to measure heart rate. Isaac Jiménez, Professor of Topographic Anatomy, mentioned that all anatomical regions studied in class had been localized and dissected in cadavers. Yet it seemed that resources were not enough for in 1923

⁶³ A new building to host the school was remodeled outside the homeopathic hospital during January and February. The National Homeopathic Hospital's was placed in what today is the street of Chimalpopoca at Avenida 5 de febrero, in Mexico City; and the school was moved to Puente de Alvarado, 78. See Guadalupe Salinas Castillo and Esther Valero Spada, *Escuela Nacional de Medicina y Homeopatía*, ed. Jesús Ávila Galinzoaga and Maricela López Guajardo (Ciudad de México: Instituto Politécnico Nacional, 2006), September, 2011 <http://www.libros.publicaciones.ipn.mx/PDF/TOMO_IV.pdf>. A library was build up from donations and new purchases. The library received a thousand books from the hospital; Juan N. Arriaga, editor of *La homeopatía* and translator of several books written by American homeopaths, donated 230 books, pamphlets and other publications; the school bought 27 books. See Alberto B. Palma, Al C. Secretario de la Universidad Nacional de México, Official inform of the activities of the first half of 1921, from the Secretary of the homeopathic school, AHUNAM, UN, R, DU, 11, 174, p. 1175; and also Elvira Quintanar, Al C. Director de la Escuela Nacional de Medicina Homeopática, Official inform of the activities of the first half of 1921, from the Librarian, AHUNAM, UN, R, DU, 11, 174, p. 4477. The school did not have a dissection room yet, but it planned to open one. In the meanwhile the dissection classes were held at the homeopathic hospital. That year, the person in charge of the dissection room received 15 cadavers and some surgical instruments. See Gregorio Cortina Gutiérrez, Al C. Director de la Escuela Nacional de Medicina Homeopática, Official inform of the activities of the first half of 1921, from the person in charge of the dissection room, AHUNAM, UN, R, DU, 11,174, 4478.

⁶⁴ Porragas, Al C. Secretario De La Universidad Nacional De México.

⁶⁵ For instance, all the reports given to the director of the school of homeopathy by the professors included information about the practical classes they offered. José G. Troncoso, professor of Descriptive Anatomy for nurses, brought his students to six dissections performed by the professor of the class, Antonio Orozco; Juan N. Arriaga, professor of Homeopathic *Pharmacopoea*, carried out demonstration of the dilutions described in class; Miguel F. Bachiller's students of Bacteriology did practical work in the laboratory of the School of Veterinary Medicine; Antonio Mendoza Vázquez, professor of Preparatory Internal Clinic, clearly stated that after the theoretical class "the same matter was taken to the patient's bedside, and every student repeated the taught procedure in a practical manner"; Otilio Herrera, professor of Preparatory Surgical Clinic, described the practices done in general and local anesthetics aseptis and antisepsis, and every single surgery he practiced; Miguel Eguiluz, professor of Surgical Medicine, literally mentioned that students had practice specific surgeries and repeated those where they have shown difficulties; Epifanio Díaz, professor of Medical Clinic, described all the clinical cases he had visited with the students; and Ambrosio Vargas, professor of Obstetrical Clinic, described the clinical cases his students attended. See Official reports written by the professors of each class in the School of Homeopathic Medicine, AHUNAM, UN, R, DU, 11, 174

the school reported that the lack of “indispensable elements” made it difficult to conduct the practical classes.⁶⁶ Enthusiastic reports from ENMH’s faculty and the school’s dean about practical pedagogic approaches contrasted strikingly with Porrugas’ report about the lack of elements. Was Porrugas requesting more funds in a veiled fashion? Or did faculty reports overstate their resources and practical pedagogic methodology? Why would Porrugas request an increased budget when the number of enrolled students did not increase when the UNM took over the administration of the ENMH?

Similar concerns rose among ENM faculty who complained about irregularities in the homeopathic school and its high budget/student ratio. In December 1920, an anonymous author complained in the *Gaceta Médica Mexicana* about the irregularities at the ENMH. He reported that a “monthly budget of \$8,900 was spent in the education of 22 students who attend the National School of Homeopathy”, that “[a person was] listed as professor and student at the same time, [and that] veterinarians who lacked a job and due to the promotion of homeopathy [were] studying homeopathy.”⁶⁷ Manuel Godoy, professor of Surgical Therapeutics at the ENM, argued that investing in a school that “only trained twenty something students” was “unnecessary and hence superfluous”, and that such funding would be better used to improve ENM facilities and the Medical School of the Army.⁶⁸ The budget of each medical school at the university was calculated according to student enrollment, but even if such differences were taken into account, ENMH students’ costs were as high as twice for ENM students’.⁶⁹

⁶⁶ See "Escuela Nacional de Medicina Homeopática," *Boletín de la Secretaría de Educación Pública* I.3 (1923): 146.

⁶⁷ See "Sr. J. V. - México."

⁶⁸ See Manuel Godoy Álvarez, "Con motivo de la incorporación de la Escuela Nacional de Homeopatía en el Departamento Universitario," *Medicina* II.18, Suplemento (December, 1921): 5.

⁶⁹ In 1922 the ENM and the ENMH had 1550 and 88 students, graduated 57 and 6, and received approximately 692,916 and 106,032 pesos, respectively. The first semester of 1923 each school had 1702 and 161 students, 342 and 61 personnel amongst administrative staff and faculty, who received a total of

ENM's faculty discomfort lay in having lost the privileged position that their school held in previous government administrations, both during the *Porfiriato* and after the revolution. For instance, Godoy's main concern was that Jose Vasconcelos' sponsorship reproduced the same irregularities as during the *Porfiriato*, when the Minister of the Interior pressed state governors to pay students from the countryside to study at the ENMH or allowed students who had not finished their high-school to enroll in this school.⁷⁰ Godoy's suspicions were sounded for in the same journal where he published his critique, anonymous authors reported Vasconcelos' keenness to patronize students from Central America to study medicine at the ENM.⁷¹ Vasconcelos did more than divert SEP's funds to Central American students. His concern to turn the SEP into an institution that provided education to the popular classes made him withhold resources that ENM faculty believed necessary to improve medical training at their school. For instance, Vasconcelos refused to fund the construction of a new building for the ENM in the early 1920s. He believed that the Palace of the Inquisition, the building that hosted the school, provided the space needed to carry out medical training. He argued that the SEP had broadened the scope of public education, but that in order for the government office to commit to the promotion of culture amongst Mexican people, it was necessary that the medical profession funded the construction of the new facilities. His anti-elitist position led Vasconcelos say that

295,609 and 56,290 in salaries, respectively. These figures indicate that the state invested an average of 447.04 pesos per student at the ENM and 777.27 pesos per student at the ENMH from 1922 to mid-1923. The cost to educate homeopaths was twice as much as that for allopaths, despite the increase of ENMH student's population and lower salaries paid to ENM faculty. See "Departamento administrativo. Presupuesto de egresos para el año 1922," Boletín de la Secretaría de Educación Pública I.2 (1922).; "Departamento de Administración," Boletín de la Secretaría de Educación Pública I.3 (1923).

⁷⁰ "Cría cuervos," Medicina III.32, Suplemento (febrero, 1923).; and "A propósito de los pensionados centroamericanos," Medicina III.34 (abril, 1923).

⁷¹ The cost of funding 34 Central American and Mexican students in the ENM during 1922 was 19,505 pesos, 20% the amount funded to the ENMH; no student of the homeopathic school received scholarship. "Costo de la enseñanza universitaria durante el año 1922," Boletín de la Secretaría de Educación Pública I.3 (1922).; and "El número de alumnos que hicieron sus estudios en las escuelas del país..." Boletín de la Secretaría de Educación Pública I.3 (1922).

since “there were so many rich physicians, funds for the construction of the building could be collected from them”.⁷²

Pecuniary concerns translated into doctrinarian discussions. When the ENMH became one of the medical schools within the university, Manuel Godoy initiated a campaign to discredit homeopaths’ status as medical doctors, actualizing 19th-century critiques about homeopaths lacking medical training. For him homeopaths’ sectarian approach inclined them to discredit true medical science in favor of their sectarian approach, leading them into a poor medical criterion. Godoy noted that because of their

blind faith, truly sectarian, in the Hahnemann’s system, [professors of the ENMH] did not consider truly necessary the deep study of topics that constituted traditional medicine, and if they taught them, it [was] because they were obliged by law. It was understandable [hence...] that these topics received very secondary attention, as they considered them inferior and opposite to their system.⁷³

Even worse for Godoy was that as clinical practice was undertaken at the homeopathic hospital where only homeopathic methods were taught, students were left without any exposure to the practice of allopathic therapeutics.

At the institutional level, he accused homeopaths of usurping the place that graduates from ENM should have. Not having the proper medical training, homeopaths prescribed medications they were not trained to use, and they advertised their services as medical doctors, never mentioning that they were homeopaths. To solve this situation, Godoy proposed that homeopaths undertake the curriculum as the rest of students of medicine did at the ENM; that the ENMH be closed and its funds reassigned to the ENM in order to improve medical education at one single professional medical school; and that special courses of homeopathy be offered at the

⁷² See *Excelsior*, March 14, 1923, cited in *Boletín de la Secretaría de Educación Pública*. I. 3, 1923, pp. 47.

⁷³ For the 1920s see Godoy Álvarez, "Con motivo de la incorporación de la Escuela Nacional de Homeopatía en el Departamento Universitario," 3.

homeopathic hospital. Was Godoy accurate in his critique of the ENMH or was he only reproducing a common trope about homeopathic medical training amongst his professional peers? In other words, were ENMH faculty as sectarian as, for instance, Higinio Pérez?

The discussion about hands-on experience in medical training flooded the discourse of medical school authorities in the 1920s.⁷⁴ Under Carranza's administration, Dr. Amor, the ENM's dean (1916–20), modified the academic curriculum and made practical classes mandatory, clearly establishing the number of classes in each course and the minimum that a student should attend in order to be examined in a specific course. He also named faculty responsible for laboratories and dissection rooms to coordinate these classes. When Dr. Guillermo Parra replaced Dr. Amor in May 1920, he continued to promote the school's growth by increasing the number of faculty, opening new clinical classes, and expanding the school's infrastructure.⁷⁵ Since Porragas had used the ENM's academic curriculum as a model to improve the ENMH's, both medical schools' curricula were essentially the same in the early 1920s. When closely analyzed, figures show that the ENM offered slightly more practical courses, particularly in anatomy, pathology and clinical practice (See Table 1). The ENMH's curriculum offered one course more of therapeutics and one more of *material medica*, keeping the same emphasis on these topics as in previous years. In order to accommodate such a curricular load, the ENM took six years to graduate a student, while the ENMH needed only five. The total number of courses

⁷⁴ Dr. Enrique Herrera Moreno offered an analysis of the changes in the academic curriculum of the ENM since the creation of the school in 1833 to the early 1920s where he criticized the lack of emphasis of physiological knowledge, particularly during the 20th century. Herrera Moreno, "La Escuela de Medicina de México." Dr. Fernando Ocaranza, who was secretary of the ENM from 1921 to 1923 and director from 1924 to 1934, held a similar opinion. See, for instance, Fernando Ocaranza, Breve historia de la Facultad de Medicina (México: Alcalá y González, 1939) 28-30.; and Fernando Ocaranza, Historia de la medicina en México (México: Consejo Nacional para la Cultura y las Artes, 1995) 201-2. For him, the "physiological thought" –the one that Claude Bernard introduced to medicine- had to be central in the ENM's academic curriculum if it wanted to belong to the group of most advanced medical schools in the world.

⁷⁵ Ocaranza, Breve historia de la Facultad de Medicina 29-30.

offered by the ENM and the ENMH was 39 and 28, respectively. While some of the ENM courses, such as logic and medical morality, did not require any practical instruction, in general this school offered more practical training contrasted to the homeopathic one. There is no evidence that indicates that ENMH faculty was sectarian as Godoy critiqued. Moreover, Porrugas' willingness to modify the ENMH curriculum in 1916 indicates otherwise. Yet, as Gómez and Dozal reported and as Moreno's letter indicated before Godoy, it seemed that ENMH students received less practical training than their counterparts at the ENM.

By incorporating the ENMH into the university, José Vasconcelos achieved the central regulation of all professional medical schools with the consequential improvement of ENMH's facilities and curriculum. His intended administrative centralization did not imply doctrinaire communion between the two medical schools within the university. On the contrary, the rhetoric of ENM's faculty to discredit ENMH's medical training was intertwined with the former's inability to monopolize state-supported medical training, which perpetuated what Quevedo y Zubieta called in 1895 the "bifurcation of science". But through further administrative reforms, ENM's faculty took the opportunity to merge the ENMH to the ENM and transform the official degree of homeopathic medical doctor into a medical specialty. With it, ENM's model of medical training became the one sanctioned by the state and hence the "official" one.

President Álvaro Obregón's decree of October 9, 1923, ordered the incorporation of the homeopathic school into the ENM, arguing that ENMH students would benefit from adequate practical medical training at the ENM and that the ongoing administration would reduce the budget allocated to state-funded medical schools.⁷⁶ But the notion of "incorporation" was

⁷⁶ Savings were around 100, 000 pesos to train 40 students of homeopathy. See Alvaro Obregón, Acuerdo Num. 4230 de fecha 9 de octubre de 1923 del C. Presidente de la republica, Copy of the presidential agreement where Álvaro Obregón decrees the unification of the School of Homeopathic Medicine to the Faculty of Medicine, AHUNAM, ENAE, 8, 161, p. 5

contested and highly negotiated by authorities of both medical schools during the discussions that planned how to actually implement the presidential decree before the effective date of January 1, 1924.⁷⁷ During the negotiations, there was a clear intention to offer both medical majors — homeopathic doctor and medical doctor — within the ENM. In the presidential decree, “incorporation” of the ENMH originally meant a more efficient use of material resources within the university. But the timing of discussions within the University Council that planned the merger, the willingness of ENM faculty to unify medical training, and the willingness of ENMH faculty and students to be acknowledged both as true scientific physicians and as an independent academic group led homeopaths to lose the school that distinguished them as a parallel medical profession.

The timing of academic reforms suggests that Bernardo Gastélum, SEP’s vice-president and also a medical doctor, sided with ENM faculty, who in turn used their privileged position

⁷⁷ There were multiple reactions from the medical community which tried to change the Presidential decision. While they eventually succeeded, discussions in the University Council were already taking place and President Obregón did nothing to stop them. Rafael Colomé, José D. Conde and Alonso V. Gamboa, president, vice-president, and member, respectively, of the *Sociedad Médico-homeopática de Yucatán* sent a telegram to the President requesting that the ENMH remained independent because the idea of merging training in both medical approaches was unattainable and because the entire scientific world possessed an academic representation of homeopathy. So did Miguel R. Zeceña and E. Castañón Rincón, president and secretary of the *Sociedad de estudiantes de la ENMH*, who requested Álvaro Obregón that he kept the school independent. President conceded and through his minister of the interior he let faculty of the ENMH know that he would reconsider his decision if they decided to offer their services without payment, as faculty had done it during the *Porfiriato*. Faculty agreed, and they formed a commission to discuss the proposal. Alvaro Obregón authorized homeopaths’ proposition, but the political turmoil of the presidential succession prevented it from taking place. In contrast to homeopaths reactions, C. Viesca y Lobatón and F. Zárraga, president and secretary of the AMM, congratulated President Obregón for his decision. See Alonso V. Gamboa, Telegram addressed to President Alvaro Obregón on November 15th, 1923, AGN, OC, 242 3-3. See A. Ηαρκνεσσ, "Una comunicación del "American Institute of Homeopathy", " *Revista de Medicina Homeopática* III.4 (mayo) (1922).; Miguel R. Zeceña and E. Castañón Rincón, Telegram addressed to President Alvaro Obregón on November 15th, 1923, AGN, OC, 802-H; Luis F. Porragas, Alberto B. Palma, G. Cortina Gutiérrez and Miguel Martel, Telegram addressed to President Alvaro Obregón on November 15th, 1923, AGN, OC, 802-H-18; Correspondence from Edmundo Torreblanca, Manuel Machado Sosa and Gregorio Cortina Gutiérrez to President Plutarco Elías Calles, February 14, 1925, AGN, OC, Medicina, 121-E-E80; and letter where F. Zárraga and C. Viesca y Lobatón, President and Secretary of the Medical Mexican Association, respectively, were notified that the President of the nation had received their letter of congratulations, AGN, OC, 731-M-9.

within UNM administration to establish their own medical school as the single center of medical training within the university.⁷⁸ During the University Council's session held on November 14, 1923, when the council decided the terms of ENMH's incorporation, Gastélum submitted a new reformed academic curriculum for the ENMH. He, Manuel Gea González, ENM's Dean, and Ezequiel A. Chávez, UNM's Chancellor, designed this curriculum with no ENMH-faculty participation. A week later, Gastélum submitted a new reformed curriculum for the ENM, which coincidentally was the same as the one proposed for the ENMH with the exception of the homeopathic courses (See Table 1, year 1920–4, ENM, 1924). The University Council originally created a commission with two members from ENM faculty and the ENMH Dean to evaluate the new curriculum for the ENMH, but the new curriculum for the ENM demanded a bigger commission to evaluate both. Consequently the Council added the ENM secretary and the ENM Dean to the original commission, increasing the already unbalanced ENM-to-ENMH-faculty ratio.⁷⁹

Political timing and professional antipathies also played an important role during these negotiations. Taking advantage of timing, the commission to evaluate curricular reforms took three weeks to bring back its resolution to the University Council, and in the session of December 14, 1923, Gea González, president of the commission, requested an extra week to submit the final report.⁸⁰ By early January 1924, when the University Council started to discuss the commission's report, the ENMH no longer existed as an independent institution in the university and consequently did not have representation in the council.⁸¹ Although the council

⁷⁸ See Acts of the University Council, November 14th, 1923, in "21a. Sesión", AHUNAM, CU, 13, 93, 1257; and "22a. Sesión" on November 21st, 1923, in AHUNAM, CU, 13, 93, 1264.

⁷⁹ The final commission was integrated by González Ureña, Daniel Vélez, Fernando Ocaranza, and Manuel Gea González, from the ENM, and Luis F. Porragas from the ENMH.

⁸⁰ See "28a. Sesión", on December 14th, 1923, in AHUNAM, CU, 14, 94, 1268.

⁸¹ See "32a. Sesión", on January 2nd, 1924, in AHUNAM, CU, 14, 94, 1301.

allowed the participation of ENMH representatives during discussions, they could not vote.⁸² Porragas' unsupportive attitude did not help to prevent the reforms advanced by the ENM faculty. The commission's report emphasized that due to his absence at meetings, the commission had had to analyze the new ENMH curriculum without any input from representatives of that school.⁸³ Revolving around the prejudice that homeopaths rejected the unity of medical science when they offered medical training of their own, ENM faculty proposed in their report that students of both medical degrees undertook the same courses on medical sciences and that special homeopathic courses were created for those who wanted to pursue the degree of homeopathic doctor.

Such a plan still kept the degree of homeopathic doctor as distinct from that of medical doctor even within the ENM, but the lack of activism of ENMH faculty and students within the University Council⁸⁴ and their alignment with ENM faculty's ideology led to the merger of both curricula and degrees into one and turned homeopathy into a medical specialty. Despite the University Council's invitation, Porragas did not attend the sessions when the report was read and discussed.⁸⁵ In contrast, Miguel F. Bachiller, ENMH's professor of microbiology, and Abelardo Martín Novelo, an ENMH student, did attend, but their opinions favored the

⁸² The proposal to consider the voice of ENMH faculty came from Dean Ezequiel A. Chávez. Gea González intervened to ratify that he would agree on the proposition if ENMH faculty and students were allowed to offer their opinion but not to vote any resolution. Dean Chávez acknowledged that even if he wanted them to vote, that was not possible due to UNM legislation.

⁸³ See Dictamination of the new study programs for undergraduate studies in Medicine and Homeopathy in "Dictamen", AHUNAM, CU, 13, 92, 1233.

⁸⁴ ENMH faculty and students and other homeopathic organizations did pursue activism but not within the university. They rather addressed personally President Alvaro Obregón. Alonso V. Gamboa, director of the Medical-Homeopathic Society of Yucatán, argued that the idea of merging both schools was a utopia and that all the scientific world possessed an academic representation of homeopathy. Alonso V. Gamboa, Telegram addressed to President Alvaro Obregón on November 15th, 1923, in AGN, OC, 242-E-E. Miguel R. Zeceña, president of the Students' Society of the ENMH, simply requested to keep the school independent, as Novelo will request to the University's Council. Miguel R. Zeceña and E. Castañón Rincón, Telegram to President Álvaro Obregón on November 15th, 1923, in AGN, OC, 802-H.

⁸⁵ See "32a. Sesión". Also see "33a. Sesión", on January 9th, 1924, AHUNAM, CU, 14, 95, 1309.

commission's analysis and conclusions. For instance, Miguel Bachiller believed in the "uniqueness" of medical scientific courses, in the "scientific education of the youth", and in the need to "be first a scientific doctor" before "prescribing globules".⁸⁶ Students of homeopathy were concerned about studying at an institution where homeopathy raised profound antipathies and let Fernando Ocaranza, a member of the commission, know about their concern.⁸⁷ Believing that such animosity might bring disciplinary problems within the ENM, Ocaranza seconded ENMH students' request for teaching homeopathy as a medical specialty in the *Escuela Nacional de Altos Estudios* [Graduate School], just like other medical specialties were taught. With no objections from the University Council, the commission decided to modify the original report, turning the ENM into the single medical school within the university responsible for training medical doctors.

The seemingly consensual decision that unified medical training at the ENM and placed this school as the single institution that granted official medical degrees in Mexico City was a consequence of different trends in government administration, the persistence of ENM faculty to use a unilateral view of science to monopolize state support and unify medical curricula and schools, and a shift in ENMH faculty's perceptions of homeopathic training. Central regulation started when Díaz required the ENMH to have the same curriculum as the ENM. Social and political revolts precluded the UNM from organizing and centralizing professional education, and when Vasconcelos resumed such efforts in 1920, the ENMH stood as a minor budget-consuming school in contrast to the ENM. ENM faculty took advantage of their institutional position to implement their plans to get rid of the ENMH and consolidate the ENM as the single official medical school. A new generation of homeopaths who had been trained just as their

⁸⁶ See "33a. Sesión."

⁸⁷ Both Abelardo Martín Novelo and the Society of Students of the ENMH had addressed the University Chancellor and Fernando Ocaranza before the council's meeting to let them know this concern.

ENM peers appropriated the marginalizing discourse of ENM faculty, reducing homeopathy to a therapeutic system whose particular views of disease and the body were subsumed to modern scientific ones.

Bachiller and Martín Novelo's opinions show that ENMH faculty and students had forgotten ENMH's original ideal of training the working class and instead appropriated the aspirations of medical elites.⁸⁸ As such they aligned with administrative centralization, but detached from the revolutionary ideal of providing education to those who had no access to it. Porragas, his staff, and students aimed to participate in the professional, economic, and social benefits that ENM-graduated medical doctors enjoyed and that Vasconcelos so harshly criticized. In contrast, the ELHM brought medical training to those who could not study at the UNM, fulfilling the revolutionary ideal with which Vasconcelos was infusing the university. The ELHM received positive comments from different sectors of the society, from ministers to ENM graduates, from legislators to Supreme Court ministers. All of them praised the school's effort as a private institution which "relieved the government from university education so it can dedicate its economic efforts to educate the masses who are less privileged to pursue academic studies",⁸⁹ as J. M Puig Casauranc, Vasconcelos' successor as Minister of the SEP, commented; or its organization, effort, and willingly action, despite their poor resources. As these comments, Gómez and Dozal's report, and Moreno' letter show, the ELMH was positioned as a medical

⁸⁸ For instance, Godoy criticized ENMH graduates for changing advertisements outside their consulting offices to include a note that said they belong to school of the UNM. Godoy Álvarez, "Con motivo de la incorporación de la Escuela Nacional de Homeopatía en el Departamento Universitario," 3.

⁸⁹ Francois-Flores gathered a series of positive comments to the ELHM in "El Libro de Oro" in Francois-Flores, La Escuela Libre de Homeopatía 15 - 18. These comments came from Carlos B. Zetina (1918), J. M Puig Casauranc, Dr. J. Castro Villagraña (Head of *Hospital Juárez*, 1924), Dr. Carlos Meneses (Head of the White Cross and *Hospital Morelos*, 1924), Luis Rubio Siliceo (President of *Unión "Juventud de Hispanoamérica"*, 1924), Gustavo Vicencio (President of the Supreme Court, 1924), R. Leiva (allopath doctor, 1926), Legislator Benjamín Aguillón Guzmán (1926), Legislator E. J. Hurtado (1926), Lic. Ezequiel Padilla (Minister of SEP, 1926-28).

school that, in addition to complying with basic school facilities and curricular structure, aligned with the ideals of the Mexican Revolution in the 1920s.

While the ENMH tried to cope with curricular, methodological, and material improvements that the ENM's model of medical training demanded, the ELHM sustained its own pedagogical methodology and particular view of medicine that earned it positive appraisals. Higinio Pérez's beliefs in orthodox homeopathy, a non-encyclopedic training, and a focus on practice, made him purportedly leave the school's methodology practically unchanged for practically 20 years, remaining true to his belief that "the pure Hahnemannian orthodoxy [...] is what we need for the evolutionary progress and development of science, because it is proved and it is a natural law that the hybrid is sterile".⁹⁰ At a time when the ENM criticized the very existence of the ENMH arguing the impossibility of teaching scientific courses from a homeopathic perspective, the ELHM's director condemned the "official" school's old and routine method that formed "erudite" professionals who could not heal patients' ailments. In the brochure that explained the curricular changes in 1925, he displayed the characteristics that made his medical school distinctive. He plainly and openly opposed "official" medical training. His curriculum and pedagogic methodology emphasized a low course load, providing only the indispensable theoretical content. Instead professors gave students elements that prepared them to do their own research and find answers to their own medical inquiries. The core of Higinio's approach was the human being; "the healthy man is and will always be the measure and base of comparison in all medical speculation", he wrote.⁹¹ Higinio Pérez's rhetoric attempted to disqualify science-based medical training at the ENM by turning upside down ENM's faculty

⁹⁰ Higinio Pérez's exhortation to his students. See Francois-Flores, La Escuela Libre de Homeopatía 21-23.

⁹¹ Higinio G. Pérez, "Programas y métodos de enseñanza de la Escuela Libre de Homeopatía y preparatoria anexa," (J. L. Muñoz, 1925), vol., 3-11.

own discourse. What for the latter seemed modern and scientific medicine, i.e. microbiology and physiology, for the former was no more than a medical training that missed the focus of medicine. What for the latter seemed advanced laboratory practices, for the former was no more than routinarian observations that missed the key of medical training, the patient. By placing ELHM's pedagogical approach over ENM's, Higinio Pérez put the former in competition with the latter, ideologically turning the ELHM into what ENM's faculty was trying to get rid of at the UNM in 1924.

Regardless of its pedagogic methodology, ELHM's curricular structure did change from 1913 to 1933 (See Table 1), increasingly resembling ENM's by 1933. With new reforms, Pérez added courses on basic and medical sciences such pharmacopeia, biochemistry, and bacteriology, in 1925, and physiotherapy, psychiatry, parasitology and physiological pathology, in 1933. These courses had generally been first included by the ENM, though others, such as physiotherapy and hygiene, had first been included in homeopathic curricula. The ELHM offered more courses in therapeutics and fewer in clinical practices and courses of specialization than the ENM, though it had extended the time-span for medical studies to five years. But as with former reforms, the similar structure differed in terms of extent, or in other words, how many courses were dedicated to each topic. While these differences were justified by Higinio's particular training perspective, they also indicated his own tendency to equate the ELHM's academic curriculum with the ENM's. These differences were less radical compared to the ones of the early 1910s, and would become even less distinctive in the 1930s. The convergence of all medical academic curricula offered by medical schools in Mexico City in the 1930s suggests a general acknowledgment, regardless of doctrinarian views, that medical doctors, homeopaths and allopaths alike, needed to acquire a set of concepts and skills before they could be considered professional practitioners.

Differences still existed in terms of amount of courses dedicated to a particular subject, but in terms of structure medical academic curricula were mainly the same. This confluence in the structure of medical schools' academic curricula in Mexico City was a consequence of a new reconfiguration of the role of the state and the UNM in professional education at the turn of the 1930s.

The ELHM achieved in the 1910s and the 1920s what the ENMH could not during the *Porfiriato* and the first three decades of the 20th century. It turned into a medical school that offered training to those who could not afford an elite education at state institutions, shifting the locus where homeopathic doctors were trained in Mexico City. It seemed that the sectarian and uplifting ethos and a working-class orientation with which Higinio Pérez imbued his medical school attracted a larger and more committed student population, at least during the 1920s.⁹² The ELHM graduated more students even after the ENMH was incorporated into the UNM: 22 and 10, respectively, in 1924 (See Graph 1). The rate of graduation at the ELHM remained fairly constant (13 graduates per year) without significant variations from 1916 to 1938. The ENMH's rate of graduation was 3.5 from 1895 to 1924 and 7.1 from 1928 to 1936 (See Graph 1) — clearly lower than the ELHM's. During the 1920s, the ELHM became the main provider of homeopathic doctors for Mexico City and the whole country, and from 1924 to 1928, the only provider. These figures changed in the 1930s. While the ELHM's graduation rate remained steady, and its graduates still remained the most important group of homeopathic doctors in the country throughout the 1940s, a new wave of state support reinstated the ENMH in an effort to provide medical training to the working class at the National Polytechnic Institute (IPN). Eventually this led the ENMH to restore its original position during the *Porfiriato* as the second

⁹² Analysis of transcripts of the ELHM in the AHLEHM.

most important school in Mexico City in terms of the quality of its facilities, the amount of funding received, and the number of students graduated.

“Buil[t] up on indestructible foundations”: The Struggle to Introduce Scientific Medicine in SEP-Administered Homeopathic Medical Schools, 1928–36

The presidential succession of 1928 and the *Maximato* (1928–34) brought a series of drastic institutional rearrangements that impacted homeopathic schools. In the course of eight years, the ENMH was re-instated as an official medical school (1928), the SEP-regulated free schools’ and ELHM’s medical degrees became official (1930), and the ENMH became a founding school of the National Polytechnic Institute (IPN) (1936), a socialist project to bring professional education to the working-class initiated during the Lázaro Cárdenas presidential period (1934–40). The volatile situation of homeopathic schools reflected tensions between the state and the UNM that resulted in the displacement of the university as the regulatory office of professional education under SEP’s control. From 1910 to 1925 the National University served the needs of the state, as when it incorporated the ENMH, it closed the National School of High Studies, or when Vasconcelos denied funds for a new building for the ENM. Its position within the SEP placed it over other professional schools,⁹³ but also subjected it to SEP’s own budgetary, administrative, and academic policies.⁹⁴ By the end of the 1920s UNM’s secondary role within

⁹³ For instance, during Calles administration (1924-1928), he provided legislation that subsumed free schools under the rule of the university. In order to make their degrees legal, the UNM needed to evaluate and validate free schools’ academic curricula. Otherwise graduates from free schools needed to pass an examination in the university in order to receive titles from it. See section VIII in the report from the office of medical demography in the “INFOMRE DEL DEPARTAMENTO DE SALUBRIDAD PARA EL MENSAJE PRESIDENCIAL DEL 1° DE SEPTIEMBRE DE 1925.”, in the AHSS, SP, S, 9, 15.

⁹⁴ With José Vasconcelos as Dean (1920-4), the University became a tool to develop the nationalistic and revolutionary project of providing basic education to the entire nation, which meant the mobilization of a huge amount of material and human resources to the countryside in order to reach the most economically underserved sectors of the population. But professional education remained elitist and liberal; elitist, for only the affluent sectors of the society, many of them living in urban centers, especially in Mexico City, could afford this type of education, and liberal because it believed in its own academic and administrative self-governance. See Javier Mendoza Rojas, *Los conflictos de la UNAM en el siglo XX*, Colección

the SEP reached a point of rupture and led to a conflict that concluded with the Portes Gil administration (1928–30) granting the university autonomy.⁹⁵ With its autonomy earned, the university turned into a professional institution similar to the other professional schools that existed in Mexico City, at least in administrative terms, for it stopped working as the regulatory center of professional education in the city. The new UNM's Organic Law proposed to gradually turn this institution into a private one without "any right to impose its criteria in the evaluation of free and private institutions that offered education similar to the one the university provided".⁹⁶ Moreover, article 37 explicitly gave the responsibility to regulate free schools, validate their curricula, and legalize their titles to the President of Mexico and the SEP.⁹⁷ This radical shift brought regulation back to free schools, including the ELHM, in Mexico City.

Regulation of free schools was a political issue to undermine UNM status rather than an effort to improve education at these schools. While turning them into "official" institutions implied that the state was responsible for regulating their curricula and the way they functioned,⁹⁸ the state did not provide any funds to cope with these schools' material needs.

Educación Superior Contemporánea Serie Mayor, ed. Emma Paniagua Roldán (Mexico: Centro de Estudios sobre la Universidad, Universidad Nacional Autónoma de México, Plaza y Valdés Editores, 2011) 49-70.

⁹⁵ The history of the struggle of faculty and students from the National University to achieve autonomy from the Mexican state's control dates back to its creation in 1910. This history developed throughout the 1920s and 1930s, sometimes through faculty demands, and sometimes through students' congresses or protests. In 1928 new projects to attain the autonomy were proposed, one by a students' association and the other by the rector, Alfonso Pruneda, but none of them succeeded. In 1929, once Emilio Portes Gil took office, a minor conflict between university students and authorities escalated to the point where the public force surreptitiously infiltrated the university campus, confronting a group of students that manifested against them. President Portes Gil's overreaction was caused by the political struggles between the ruling party and the party led by José Vasconcelos, the one student leaders supported. The conflict turned into a general strike which Portes Gil solved by giving the National University its autonomy. See Mendoza Rojas, Los conflictos de la UNAM en el siglo XX 49-70.

⁹⁶ "Ley orgánica de la Universidad Nacional de México, Autónoma", 22 de julio de 1929, considerando 12. <http://abogadogeneral.unam.mx/PDFS/COMPENDIO/34.pdf> Consulted on January 30, 2014.

⁹⁷ See Mendoza Rojas, Los conflictos de la UNAM en el siglo XX 49-70.

⁹⁸ President Portes Gil issued the decree that regulated free schools on October 22, 1929, and the one that specifically regulated the ELHM On January 18, 1930. See Francois-Flores, La Escuela Libre de

President Portes Gil initiated the regulation of free schools after he solved the conflict with the UNM. The SEP positively evaluated medical studies at the ELHM during this transition, and while the school suffered from some infrastructural deficiencies in the surgery room and needed to meet specific hygienic requirements, the SEP believed that it would be ready to provide adequate medical training once it improved its condition.⁹⁹ The decree that regulated the ELHM on January 1930 stated that the school could “freely formulate its curriculum, programs, and teaching methods; but in order to modify the ones currently used it must notify the SEP”,¹⁰⁰ though it imposed a curricular structure. Just as Díaz did almost three decades earlier with the ENMH, this decree listed the courses that each student needed to take in order to obtain a homeopathic medical degree, but on this occasion, these courses followed the ELHM curriculum of 1925 rather than the ENM’s. Besides requiring the school to graduate students in no less than 4 years, the decree imposed no more regulations.

Homeopatía 89-95. See also "Decreto por el cual se reglamenta el funcionamiento de las escuelas libres," Diario Oficial 1929, Organo del Gobierno Constitucional de los Estados Unidos Mexicanos, January 31, 2014, <<http://www.dof.gob.mx/index.php?year=1929&month=11&day=23>>.7; and "Decreto por el cual se concede a la Escuela Libre de Homeopatía, el reconocimiento y los privilegios a que se refiere la Ley Reglamentaria de Escuelas Libres," Diario Oficial 1930, Organo del Gobierno Constitucional de los Estados Unidos Mexicanos, February 3, 2014, <<http://www.dof.gob.mx/index.php?year=1930&month=01&day=29>>.7.

⁹⁹ Correspondence from the Ministry of Public Education, to President Pascual Ortiz Rubio, March 3, 1930, in AHSS, SP, SJ, 7, 2.

¹⁰⁰ "Decreto por el cual se concede a la Escuela Libre de Homeopatía, el reconocimiento y los privilegios a que se refiere la Ley Reglamentaria de Escuelas Libres."7.

Figure 2. Facilities of the Free School of Homeopathy around 1920



Notes.- These facilities were located on 18 Academia St in Mexico City from 1918 to 1920, approximately. The first photograph shows how faculty lectured students with no aid besides a blackboard and chalk. The composition highlights the professor as the provider and students as passive consumers of medical knowledge. Note the professor's central position in the photograph and students' backs facing the observer. The second photograph displays an empty maternity room with adequate material but without anyone practicing in it. Other photographs of the time displayed midwives and the male professor around a dissecting table that held an anatomical model, rather than an actual cadaver. These images suggest poor anatomical and practical training, contradicting what SEP authorities reported about medical training at the ELHM. Photos from the AHLMH.

Internal reforms modified the ELHM curriculum in 1933 (see Table 1). While these reforms preserved the school's particular view of medicine and homeopathy, the slight change in the thematic content indicated a shift towards introducing basic sciences and medical specialties into the curriculum and using such changes to publicize the ELHM as a modern medical school. A pamphlet that publicized the school in 1935 preserved the same view regarding homeopathy, pedagogic methodology, and curricular structure with which Higinio Pérez advertised the ELHM in the early 1920s.¹⁰¹ Yet pictures highlighted the school's modern facilities, in contrast to the ones it offered in the late 1920s (See Figure 2). These photographs represented ELHM facilities

¹⁰¹ "Escuela Libre de Homeopatía de México", México, D. F., 1935. AHLMH. p. 4-6.

with laboratories equipped with chemical and bacteriological instruments (See Figure 3), and through the cadavers dissected in the amphitheater (See Figure 4). These images and the courses offered in the curriculum of 1933 show that despite its particular view of medicine, ELHM adapted its curricular structure and facilities to provide its students with modern scientific knowledges and practices that benefited their everyday medical practice. Other situations influenced the adoption of a scientific rhetoric to showcase the ELHM to the public as a medical school that offered modern medical training. Among these were a shift in leadership and a large discrediting campaign during the early years of Lázaro Cárdenas' administration, mounted by ENM graduates against homeopaths in the context of a new effort to regulate professions (See chapter 6). Higinio Pérez died in October 1929, and first-generation graduates headed the school during the 1930s. This new generation of homeopathic doctors as their doctrinaire peers from the ENMH adopted medical science and displayed in the ELHM curriculum and pamphlets to place this medical school as a modern professional vis-à-vis the other two medical schools in Mexico City, the ENM and the ENMH, in the early 1930s.

The political turmoil during the *Maximato* also resulted in the re-instatement of the ENHM as a state-sponsored option to train homeopathic doctors.¹⁰² The transformation of homeopathy from a distinct major into a medical specialty did not help homeopathy endure within the UNM in 1924. ENM faculty designed the specialty's curricular content, eliminating all doctrinaire content from it, though ENMH graduates were responsible for teaching the specialty.¹⁰³ However, the specialty did not last longer than a year.¹⁰⁴ Calles' 1928 decree argued

¹⁰² See "Decreto por el cual se establece la carrera de Médico Cirujano Homeópata," Diario Oficial 1928, Organo del gobierno constitucional de los Estados Unidos Mexicanos, Febrero 3, 2014, <<http://www.dof.gob.mx/index.php?year=1928&month=03&day=12>>.7

¹⁰³ Pharmacopoeia, Pharmacodynamics, Homeopathic Therapy, and Philosophy of Medicine Especially of Homeopathy were the courses that finally constituted the specialty's curriculum, substituting, *Materia medica* and Homeopathic Doctrine, original courses which provided the core ideology of homeopathy.

that “the way in which the [UNM] decided how to teach Homeopathic Medicine neither facilitated nor oriented students enrolled in the [ENM] towards homeopathy, which resulted in the total lack of homeopathy students at this school.”¹⁰⁵ This might seem contradictory to Bachiller and Novelo’s position in 1924, which contributed to the fate of the ENMH within the UNM. But the homeopathic community in general wanted the homeopathic school to thrive as an independent institution. At the time of the merger, faculty and students sought support from foreign and national homeopathic institutions, which responded offering venues through which ENMH students could continue studying at a homeopathic medical school.¹⁰⁶ Consequently,

This shift framed homeopathy as a pharmaceutical specialty, a particular way of ministering drugs, rather than a medical approach with its own particular view of medicine. See Dictamen, Dictamination of the new study programs for undergraduate studies in Medicine and Homeopathy, University Council, Mexico City; and also see 34a. Sesión, Sessions acts of the University Council, January 16th, 1924, University Council, Mexico City. Ricardo Varela taught Homeopathic Therapy; Miguel Martel, Pharmacodynamics; Luis A. Berganzo, Philosophy of Medicine; and Ambrosio Vargas, Pharmacology. See “CUADRO ESTADÍSTICO de la asistencia de profesores y alumnos en los cursos de la Facultad de ALTOS ESTUDIOS durante el mes de junio de 1924”, AHUNAM, ENAE, 16, 336.

¹⁰⁴ This specialty did not last a year. The University Council discussed the curriculum of this new specialty in a later session. 34a. Sesión, Sessions acts of the University Council, January 16th, 1924, University Council, Mexico City. And the National School of High Studies started to offer the homeopathic specialty in April, 1924. Letter from Dean of UNM to the Ministry of SEP on April 28, 1924, AHUNAM, ENAE, 8, 16; see also documents where ENAE advertised the opening of the specialty in AHUNAM, ENAE, 21, 456. While five students attended courses, only one of them, Urbano Torres Antonio, was examined. “Número de alumnos que presentó examen en las distintas materias que se dieron en la Facultad de Altos Estudios, durante el año 1924” in AHUNAM, ENAE, 5, 910; and Attendance records, AHUNAM, ENAE, 55, 911. The school closed in December, 1924 for budgetary reasons, and while it was reinstated a few months later, the specialty seemed to stop being taught. Letter from the Dean to ENAE faculty on December 31, 1924, AHUNAM, ENAE, 6, 115.

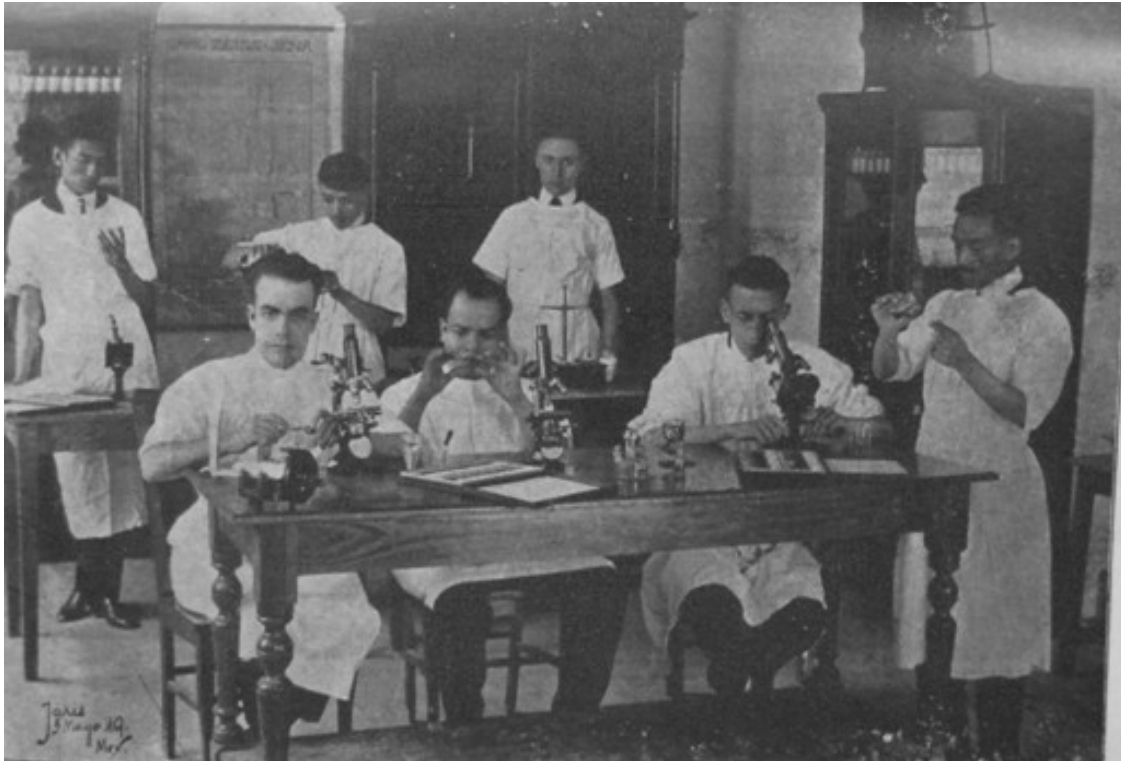
¹⁰⁵ Homeopathic students also acknowledge this situation. For instance Manuel Ceceña Quiroz bitterly complained about the lack of awareness of homeopathic theories by ENM’s professors when he studied medicine in the mid-1920s, and he remembered their constant mocking of homeopathy during his years as student. Ceceña Quiroz, "Retorno." Ceceña Quiroz, Miguel, “Retorno.” *Revista Homeopática*. I. 1 (agosto, 1936), p. 7-8.

¹⁰⁶ For instance, the Medical-Homeopathic Society of Yucatán received a letter from A. Harkness, Secretary of the Board of Medical Education of the American Institute of Homeopathy, where he asked for information about the closure of the school and if there was anything he could do to re-establish the school or open a new one. “We are very anxious to build up our schools, and to assist those in need”, he said. But the society knew neither the reasons of the annexation nor the way in which the American association could cooperate. Ηάρκνεσσ, "Una comunicación del "American Institute of Homeopathy"."; José D. Conde Perrera, "Sociedad Médico-Homeopática de Yucatán," *Revista de Medicina Homeopática* III.4 (Mayo, 1924). ENMH students asked for information to finish their studies in the recently opened

Calles' decree aimed to offer homeopathic medical training at the SEP, something the UNM did not do. The decree updated the ENMH curriculum (see Table 1), and placed the school under SEP's regulation, but it also left the school with no economic support at the National Homeopathic Hospital (HNH). While leaving the control of the ENMH to the SEP reproduced Vasconcelos' strategy of centralizing state-supported professional education, placing the school at the HNH reproduced the conditions that hampered the homeopathic school's material, curricular, and pedagogic development during the *Porfiriato*.

Special School of Homeopathic Medicine in Yucatán, Mexico, and the academic society which grouped the faculty of such a school responded not only indicating how students could graduate in it, but offering help to Joaquín Segura y Pesado and Edmundo Torreblanca to reopen the school in Mexico City. "Por la Sociedad Médico-Homeopática de Yucatán," Revista de Medicina Homeopática III.6 (Julio, 1924): 92. One year and a half later, three former professors of the ENMH, Edmundo Torreblanca, Gregorio G. Cortina, Manuel Machado Sosa, Manuel Pérez Vasconcelos and José M. Carrera, created the Society of University Homeopathic Physicians and founded the National and Free School of Homeopathic Medicine. "Nueva agrupación hahnemanniana," Revista de Medicina Homeopática III.10 y 11 (Noviembre y Diciembre, 1924).

Figure 3. “One of the Laboratories of the Free School of Homeopathy of Mexico” *circa* 1934



Note.- In contrast to figure 2, this photograph's composition display microscopes in the first plane and students observing through them in the second plane. This presentation highlights the importance of the iconic instrument of medical science in the first decades of the 20th century. The absence of faculty who instructed students emphasize the importance of students' learning through experience rather than indoctrination, practical rather than theoretical medical training. *Los médicos de la Escuela Libre de Homeopatía y los arts. 3o y 4o constitucionales.* (Mexico, D. F., 1934), pp. 24.

During the *Maximato* and the first years of Cárdenas' presidential term, ENMH authorities faced numerous difficulties. While the HNH offered its wards for the school's practical classes,¹⁰⁷ there were no cadavers for the classes of descriptive anatomy and dissections,¹⁰⁸ and it lacked modern laboratory instruments to train students in basic sciences.¹⁰⁹

¹⁰⁷ The Head of the National Homeopathic Hospital, Joaquín Segura y Pesado informed the General Director of Public Welfare that the students started having class, fulfilling Calles' decree. Correspondence on March 17, 1928, AHSS, BP, EH, HNH, 3, 29.

¹⁰⁸ Dr. Otilio Herrera unsuccessfully asked the hospital's head that he addressed the Head of Public Welfare to request cadavers from the General Hospital. Herrera needed at least two cadavers every month so students could have practical classes of Descriptive Anatomy and Dissections. But these authorities replied that the *Hospital General* would soon be closed. Correspondence between Dr. Otilio Herrera and

The school's reopening was caught amidst a series of reforms undertaken by José Gómez Esparza, head of the hospital, as a consequence of a puerperal fever outbreak.¹¹⁰ His measures blocked ENMH advanced students' and other homeopathic doctors' access to practice at the hospital. In response, students and professors initiated a series of denunciations, which authorities' reports corroborated, about how for the sake of his own particular benefit Gómez Esparza's monopolistic administrative practices attempted to "deviate from the hospital's specific medical approach", that is, to support surgical rather than homeopathic therapeutic interventions.¹¹¹

the Head of the Office of Public Welfare, May 28, 1929 and July 9, 1929, in AHSS, BP, EH, HNH, 4, 4, p. 2 and 5.

¹⁰⁹ A report from the Head of the Medical Department of the Office of Public Welfare stated that he had reports about the undesirable workings of the school. Report to the Head of the Office of Public Welfare, March 13, 1930, in AHSS, BP, EH, HNH, 4, 12, pp. 7-8. Another report from this Department stated that the school lacked appropriate instrumentation to teach anatomy, dissection, histology, medical chemistry, and microbiology. *s/f*, in AHSS, BP, EH, HNH, 4, 12, pp. 9-15.

¹¹⁰ The Medical Department of the Office of Public Welfare reported that the Maternity Ward had an outbreak of puerperal fever in January 1930. The Department ordered its closure, but a few days later it revoked the order arguing a high demand of maternity rooms in welfare hospitals. The Department took the decision in spite of the undesirable state of the ward because the head of the hospital requested funds in 1930 to pay for two experienced and "technically proficient" surgeons to attend the Maternity ward surgery room. José Gómez Esparza attempted to solve this problem by taking care of the surgery room of the Maternity Ward himself and requesting the removal of the other surgeon and the dismissal of practitioners who were students of the ENMH. *s/f*, in AHSS, BP, EH, HNH, 4, 12, pp. 9-15.

¹¹¹ Correspondence from Carlos Moreno, Dr. Lugo, Dr. Francisco Eguiluz, and other homeopath to the Head of the Office of Public Welfare, AHSS, BP, EH, HNH, 4, 12, p. 4-6. Correspondence from Isaías Hernández C., Joaquín Priego, Efraín López M. and Carlos Montfort R. to the Head of the Office of Public Welfare, March 7, 1930, AHSS, BP, EH, HNH, 4, 14, p. 10-2. Correspondence from students of the ENMH to the Public Welfare Board's President, August 25, 1930, AHSS, BP, EH, HNH, 4, 14, p. 13. Report of Inspector Concepción Caufield to Lic. Ramón Beteta, Head of the Department of Educational Action, Efficiency and Social Registry, March 18, 1930, AHSS, BP, EH, HNH, 4, 14, p. 25-7. For instance, Gómez Esparza, Luis Porrugas, who headed the school in 1929, and other hospital's homeopathic medical staff argued that the government office that administered the homeopathic hospital did not attend their requests and imposed the staff it wanted. Correspondence from Dr. Luis F. Porrugas, Dr. J. Gómez Esparza, Dr. Alberto B. Palma, Dr. Alfredo Guzman, Dr. Otilio Herrera, Dr. Wenceslao Gómez, to Prof. Moisés Sáenz, Public Welfare Board's President, March 4, 1930, AHSS, BP, EH, HNH, 4, 25.

Figure 4. Two Views of the Amphitheater of the Free School of Homeopathy of Mexico *circa* 1934



Note.- In contrast to figure 2, these photographs display dissection rooms packed with students and most importantly dissecting actual cadavers. The dissection room shifted from having adequate facilities to actually set them to work. The composition placed corpses in the first plane and students in the background, highlighting the importance of such an object in the practical learning of anatomy. Los medicos de la Escuela Libre de Homeopatia y los arts. 3o y 4o constitucionales. (Mexico, D. F., 1934), pp. 24.

The significance of the denunciations and reports lay in offering a window that exposed the irregularities under which the ENMH was working at the turn of the decade.¹¹² In a letter addressed to the Minister of the SEP in 1930, students accused Luis F. Porragas, head of the ENMH, and José Gómez Esparza, both secretary of the school and head of the hospital at the time, of staying in office longer than the time allowed by internal regulations.¹¹³ Students also argued that these authorities did not use student fees to pay faculty salaries or improve the

¹¹² There are other reasons to believe that Gómez Esparza was truly surgery oriented. He founded and the *Asociación de Médicos Cirujanos del Hospital Nacional Homeopático*. The omission of an adjective referring to its homeopathic nature drastically contrasts to any other professional society constituted by homeopaths up to that moment and is telling of his intentions as the head of the hospital. “Quedó constituida la “Asocación de Médicos Cirujanos del Hospital Nacional Homeopático.” AHSS, BP, EH, HNH, 4, 2, p. 1.

¹¹³ Correspondence from ENMH students to the Head of the SEP, sf, AHSS, BP, EH, HNH, 4, 13, 15-8; and 4, 17, p. 3-4.

school's infrastructure.¹¹⁴ Moreover, they denounced Gómez Esparza's allocation of school resources only to faculty who allied with him. While there are reasons to believe that he mismanaged school's funds¹¹⁵ and created group of interest within the HNH,¹¹⁶ these accusations must be taken cautiously. There were students who argued that half of the sixteen students enrolled in the school in 1930 were exempt from school fees and the other half did not pay fees

¹¹⁴ According to the students' letter and other documents, students paid 30 pesos for enrolling fees, 10 pesos each month for tuition, and 20 pesos for examination, making a total of 150 pesos a year. See previous note and a newspaper cut "hacen graves cargos contra un secretario. Señoritas exalumnas de la Facultad de Homeopatía, que están quejasas", *El Universal*, 14 de septiembre de 1930 in AHSS, BP, EH, HNH, 4, 17, p. 8-11.

¹¹⁵ The problem of funds and stipends at the National Homeopathic Hospital is somewhat complex. Originally in 1895, the hospital's medical staff did not receive salary. At a certain point during the 1920s, both medical staff and practitioners started receiving a stipend. In 1930, physicians and practitioners received 3 and 2 (pesos?) a day, respectively. AHSS, BP, EH, HNH, 4, 15, p. 8. Amongst students who denounced irregularities in Gómez Esparza and Porrugas' administration where practitioners who Gómez Esparza dismissed after the epidemics of puerperal fever (Carlos Montfort R. and Joaquín Priego). These students' denunciations most likely responded to their concern when they feel their source of income threatened. Consequently, they might have overreacted in their statements. Yet, while Gómez Esparza and Porrugas might have not mismanaged ENMH medical student fees, they might have done it with ENMH nursing student fees. Plutarco Elías Calles' decree authorized the creation of a nursing school within the ENMH. Rather than ENMH medical students, it seemed that nursing ones paid fees without receiving a degree after fulfilling all requirements. The latter said they had paid \$150 pesos in total and had not received their degree. See "Hacen graves cargos contra un secretario. Señoritas exalumnas de la Facultad de Homeopatía, que están quejasas." *El Universal*, Septiembre 14, 1930; in AHSS, BP, EH, HNH, 4, 17, 8, p. 11; see also a letter from a nurse in AHSS, BP, EH, HNH, 4, 24, p. 23, and 25-6. Gómez Esparza acknowledged having received such payments, but made clear that nursing students had "failed their exams or had not fulfilled the requirements to be examined." See "La escuela de enfermeras tiene autorización." In in AHSS, BP, EH, HNH, 4, 17, 8, p. 11. Further accusations of corruption came in 1932. These exposed Gómez Esparza as a person who stole medical material from the homeopathic hospital to use it in his private clinic. Moreover, nurses and administrative personnel accused him of using the hospital's surgery room for his private patients. See letters from nursing students and medical staff of the homeopathic hospital in AHSS, BP, EH, HNH, 4, 24, pp. 24, 26, and 27.

¹¹⁶ Members of the Association of Surgeons of the National Homeopathic Hospital (see note 105) did not complain about Gómez Esparza's surgical tendencies. Moreover, they believed that his interventions were motivated by his desire to improve the hospital and provide a better service to patients. See Correspondence from the hospital staff to Mosés Sáenz, head of the Board of Public Welfare, on March 4, 1930, AHSS, BP, EH, HNH, 4, 25, p. It was other doctors (Carlos Moreno, Dr. Lugo, Francisco Eguiluz) who expressed their concern to the head of the Public Welfare in 1930. AHSS, BP, EH, HNH, 4, 12, p. 4-6. See also correspondence from ENMH faculty (Ambrosio Vargas V., Gregorio Cortina Gutiérrez, José Medican, Alfredo Araujo, Luis Jakes, Gustavo E. Shroeder) to the head of the Public Welfare on September 6, 1932, AHSS, BP, EH, HNH, 4, 24, p. 27. All but Ambrosio Vargas were not members of the Association.

on time, leaving the school with no funds to pay for salaries.¹¹⁷ These students praised Gómez Esparza and Pórragas' administration because they believed that these authorities' actions intended to educate competent professionals, "aiming to build up on indestructible foundations, and not to spoil SEP's efforts and tendencies."¹¹⁸ Regardless of the side students took, both factions' opinions made clear the precarious situation of the ENMH in the early 1930s due to the lack of state funding.

In contrast to the early 1910s, lack of funding and differences in the medical/therapeutic approach placed the ENMH in a worse position in the early 1930s. At least in the late 1910s the homeopathic community at state homeopathic institutions was united. In the 1930s the conflict was located within homeopathic institutions and among ENMH graduates and students (Gómez Esparza graduated from the ENMH in 1923). Gómez Esparza's reforms might have been well intended, but his opinions negatively impacted the school. For instance, echoing Gómez Esparza's declarations, a journalist commented that "a school of medicine which lacks microscopes to actually see bacteria, microtomes to do histological preparations, haematocytometers to count red cells in blood samples, or dyes to find out the presence of the tuberculosis bacillus, should not exist." He also believed that the "faculty is naturally deficient since they do not receive a salary, and students have a poor quality because they are rejects from other schools".¹¹⁹

In contrast to students' attitudes in the University's Council in 1924, this new generation actively protested against Gómez Esparza's reforms which diverged from homeopathy and opposed the original intention for which the hospital was created. Taking advantage of the

¹¹⁷ "Los doctores Gómez Esparza y Pórragas no Tienen la Culpa del Desbarajuste." Newspaper cut in AHSS, BP, EH, HNH, 4, 7, p. 8-11.

¹¹⁸ "Los doctores Gómez Esparza y Pórragas no Tienen la Culpa del Desbarajuste."

¹¹⁹ "La eficiencia en los estudios médicos", September 20, 1930, newspaper cut, in AHSS, BP, EH, HNH, 4, 17, pp. 8-11.

unprecedented role of students in achieving the UNM's autonomy and enjoying the support of the Federation of Students of the Federal District, ENMH students threatened to go on strike. It is unclear to what extent a strike in a school that did not receive state funds and had only 14 enrolled students might have exerted any political pressure to government authorities. But this threat suggests students' political involvement in attracting economic support to their medical school. Students' denunciations produced Gómez Esparza's destitution as secretary of the school in 1930, though he remained as head of the homeopathic hospital. A year later Porrugas was destituted as dean of the school.¹²⁰ With Fidel de Regules leading the ENMH, faculty and students continued protesting against Gómez Esparza's marginalizing attitudes at the HNH,¹²¹ until in 1932 a new administration brought a new leader to the National Homeopathic Hospital.¹²² Even if Gómez Esparza left the homeopathic hospital as a consequence of a change

¹²⁰ Correspondence from ENMH students to the President of the Public Welfare, July 20, 1931, in AHSS, BP, EH, HNH, 4, 17, p. 1-2.

¹²¹ Correspondence from Dr. Alejandro Cerisela, vice minister of the SEP, to D. Francisco Ortiz Rubio, President of Mexico, September 11, 1931, in AHSS, BP, EH, HNH, 4, 17, p. 14-5. Correspondence from ENMH students and members of the Society of Students of the ENMH to the President of the Public Welfare, on September 7, 1932, in AHSS, BP, EH, HNH, 4, 17, 28-30. Students' protests also exposed Gómez Esparza's corruption at the National Homeopathic Hospital in 1932.

¹²² Apparently, Gómez Esparza enjoyed the President's support. From 1930 to 1932, authorities acknowledged the problem of having two approaches to medicine and therapy at the national homeopathic hospital. Some reports advised a clear division of staff and their specific job duties in surgical rooms and homeopathic dispensaries or consulting rooms. See Report from the head of the Medical Department of the Public Welfare to the President of the Board of Public Welfare on March 25, 1930, AHSS, BP, EH, HNH, 4, 12, p. 9-15. Other reports recommended closing the surgical wards of the hospital and turning this institution into a homeopathic dispensary; some of these reports recommended dismissing Gómez Esparza and giving the hospital a truly homeopathic approach. Report from Luis A. Villaseñor, head of the Accounting Department of the Public Welfare, in AHSS, BP, EH, HNH, 4, 14, p. 1-2; Report from Inspector Concepción Caufield to Lic. Ramón Beteta, head of the Department of Educative Action, Efficiency, and Social Statistics, on March 18, 1930, in AHSS, BP, EH, HNH, 4, 14, p. 25-7; Report from Dr. Salvador M. Navarro to the President of the Board of Public Welfare, on October 27, 1932, in AHSS, BP, EH, HNH, 4, 24, p. 4-5. But none of these recommendations actually took place. Moreover, Gómez Esparza cynically replied to students and authorities' requests to open spaces in the homeopathic hospital for the practice and teaching of homeopathic medicine saying that the hospital "has been, is, and will always be" open to ENMH students and faculty. See correspondence between Dr. Fidel de Régules, ENMH Dean, Francisco Ortiz Rubio, President of Public Welfare, Dr. Alejandro Cerisela, vice minister of the SEP, Ricardo Vértiz, head of the Medical Department of Public Welfare, José Gómez

in government administration, the conflict showed students' ability to organize politically, though the conflict's resolution was not entirely a consequence of such organization.

Gómez Esparza's departure did not improve ENMH facilities. Even with Fidel de Régules at the helm, the school was an institution in Calles' decree, but not in the real world. Despite the change in government administration, de Régules received no support from the SEP in 1932; "not even a chair where [he] could sit", he said.¹²³ His house hosted the school, but first graders stopped attending and second and third graders were thinking to do the same for it resulted expensive to attend classes at each of the professors' own residencies. Two years later, a SEP report cited in a special issue of *Acción Médica*, the Journal of the Union of Medical Doctors of Mexico City, indicated that the school was still hosted at de Régules residence, that the school's library had only "three books of white homeopathic magic, an anatomy by Higinio Pérez, and lacked archives", and that facilities included only 14 deteriorated benches, 11 deteriorated chairs, 1 desk, and 1 microscope.¹²⁴ Whether this was a transcription of the report or not, the tone is suggestive of how SEP inspectors or ENM graduates perceived ENMH facilities at the time. But even the description was exaggerated, or despite SEP authorities or homeopathy detractors' opinion, these numbers indicate that the ENMH lacked the essential elements to provide medical education. Its situation was even worse than ELHM's when it started in 1912.

ENMH's conditions led the SEP to temporally stop issuing medical degrees to ENMH graduates and close the school, but eventually student activism aligned it with new President

Esparza, and the President of the Board of Public Health, from July 27 to October 20, 1931, AHSS, BP, EH, HNH, 4, 17, p. 12-7.

¹²³ Dr. de Régules complained to Francisco Ortiz Rubio, head of Public Welfare, and apparently the President's brother, that the SEP's minister promised him all the material and moral support. Correspondence from Dr. Fidel de Régules to Francisco Ortiz Rubio, head of the Office of Public Welfare, on July 27, 1931, in AHSS, BP, EH, HNH, 4, 17, pp. 12-13.

¹²⁴ SEP's report in October, 1934, quoted in *Acción Médica*, the journal of the *Sindicato de médicos cirujanos del D. F. Acción Médica*. "Número especial dedicado a las manifestaciones charlatanesco-homeopáticas."

Lázaro Cárdenas' project for social education.¹²⁵ When Calles re-instated the ENMH, he administratively located it in the SEP's Office of Psycho-pedagogy and Hygiene. Being governed by ENM graduates, the office did not support the ENMH's growth. The offices' head even denied medical degrees to ENMH's students who had already passed their final examinations in 1933. The closure of the school in 1934 motivated the recently created *Asociación de Estudiantes de Homeopatía del Distrito Federal* [Association of Homeopathic Students of the Federal District] to seek political support with the Student Federation of Technical Schools.¹²⁶ The connection of these two societies placed the ENMH in a social, political, and institutional context that resulted in the school's obtaining long-term state support. In 1935, the Minister of the SEP placed the homeopathic school under the Office of Technical Education. A year later, this office organized SEP's technical schools into the National Polytechnic Institute, an institution that professionalized vocational education during the Cárdenas presidential term.

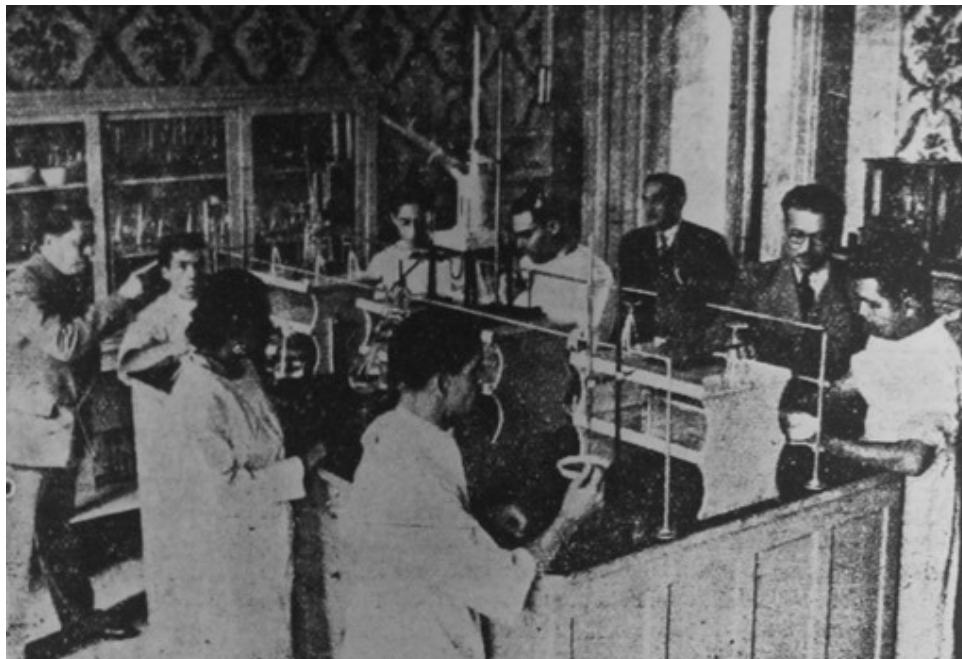
State support brought resources that drastically improved ENMH's facilities in the late 1930s. In 1939, the National Polytechnic Institute showcased ENMH's modern and scientific facilities which promised prospective students to be trained in lab sciences such as biochemistry (See Figure 5), bacteriology, parasitology, histology, physiology (See Figure 6), and pharmacy, and medical sciences such as anatomy, surgery, internal medicine, obstetrics, and gynecology (See Figure 7).¹²⁷ In turn, the school attracted a larger student population. During the 1930s the school graduated 7.9 students per year, more than double the number it graduated in the 1910s or even when the SEP funded it (1920–4) (See Graph 1). Moreover, its rate of graduation almost

¹²⁵ This brief recount of the situation of the ENMH within the SEP is taken from Escuela Nacional de Medicina Homeopática 29-34.; and Francois Flores, Historia de la homeopatía en México 61-65.

¹²⁶ Carlos Montfort, the student that led students' mobilizations in the conflict with José Gómez Esparza, led this new mobilization in 1933-4.

¹²⁷ Escuela Nacional de Medicina Homeopática.

Figure 5. “Students Taking Their Class in the Laboratory of Biochemistry” at the National School of Homeopathic Medicine *circa* 1939



Escuela Nacional de Medicina Homeopática (Mexico, D. F.: Secretaria de Educacion Publica, Departamento de Enseñanza Superior, Tecnica, Industrial, Comercial, Vocacional y Prevocacional, Instituto Politecnico Nacional, 1939), pp. 48.

paralleled the ELHM's (9.9 students per year in the 1930s). ENMH's curricular structure was essentially the same as the ELHM in 1939 (See Table 1), indicating that the SEP's intervention provided a shared curricular structure in all medical schools regulated by this government institution. Like ELHM, the ENMH's curricular thematic content reflected that of the ENM, though it offered fewer courses in each topic and on medical specialties. The confluence of the curricular structure and the display of modern and scientific facilities in both SEP-administered homeopathic medical schools points to the tools used by Lázaro Cárdenas' administration to fulfill the promises of the revolution and to bring modern medical training to the working class.

Conclusion

The state regulation of homeopathic medical schools took almost half a century to achieve. The difficulties that Mexican governments faced in controlling one of the most powerful professional groups in the first half of the 20th century resulted from the contradictions between opposing medical doctrines, class interests, and different government administrations. Homeopathic medical training was not drastically different from that provided by the ENM, neither during the *Porfiriato* nor after 1910. But the struggle for state support made ENM graduates and authorities frame homeopathy as a “bifurcation of science” and the ENMH as a second-class medical school that provided poor medical training. While orthodox homeopathy offered an alternative view of the human body with a particular approach to therapeutic intervention in contrast to the one offered at the ENM, it did not preclude homeopathic medical schools from providing adequate medical training. Rather, orthodox homeopathy offered an ideology around which students and faculty united to fight for their right to access professional medical training, in the case of the ELHM, and state support, in the case of the ENMH. In other words, homeopathic ideology in itself did not preclude an adequate medical training. The divisionary and marginalizing discourse of ENM graduates aimed to monopolize state resources and turn public opinion to their side. But because of political enmities or convictions, state authorities acknowledged the importance of homeopathic medical schools as independent institutions that needed regulation and support. Ironically, despite the state’s recognition of homeopathic school’s institutional independence from the UNM and despite the doctrinarian differences and ideologies endorsed by homeopathic schools, state support and regulation

implied acknowledgment of medical science as a tool and a sign of modern medical training and medical progress by homeopathic medical schools.¹²⁸

The regulation of homeopathic medical schools occurred in a period of radical social transformations that were reflected in the creation of new forms to bring medical training to the working class. The creation of the ENMH is a symbol of the privileged position of elite physicians during the *Porfiriato*, and the discussions about ENMH representing a bifurcation of science were no more than ENM elite physicians' complains about losing Porfirio Díaz's unilateral support. While originally the ENMH intended to solve the problem of irregular homeopathic healers in Mexico City, it actually provided homeopathic medical training to social elites and did so throughout the 1910s and 20s. The conflict within the UNM was but an extension of the *Porfirian* conflict among medical elites. The social upheaval after Díaz's defeat in 1910 introduced a model of medical education that actually addressed working-class needs. The struggle between ELHM and ENM graduates took place in the arena of the regulation of professional medical practice (that I will analyze in chapter 4 and 5). But ELHM's recognition as a worthy medical school by state authorities and the increasing rate of professional homeopathic medical doctors that it graduated placed the ELHM as a working-class institution that competed with the elite ENM. Moreover, while the shift toward regulating free schools and reinstating the ENMH was originally a political revenge against the UNM for not complying with Calles' interests, in the long run it also signaled an institutional path that Cárdenas used to provide professional training for the working class while centralizing its regulation. The revolution

¹²⁸ Ana María Carrillo's arguments about the tensions between professional autonomy and state regulation during the 19th century extended to the first half of the 20th century. She argues that though with its relationship with the state the medical profession gained political power over the rest of the health professions, the state was not consequential with the medical profession's monopolistic desires. This applies to homeopathy and its alternative view of homeopathy in homeopathic medical schools. Carrillo, "Médicos del México decimonónico: entre el control estatal y la autonomía profesional."

turned an elitist effort to train irregular homeopathic practitioners during the *Porfiriato* into two medical schools that offered medical training to the working class during and after Lázaro Cárdenas' presidential term.

Figure 6. “Diagnostic Inoculations” and “Serological Research” at the National School of Homeopathic Medicine *circa* 1939



Escuela Nacional de Medicina Homeopática (Mexico, D. F.: Secretaria de Educacion Publica, Departamento de Enseñanza Superior, Tecnica, Industrial, Comerical, Vocacional y Prevocacional, Instituto Politecnico Nacional, 1939), pp. 52.

In a larger perspective, the state's regulation of homeopathic medical schools during the first half of the 20th century aimed to centralize curricular, administrative, and political control. Every wave of regulation centered its efforts on standardizing the academic curriculum of homeopathic schools, following the ENM's model during the *Porfiriato* and at the UNM, and the ELHM's model in the 1930s under SEP's regulation. This division resulted from the split between the SEP and the UNM as regulating institutions at the turn of the 1930s. As I will

analyze in chapter 4, the state retained control of the medical profession by creating a central agency of licensing in the 1930s,¹²⁹ though each institution retained control over its own curriculum. This tendency was but a generalization of what happened at the local level. The state created and regulated homeopathic medical schools as schools independent from government offices that regulated the ENM. In this sense, while state intervention regulated medical curricula, it diversified medical schools.

This diversification had consequences within state funded homeopathic institutions, as exemplified by the fate of the ENMH during the 1920s. Dependence on the state's budget threatened this school's own existence, and like the ENM, the ENMH's fate depended on the politics of the state. In contrast, the ELHM did not depend on the state as a training institution, and state policies did not impact its institutional life as such during the 1910s, 20s and early 30s.¹³⁰

Politically, homeopathic medical schools adapted to the changing interests of the state from the *Porfiriato* to revolutionary governments. While the ENMH adapted to policies that favored social elites, medical science, and top-down approaches to the regulation of medical practices during the *Porfiriato*, the ELHM and eventually the ENMH in the early 1930s adapted to the revolutionary state rhetoric of providing education to the working class. By becoming a bottom-up model for medical training, homeopathic medical schools also turned into a coin for political exchange. The ELHM functioned as a counterweight to the immense political power that the ENM had at the UNM during the *Maximato*, and the ENMH served Cárdenas' program

¹²⁹ See also chapter 1 in Julio Moreno, Yankee Don't Go Home! : Mexican Nationalism, American Business Culture, and the Shaping of Modern Mexico, 1920-1950, The Luther Hartwell Hodges Series on Business, Society, and the State (Chapel Hill: University of North Carolina Press, 2003).

¹³⁰ When Lázaro Cárdenas aimed to centralize homeopathic medical training at the SEP, he aimed to turn back the regulation of the ELHM and close it down. But students and faculty won a lawsuit against the president's intentions and stopped his intentions. The president actually decreed its closure on December 16, 1938. Francois-Flores, La Escuela Libre de Homeopatía 111-5.

to centralize and professionalize technical education. Regardless of the threat that shifting state policies meant to these schools' existence, they were able to endure, showing that “the homeopathic medical doctor lived identified with the caste of those unredeemed whom the Mexican Revolution sublimates into the purest ideal and shelters under its flag.”¹³¹

Figure 7. “A Class of Surgical Clinics” and “A Detail of the Class of Obstetrical Clinics” at the National School of Homeopathic Medicine *circa* 1939



Escuela Nacional de Medicina Homeopática (Mexico, D. F.: Secretaria de Educacion Publica, Departamento de Enseñanza Superior, Tecnica, Industrial, Comerical, Vocacional y Prevocacional, Instituto Politecnico Nacional, 1939), pp. 60.

¹³¹ “Importancia de la medicina homeopática frente a la Revolución Mexicana.” In Escuela Nacional de Medicina Homeopática 35-6.

Chapter 4. Contending the “Fifth Plague”: Medical Degrees, Medical Practice, and the Politics to Sanitize the Medical Profession, 1910–34

On December 4, 1936, Antonio Pérez Alcocer, head of the *Departamento de Salubridad* [Department of Public Health, hereon DSP] Office of Legal Affairs, reported how difficult it was for the sanitary department to enforce the sections of the Sanitary Code that aimed to regulate medical practice. The lawyer was concerned because the contradiction between the Constitution of 1917 and the Sanitary Code obliged his office to register medical degrees without certifying if the schools that issued them provided proper medical training. In his report, he asked:

How could the Department of Public Health itself be held responsible [of the rights of the Mexican Society] under such circumstances, if it had to register a crowd of titles issued in an illegal or fraudulent way by the States of the Republic [sic], where there are not even establishments of secondary instruction?¹

Pérez Alcocer’s report evidences the frustrations of sanitary authorities in their attempts to regulate medical practice during the first decades of the sanitary dictatorship. His was not an isolated opinion. Even after two reforms to the Sanitary Code, in 1926 and 1934, Alfonso Pruneda, former head of the DSP Office of Legal Affairs, believed that the “campaign against charlatanism” needed to be carried out with more intensity through all possible means, suggesting that improvements in the later call fell short on what was required.² The way he described these limitations suggests that he believed sanitary authorities coped well with the problem of practitioners who lacked a title, but that those who indeed had it were more dangerous and needed closer attention.

¹ See “Estudio formulado por el jefe del Departamento de Salubridad Pública sobre el registro de títulos médicos y actividades conexas” Segundo texto, December 4, 1936; correspondence from Antonio Pérez Alcocer to the head of the DSP, in AHSS, SP, P, S, 14, 5.

² Alfonso Pruneda read his opinion in the National Academy of Medicine on February 20, 1935. See Alfonso Pruneda, “El Nuevo Código Sanitario,” *Gaceta Médica de México* 66 (1936): 400-01.

This problem was not new. Academic physicians had been aiming to control the practice of medicine during the 19th century by making the possession of a state-issued medical degree the legal requirement to participate in the institutional life of the emerging bureaucratic *Porfirian* state.³ Yet the liberality of the Constitution of 1857, the strong federalism, and the poor presence of academically trained physicians in the capital, in other urban centers, and in the countryside did not mean that sanitary authorities enforced the sanitary law in Mexico City or that the states adopted, let alone implemented, such regulations.⁴ These led, as Claudia Agostoni has pointed

³ A hygienic city, with high life expectancy and a reduced mortality rate became part of the political discourse about progress and modernity during the *Porfiriato*. As a consequence, Díaz's regime used the Sanitary Board of Health to promote a series of projects to turn Mexico into an international example of sanitary intervention. The Board issued the first sanitary code of independent Mexico in 1891. Besides sanitary regulations, the code established clear rules on the registration of medical titles and the provision of death certificates. Accordingly, all practitioners were required to notify the Board or the local authority about their activities and their consulting offices' addresses. Physicians with a medical degree who lived in Mexico City were required to register their degrees, while those who lived in other states could do it at their own will. The code allowed issuing death certificates only to registered physicians who were entitled to refuse this obligation when they found signs of an unnatural cause of death. Practitioners who lacked a medical degree needed to request a death certificate from a local coroner. Infringements to these regulations were considered a minor fault and received a fine between 5 and 100 Mexican pesos. Due to the limited jurisdiction of the Superior Board of Health, these specific regulations were restricted to the Federal District –which included Mexico City and neighboring territories- and the federal territories of Colima and Baja California. During the rest of the *Porfiriato* and the armed phase of the revolution (1891-1917), the Superior Board of Health neither actualized any regulations related to the registry of titles or the issuing of death certificates in the sanitary code, nor created any office that controlled medical practice based on the contemporary legislation. The Sanitary Code suffered reforms in 1894 and 1903, but none of them modified the original regulation of medical practice of the one of 1891. See Agostoni, *Monuments of Progress: Modernization and Public Health in Mexico City, 1876-1910.*; also see "Ejercicio de la medicina en sus diferentes ramos." Sanitary Code of the Mexican United States. Second book, Title 1, Chapter VII. Cited in Álvarez Amézquita, Bustamante and Fernández del Castillo, *Historia de la salubridad y de la asistencia en México* 373-79.

⁴ For instance, homeopaths such as Ramón Comellas and José Carbó, enjoying the support of President Antonio López de Santa Ana, were able to enter the medical registry in the 1850s, against the opposition of sanitary authorities. While they arguably had academic training in medicine, they did not comply with the requirements that sanitary authorities imposed, for instance passing an examination by the School of Medicine's faculty. For the 1859 medical registry where Comellas and Carbó are included see Reyes, "Médicos, cirujanos, farmacéuticos, dentistas, flebotomianos, y parteras," 2. President Santa Ana issued a title to José Carbó on December 6, 1854, so he could practice specifically homeopathic medicine. AHSS, SP, EM, 3, 63. Ramón Comella's request to the Superior Board of Health to register his title is in AHENM, CSS, 30, 6, pp. 2-3. José Carbó's petition to practice medicine in the Mexican Republic is in AHENM, CSS, 31, 1, pp. 1-4. The Superior Board of Health described the legal situation of homeopaths in correspondence with the governor of Mexico City, July 3, 1855 and July 13,

out, to the proliferation of illegal medical practitioners during the *Porfiriato*.⁵ These practitioners were in the majority of cases unlicensed practitioners, i.e. those who did not have a medical or other type of professional degree. Though there were a small group of licensed practitioners who contested sanitary authority, like midwives, pharmacists and dentists, they were eventually included in the institutions that regulated the medical profession.⁶

The social, political, and institutional transformations initiated by the political and armed mobilization of 1910 reframed the problem of regulating medical practice in the 1920s and 30s. This chapter analyzes these transformations and their impact on the policies to regulate the medical profession. After armed mobilizations ceased in 1917, the reconstruction of Mexico began. A new Constitution was issued; institutions that administered professional training were pushed into profound reorganization, shifting the role of the state in regulating professional medical training; public health rose as a form of governance and its institutions enforced sanitary regulations that regarded unlicensed physicians as a public health threat. These trends sometimes coincided and sometimes competed to establish both a coherent legislation that ruled the professional life of physicians and a monolithic institutional infrastructure that enforced such legislation. These tensions and contradictions originated, according to authorities and university physicians, in the lack of a norm that established which professions required a professional medical degree; in other words in the lack of regulation of article 4 of the Constitution. The Mexican state did not achieve the central control of medical training and practice until early in

1855 in AHSS, SP, EM, 2, 36. Sanitary authorities used the medical degree as a credential that helped them prevent unlicensed medical practitioners from participating in official government life in the 1870s, such as the issuing of death certificates. See "CRÓNICA MÉDICA. Acuerdo sobre una solicitud de la Sociedad Médico-Homeopática Mexicana."

⁵ Agostoni, "Médicos científicos y médicos ilícitos en la ciudad de México durante el Porfiriato."

⁶ Ana María Carrillo points out that these professions, including surgeons and phlebotomists, were assimilated by the medical profession, while others, such as homeopaths, contested the profession's authority. See Carrillo, "Profesiones sanitarias y lucha de poderes en el México del siglo XIX."

the 1940s, when article 4 was regulated. Sanitary authorities and the medical profession, including homeopaths, had a deep influence in the outcomes of such regulation, but these discussions took place beyond the DSP and the National University of Mexico [UNM].

In this chapter, I examine the negotiations between DSP, UNM, and SEP authorities who worked to pass regulations to control medical practice. In particular, I emphasize the central role that sanitary authorities played in this process. The UNM did not want to assume the role of a state institution that prescribed professional training, particularly at free schools, and in the late 1920s lost its place as a state institution that could potentially regulate professional training, at least locally in Mexico City. Facing a lack of willingness and ultimately authority, the DSP promoted reforms to, and the enforcement of, the Sanitary Code, aiming to cope with practitioners who lacked irregular medical degrees. I argue that the drive to control medical practice came from the DSP's new position in the government structure initiated in 1917, from where it had the authority to rule on health matters all over the nation. I also argue that sanitary authorities aimed to sanitize the profession at the national level assuming that the demography of professional physicians in the countryside reflected that of Mexico City. This led to a wave of complaints from the countryside which is the subject of the next chapter. Throughout this chapter I assume that sanitary authorities are acting as a consequence of the demands of graduates from free schools, particularly homeopathic, first from Mexico City and later from other states. An analysis of these negotiations and their effect on the sanitary legislation will be provided in the next chapter.

“Legal or legally validated medical degrees”: The Shifting Role of the Revolutionary State to Regulate Medical Degrees

The institutional instability that the *Maderista* revolution caused during the early years of the 1910s had a deep impact on the regulation of the medical profession, as Ricardo E. Manuell and Eduardo Lavalle y Carbajal attest.⁷ Manuell’s reference to the liberal practice of medicine as “the fifth plague”, which needed eradication, and Lavalle y Carbajal’s argument in favor of requiring “legal or legally validated medical degrees” to anyone who practiced medicine evidenced the uncertainties that members of the Academy of Medicine of Mexico perceived regarding the professional liberty granted in the Constitution. Manuell argued that the

last of the biggest great national plagues [...w]as a bad weed called The Free Practice of Medicine, which had as origin the ultra-liberal ideas of the authors of the Constitution [of 1857]; for growing field, the disinterest of the Mexican personality, which commiserates on but do not responds against harms that do not have a personal impact; as food, the generalized presumption that everyone has qualities of a physician; as fertilizers, ignorance, suggestibility, and the need to believe that anyone can formulate an opinion on matters of a profession that they do not practice; and as victim, the whole Republic.⁸

He argued that the practice of medicine required specialized knowledge and that no one should be put at risk by being put into the care of someone who, while well versed in other branches of human knowledge, had tangential or no knowledge of medicine. Moreover, he particularly focused his critiques on those who

pretended to see something in the secret arcane that constituted medicine [that attracted everyone, and that event the true priests who practiced medicine could

⁷ See Manuell, "DISCURSO pronunciado por su autor, en la sesión celebrada en el anfiteatro de la Escuela Preparatoria, el 6 de marzo de 1912."; and Lavalle y Carbajal, "Historia de la medicina en México. A los médicos debe exigirseles título oficial u oficialmente revalidado."

⁸ Manuell, "DISCURSO pronunciado por su autor, en la sesión celebrada en el anfiteatro de la Escuela Preparatoria, el 6 de marzo de 1912," 121.

not penetrate] and believed, and made others believe, that they had grasped one of the secret light beams that escaped the insight of the officiants.⁹

He provided a description of these practices, among which were native people's healing approaches mingled with traditional religious beliefs; "more civilized" domestic remedies whose curative powers were testified by large lists of professionals, even physicians; charlatans who spectacularly advertised their services in the streets, offering secret remedies to heal incurable diseases; new drugs or serums whose therapeutic efficacy was certified by non-medical authorities such as judges, governors, bishops and the like; and medical consultation by mail. Homeopaths, as analyzed in chapter 3, had a particular place in his critique.

Lavalle y Carbajal's critique regarded the liberal practice of medicine in the same terms as Manuell's. He believed that

Mexico City [was] cruelly suffering under the scourge of that *epidemic* endemic ["endemia *epidemizada*"] Fortunately, it was easily to indirectly apply the [article] 33 with the regulation of [article] 3 [of the Constitution] to the free germs of this invading pest. After that, the purification of the means . . . , legal, will suffocate the epidemic." For him, "the Mexican medical science was agonizing because of [the growing population of charlatans], and the Congress could apply an effective restorative injection, expelling the merchants from the temple, preventing young *galenos* from being tempted by the reckless mercantilism of those who do not have a name to defend and a school to honor.¹⁰

After analyzing the laws and codes that regulated the medical profession in Mexico and how the liberal practice of medicine made sanitary preventions and actions ineffective, he believed that the focus of regulation should be that an "official or officially validated degree must be required to every physician", as the title of his critique read. For him, regulation did not end with the granting of a diploma. The government needed to undertake specific steps to warrant proper

⁹ Manuell, "DISCURSO pronunciado por su autor, en la sesión celebrada en el anfiteatro de la Escuela Preparatoria, el 6 de marzo de 1912," 123.

¹⁰ Lavalle's paper was a thorough analysis of the current legal situation of the medical practice in Mexico and in France. His analysis resulted in guidelines that indicated ways in which Mexico could adopt such regulatory tendencies. See Lavalle y Carbajal, "Historia de la medicina en México. A los médicos debe exigírseles título oficial u oficialmente revalidado," 138.

medical training. Accordingly, the Ministry of Public Instruction needed to certify private schools' medical degrees by supervising the annual examinations in those schools, he said. Only in that way, he concluded,

the state will warrant that certificates, degrees, or titles, issued by the Free School, proofed an undeniable aptitude, [...] that the curricula is extensive and intensive enough to produce aptitude, and that private degrees corresponded to the same knowledge validated by the degrees issued by the state.¹¹

The regulatory framework he proposed was particularly addressed to private schools which were starting to populate Mexico City's landscape in the early 1910s (see chapter 3).

However accurate and pertinent Manuell's and Lavalley y Carbajal's descriptions and proposals were, it revealed the anxieties and hopes that the medical profession faced in a new order which at least they perceived as an opportunity for both irregular healers to perpetuate their illegal practice and elite professional physicians to accomplish the regulation of article 3 of the ruling Constitution and monopolize medical practice. On one hand, the proliferation of private medical schools such as the *Escuela Libre de Homeopatía de México* (see chapter 3) fed academic physicians' and public health authorities' anxieties about the increased presence of irregular practitioners and schools that provided them with illegal medical degrees in Mexico City. On the other, policies such as Madero's support to the National Academy of Medicine in 1912 fed hopes about the regulation of the medical profession.¹² The construction of the revolutionary state worked contradictorily in this process of regulation. On one side, the Constitution of 1917 did not regulate professional practice and left the congress the authority to do so in the future. During the 1920s and 30s, this allowed a margin for political negotiations

¹¹ Lavalley y Carbajal, "Historia de la medicina en México. A los médicos debe exigírseles título oficial u oficialmente revalidado," 169.

¹² The Academy requested such acknowledgment to President Madero. On January 9, 1912, Díaz Lombardo replied that Madero acknowledged it as an "oficial institutuion". See "La Academia N. de Medicina de México, ha recibido la siguiente comunicación."

between different factions that did not always result in the fulfillment of what elite professionals such as doctors and lawyers desired. On the other side, sanitary authorities gained unprecedented political power during these years, giving doctors a privileged position in the new structure of the revolutionary state. They used this hegemonic control over federal public health to get rid of the “fifth plague” or, in other words, to sanitize the profession.

The Constitution of 1917 provided the regulatory framework around which the state structured its institutions. Article 3 of the previous Constitution was almost left untouched in the new one; with the exception of the last paragraph, the one that regulated professional practice. The new Constitution legally separated the connection that existed between free education and free professional practice, turning at least ideologically and legally professions into a social rather than an academic issue.¹³ Historian Arce Gurza analyzes how congressmen who elaborated the new Constitution left behind the mid-19th-century liberal ideology that was the core of the Constitution of 1857.¹⁴ These modifications to article 3 and 4 were conceived to bring professional services, particularly those of lawyers and physicians, to the population, which frequently did not have the economic resources to pay for these professional services. At the same time, congressmen considered that the Constitution should also protect the population from services provided by unqualified professionals. Hence, such reforms aimed to socialize professions and create laws that regulated them. But article 4 of the Constitution of 1917 fell short from these ideals. Besides separating the right to work from the right to education, article 4 only introduced the notion that professions needed to be legal, but each federal state remained responsible of “establishing the professions that needed a degree to practice, the requirements to

¹³ Arce Gurza, "El inicio de una Nueva Era, 1910-1945," 291-2.

¹⁴ Arce Gurza analyses the speech of Deputy Machorro Narváez during the Congress meetings celebrated in 1916 to create the new constitution. Arce Gurza, "El inicio de una Nueva Era, 1910-1945," 292-4.

obtain such a degree, and the institutions authorized to issue professional degrees.”¹⁵ The idea materialized in 1942, leaving a three-decade-long space of struggles to control professional training and practice.

As in the 19th century, the definition of a legal medical degree during the 1920s and 30s depended on the reconfigurations of state institutions which in turn responded to the political allegiances of the military leader in turn who managed to arrive to the presidency. Consequently, the problem of regulating a medical degree and by extension medical practice was a complex one. The degree was the point of confluence of several social, political and economic needs that were highly contested and negotiated during the post revolutionary period in Mexico. Among these were the professionalization of the working class, which implied the need to provide workers and artisans with adequate training; the incorporation of public health policies that improved life expectancy of the working force, which included the provision of adequate medical services by well trained doctors; the modernization of medical training, which required expensive facilities and surgical instruments; and the ideological and economical conflict between the Mexican state and the UNM concerning the sociopolitical role of the university and the state’s compromise to fund it. Which institution had the legal right to offer a medical degree was a question that raised all sorts of contradictory responses from different actors.

Once Venustiano Carranza established a somewhat stable government in 1916, he used the *Porfirian* infrastructure to carry out the social reforms embodied in the new Constitution. The UNM became the center that administered some of the professional schools in Mexico City, including the National School of Medicine [ENM]. Initially, it aimed to police professional practice. For instance, in 1916, Felix F. Palavicini, Minister of Instruction and Head of the National University demanded to the Ministry of the Interior that the Police Department of

¹⁵ Article 4 of the Constitution of 1917. See Arce Gurza, "El inicio de una Nueva Era, 1910-1945," 295.

Mexico City prosecute those who practiced without a legal professional degree, and oblige them to validate their studies and take a professional exam.¹⁶ But in the early 1920s, the university stopped policing professional practice. The situation of the UNM in the new government structure was contradictory. On one side, *Porfirian* elites had created it in 1910 with the aim to turn it into a federal office that regulated professional training all over the nation. The National School of Homeopathic Medicine and other professional schools in the rest of the republic used the university's medical curriculum and regulations as models to frame their own throughout the 1910s and 20s, turning the university into an academic authority. On the other side, neither the ruling Constitution in 1910 nor the Constitution of 1917 gave the UNM the legal framework that could have turned it into a regulatory institution at the national level. Rather the contrary, professional and educational liberalism altogether with the strong federalism in both Constitutions helped to keep the university an institution that could only legally regulate professional training and the issuing of degrees in Mexico City. In other words, while the university enjoyed academic prestige all over the nation, becoming the actual academic authority in professional training after 1910, the Constitution of 1917 did not ratify it in legal or bureaucratic terms as a regulatory institution.

The authority of the university as a center of professional control was further undermined when José Vasconcelos became its Dean in the early 1920s. Vasconcelos transformed the UNM from a *Porfirian* institution that instructed social and economic elites into a popular institution that offered professional training and transmitted a new cultural identity to the masses. His

¹⁶ In his demand, Palavicini used the same arguments as Lavallo previously did in 1913. The possession of a degree was for the sake of the public interest and fair competition. Ignorance brought exploitation of the Mexican people by foreign professionals or those who obtained a degree without the proper scientific training. If there were two types of degrees, one which required years of study and one which could be easily obtained, the latter, so the argument went on, would be better positioned in the market of professional services. Felix Palavicini's intervention wanted to make the interest of the UNM's graduates prevail over those of charlatans. See AHSS, BP, EH, HNH, 1, 29, 8.

project did not always fit the demands of professional elites, as in the case of the faculty of the National School of Medicine (see chapter 3 where I analyzed Vasconcelos' support to homeopathy). Moreover, in administrative terms, the UNM lost its privileged position when Vasconcelos created the SEP to undertake the task of sending qualified teachers throughout the country and educate a largely illiterate population. In this reorganization, the university became an office that only administered professional schools. This impacted its position as an institution that regulated professional degrees.

In its new administrative position, the UNM decided in 1922 not to revalidate professional degrees from neither national nor foreign universities, a policy that it pursued throughout 1929.¹⁷ In exchange, it offered to endorse such degrees if it attested that their degrees were somehow legal.¹⁸ The difference was subtle but meaningful. Revalidation implied that the university warranted the training the degree holder had received, while endorsing meant that it warranted that the degree holder had received the degree from the institution the degree actually stated. This important difference translated into criteria that the UNM used to either endorse or provide a professional degree. To pass the test of legality and endorse a degree, the university had to acknowledge that the foreign professional schools that issued the degrees either had an international agreement with the Mexican government to allow the practice of their graduates in

¹⁷ Just in 1920 President Adolfo de la Huerta had passed legislation that established criteria to revalidate degrees in the UNM. See AHUNM, ENAE, Secretaría, Programas, planes y reglamentos, 20, 436. For the regulation in 1922, see the pamphlet of the National University of Mexico signed by Manuel Puga y Cal, secretary of the university, May 30, 1922. AHUNAM, UN, Rectoría, D. E. U., 14, 236. The session of the University Council that approved this regulation was held on May 21, 1922; see AHSS, SP, EM, 4, 7. On March 26, 1925, Plutarco Elías Calles ratified the criterion of 1922. See summary of the DSP's annual inform, section 28, in Álvarez Amézquita, Bustamante and Fernández del Castillo, Historia de la salubridad y de la asistencia en México 254. See also section VIII in the report from the office of medical demography in the "INFOMRE DEL DEPARTAMENTO DE SALUBRIDAD PARA EL MENSAJE PRESIDENCIAL DEL 1º DE SEPTIEMBRE DE 1925", in AHSS, SP, P, S, 9, 15.

¹⁸ Besides the test of legality, the person needed to certify his/her identity and that the professional degrees were genuine.

Mexico or was considered by the university as worthy. For national schools, the university needed to verify that they were authorized by their respective local government and laws. The UNM issued professional degrees only when its schools and faculty examined students who requested a degree from it. This meant that the university granted professional degrees to students who had undertaken either partially or totally their studies in other universities and later passed a general examination in the professional schools of the university. With this regulation university authorities placed not the degree, but knowledge as sanctioned by UNM faculty, as the center of professional regulation. What mattered was not the document itself, which many faked, according to Ricardo E. Manuell, to enter into the business of medicine, but the training the degree represented. Throughout the 20th century, the UNM's medical curriculum remained the standard of proficient medical training and its regulations placed the university as the office that controlled the revalidation of professional medical degrees, at least in Mexico City.

This centralization of professional education in the university led to contradictory outcomes in the regulation of homeopathic medical degrees. On one side, Vasconcelos' support of the National School of Homeopathic Medicine [ENMH] did not imply any improvement in the regulation of its professional degrees. Díaz's decree made them legal regardless of the administrative changes taking place in the transitional years after the issuing of the Constitution of 1917. Yet, while Vasconcelos' administrative reorganization brought economic support to the ENMH as a school within the UNM, it eventually led to the school's closure in 1924. This meant that the single homeopathic medical school able to issue legal medical degrees stopped existing in the mid-1920s. The outcome was a regulatory measure from university authorities who were mostly ENM graduates, rather than Vasconcelos, to ban homeopathic training at the ENM and homeopathic medical degrees (as analyzed in chapter 3). This situation changed again in 1928,

when the ENMH was reinstated as a medical school regulated by the SEP rather than the UNM.¹⁹ President Elías Calles' decree was a copy of the one issued by Porfirio Díaz in 1895, both academically and administratively, placing the homeopathic school in the same situation as it was during the 1910s. Yet being hosted by the SEP rather than the university, the process of autonomy of the national university and the regulations of free schools during 1929–30 (see below) did not impact the ENMH's legal status or the legality of its degree. During ENMH's first years (1910–24) and after 1928, its problems lied in aspiring to become a medical school and improving its facilities and medical curricula (as analyzed in chapter 3), rather than enjoying legal status.

On the other side, it meant that the Free School of Homeopathy [ELHM], the one that was actually producing the largest amount of homeopathic physicians in Mexico City in the early 1920s, was not acknowledged as a medical school. Their graduates could not endorse their degrees with the university because it did not acknowledge studies undertaken in free schools.²⁰ They could request to be examined in order to obtain a degree from the university, but the process implied that ELHM graduates acknowledged that their *alma mater* was not actually a legal school — something they fought for until the school received official recognition (see below). This created confusion amongst university authorities who needed to accommodate internal regulations according to particular cases and caused students to be concerned about the irregularities in such processes. Requests to validate homeopathic medical degrees happened very rarely. The case of brothers Aliber and Eliud García Treviño in 1923 is demonstrative of the

¹⁹ Article 2 prevented that the SEP would issue the ENMH degrees. See "Decreto por el cual se establece la carrera de Médico Cirujano Homeópata."7

²⁰ In a conflict between ELHM graduates and the DSP about the registry of the former's degrees in the medical registry in 1922, Antonio Caso, head of the UNM, replied to a request by Gabriel Malda, head of the DSP, about the legality of degrees issued by free schools that the university did not validate titles issued by free schools. Chapter 5 provides more detail about this conflict. See correspondence of November 14, 1922 in AHSS, SP, EM, 4, 15, p. 28.

political tensions that the regulation of medical degrees created between the university, the ENMH, and the ELHM.²¹ This case evidences both the UNM's authority strength and weakness as an institution that regulated professional degrees; the strength, because both brothers sought to obtain the university's endorsement of their high-school and post-graduate certificates and the revalidation of their medical degrees, acknowledging the university as the regulatory institution of professional training in Mexico; the weakness, because the procedures to revalidate their medical degrees implied that the university did not acknowledge training at other institutions, particularly free medical schools. Moreover, apparently validating regulations were not applied consistently. For instance, Leopoldo Hernández Chávez could not take the UNM's validating exam because, so did UNM authorities argued, the ELHM lacked the regulation, while Apolonio D. Gutiérrez was able to course the specialties of pediatrics and dermatology at the UNM.²² Both were ELHM graduates.

With the conflicts between the UNM and the state at the end of the decade that ended in the detachment of the former as a regulatory institution of the state, the university's privileged political and administrative position came to an end. The rupture was a consequence of the larger struggle for the political control of the country²³ which in turn motivated UNM's faculty and

²¹ I analyze with detail this case in chapter 5. Aliber obtained the degree, but after the conflicts motivated by students' complaints, he decided to desist from his request

²² It is unclear in the source which university office denied the exam. It is probable, because it had already happened before with brothers Eliud and Aliber García Treviño, that while the rector authorized homeopaths to take the exam, internal regulations of the School of Medicine prevented them from doing it. Los médicos de la Escuela Libre de Homeopatía y los artículos 3o. y 4o. constitucionales 17.

²³ Álvaro Obregón, the elected president of Mexico in 1928, was assassinated on July 17 by a citizen that reacted against the repressive political regime -particularly against its anti-Catholic attitude- of the former president, Plutarco Elías Calles. During the following six years, a historical period known as the *Maximato*, the country was administratively led by three interim presidents, Emilio Portes Gil, Pascual Ortiz Rubio and Manuel L. Rodríguez, who stayed in office approximately two years. They obeyed Elías Calles as the political leader of the nation, hence his surname, the *Jefe Máximo*. But political leadership did not always mean a unified government, for each new president along with its secretaries of state undertook administrative actions that differed the ones implemented by the next one. The form in which Pascual

students to push for the university's autonomy and support a particular political faction.²⁴ As a result, the National University of Mexico turned into the Autonomous National University of Mexico [hereon UNAM]. With its autonomy earned, the UNAM became a professional institution similar to the rest of professional schools that existed in Mexico City, at least in administrative terms, for it stopped working as the regulatory center of professional education in Mexico City. The SEP took on the task to regulate free schools. The DSP in particular coordinated with this ministry to agree on the criteria that made private schools' facilities adequate, their medical curricula comprehensive, and consequently their degrees creditable. The involvement of two ministries with contrasting and sometimes opposing criteria to cope with the regulation of such schools, together with the changes that the Organic Law of the UNAM went through in 1929 and 1933 created ideological, legal, and executive inconsistencies that made the transition far from smooth.

While somewhat negotiated between the SEP, the DSP, and graduates from private medical schools, the formulation of the laws that regulated these schools was mandated directly

Ortiz Rubio stepped off office –he read about his own resignation to the presidency in a morning newspaper- epitomized the political and administrative conflicts during the *Maximato*.

²⁴ The history of the struggle of faculty and students from the UNM to achieve autonomy from the Mexican state's control dates back to its creation in 1910. This history developed throughout the 1920s and 30s, sometimes through faculty demands, and sometimes through students' congresses or protests. After 1920, with José Vasconcelos as its Dean, the University became a tool to develop the nationalistic and revolutionary project of providing basic education to the entire nation. This meant the mobilization of a huge amount of material and human resources to the countryside in order to reach the most economically underserved sectors of the population. But professional education remained elitist and liberal; elitist, for only the affluent sectors of the society, many of them living in urban centers, especially in Mexico City, could afford this type of education, and liberal because it believed in its own academic and administrative self-governance. In 1928 new projects to attain the autonomy were proposed, one by a students' association and the other by Dean Alfonso Pruneda, but none of them succeeded. In 1929, once Emilio Portes Gil took office, a minor conflict between university students and authorities escalated to the point where the public force surreptitiously infiltrated the university campus, confronting a group of students that manifested against them. President Portes Gil's overreaction was caused by the political struggles between the ruling party and the party led by José Vasconcelos, the one students' leaders supported. The conflict turned into a general strike which Portes Gil solved by giving the National University its autonomy. See Mendoza Rojas, Los conflictos de la UNAM en el siglo XX 49-70.

by the President, in response to graduates', particularly homeopaths, demands. The Organic Law of 1929 proposed to gradually turn UNAM into a private university without "any right to impose its criteria in the evaluation of free and private institutions that offered education similar to the one the university provided".²⁵ Article 37 explicitly turned the responsibility to regulate free schools, validate their curricula, and legalize their degrees to the President of Mexico and the SEP. Two weeks after this law was issued, Arturo Palmero, Dean of the Free School of Obstetrics and Nursing of Mexico, and a group of "Free Homeopathic Doctors" submitted their proposals suggesting how such regulations should be dictated.²⁶ Sanitary authorities received authorization from the President and the SEP's minister to participate in the discussions that would produce the needed legislation.²⁷ In their view, the DSP was "deeply interested in the importance that the regulation of such Free Schools had in Public Health, particularly respective to the medical profession, and in warrant of the interest of society."²⁸ Yet, regardless of such legitimate interest, the SEP authorities never called back DSP representatives, and President Portes Gil issued the decree that regulated free schools on October 22, 1929.

The decree contained in essence what free schools originally proposed, though accommodated to fit the legal requirements that a decree of this scope demanded. It defined free schools as private enterprises at all levels of education with no limitations regarding their

²⁵ "Ley orgánica de la Universidad Nacional Autónoma", considerando 12.

<http://abogadogeneral.unam.mx/PDFS/COMPENDIO/34.pdf> Consulted on January 30, 2014.

²⁶ Arturo Palmero submitted his "Proyecto de reglamento de las escuelas libres" on August 9, 1929. It is unclear who the addressee was. The "Proyecto presentado por los doctores homeópatas libres" is not dated but next to the previous document in AHSS, SP, SJ, 7, 2

²⁷ The head of the DSP, Aquilino Villanueva, requested Lic. Enrique Monterrubio, head of the DSP Office of Legal Affairs, and Dr. Francisco del P. Miranda, head of the Office of Exchange to represent the DSP. Lic Beteta was the SEP's representative. Letter from Aquilino Villanueva to the secretary of public education, August 13, 1929, and "MEMORANDUM relativo a la reglamentación de las Escuelas Libres", in AHSS, SP, SJ, 7, 2.

²⁸ Dr. Francisco P. Miranda and lawyer Enrique Monterrubio, head of the DSP Office of Legal Affairs, represented the DSP, and lawyer Beteta represented the SEP. See "MEMORANDUM relativo a la reglamentación de las Escuelas Libres", in AHSS, SP, SJ, 7, 2.

functioning but those imposed by the decree.²⁹ Consequently, they were free to formulate their own academic curricula. To be considered authorized or legal, these schools needed to give the SEP information about their curricula and admission requirements. In turn the SEP verified the school's capability to sustain the training it aimed to provide and determined the minimum requirements to grant degrees. SEP, thence, turned into the office responsible to revalidate, and make legal, the degrees issued by authorized free professional schools.

The decree, in other words, provided venues through which free schools turned into legal institutions. Supported by the Federation of Worker Unions of the Federal District, ELHM graduates met with President Portes Gil to discuss the authorization of their school. Following the decree's guidelines, the Ministry of Public Education carried out a thorough investigation of the school. The report stated that the ELHM academic curriculum was satisfactory, though authorities were not able to verify if the school actually carried it out as documents stated — the inspection took place during a holiday break. The school's facilities suffered deficiencies and needed to meet specific hygienic requirements, particularly the rooms of surgery and obstetrics, but the school's authorities followed the Ministry's recommendations. The SEP concluded that if the school required that new students previously studied three years of high school before they were enrolled and if the school actually covered the academic curriculum, then the ministry "warranted the rights of the society in terms of the training offered in that institution since that date [when the report was issued] and authorized the revalidation of titles granted as a consequence of such training."³⁰ On January 28, 1930, the President issued a decree that made

²⁹ The decree is in "Documento Núm. Tres. DECRETO DE 22 DE OCTUBRE DE 1929", in Los médicos de la Escuela Libre de Homeopatía y los artículos 3o. y 4o. constitucionales 20-22. See also "Decreto por el cual se reglamenta el funcionamiento de las escuelas libres."7.

³⁰ The SEP's office of Pycho-pedagogy and Hygiene carried out the inspection and submitted its report on December 31, 1929. I did not have access to the specific report, but the Ministry of Public Education commented about it to President Pascual Ortiz Rubio on the correspondence of March 3, 1930, in AHSS,

the ELHM legal.³¹ The new law just made clear the content of high school studies required for enrollment as well as the time and content of medical training required for graduation. The ELHM from now on offered the degree of *Médico homeópata cirujano y partero* [Homeopathic Physicians, Surgeon and Obstetrician] with the same legal status as those of any other government-authorized medical school.

Inconsistent policies that resulted from short-term presidential periods altogether with the larger medical profession's willingness to rule out free schools led the DSP to promote the rectification of the Presidential decrees that legalized free schools. Taking advantage that Pascual Ortiz Rubio had stepped in early in February 1930, the National Academy of Medicine, the Mexican Medical Association, the Federation of Medical Unions of the Federal District and the Medical Union of the Federal District addressed the President with their concern about the regulation of free schools and they requested the DSP to stop revalidating these schools' medical degrees until the President responded to these unions and professional societies' petitions.³² The SEP addressed the President with similar demands.³³ The SEP's minister argued two things; first, that in the decree of January 28, there was no time requirement for the duration of high school studies and that the ELHM was the ultimate authority to decide if these were carried out properly; second, that the decree validated all degrees issued by the school since its creation, while the decree warranted the adequate medical training of students who had just started their

SP, SJ, 7, 2. Apparently, the office visited the school in several occasions to verify that the improvement of facilities had taken place.

³¹ See "Decreto por el cual se concede a la Escuela Libre de Homeopatía, el reconocimiento y los privilegios a que se refiere la Ley Reglamentaria de Escuelas Libres."7. See also Los médicos de la Escuela Libre de Homeopatía y los artículos 3o. y 4o. constitucionales 22-24.

³² See correspondence from these academic societies and medical unions to the head of the DSP, Rafael Silva, on February 26, 1930. See AHSS, SP, SJ, 7, 2.

³³ See correspondence from March 3, 1930. See documents in AHSS, SP, SJ, 7,2.

medical studies in 1930. Consequently, he requested a reform to the new decree that acknowledged their demands.

The President decided to stop validating ELHM degrees until the DSP and the SEP agreed on what course to follow.³⁴ During the exchanges between the SEP and the DSP, the SEP's legal counselor suggested they stop revalidating ELHM's decrees, but the DSP's legal counselor, drawing on previous experience dealing with registering ELHM degrees (see chapter 5), warned that this course would only lead to lawsuits that homeopaths would win, constituting a precedent that would impose limits on a later modification of the original decree.³⁵ Regardless of both government offices' agreement on the lack of warrant to the society that the decree of January 28 implied,³⁶ sanitary authorities could prevent the legalization of the free school of homeopathy. The SEP undertook responsibility to regulate degrees issued by professional schools. On March 17, 1932, Pascual Ortiz Rubio reformed the decree of October 22, 1929, giving the UNAM back the academic authority over high school and professional education.³⁷ This meant that if new private institutions wanted to be authorized by the federal government their high school and professional academic curricula needed to resemble those of UNAM. Free schools previously authorized by the decree of October 22, 1929, including the ELHM, had a period of six months to fulfill the requirements of the new decree and continue as legal

³⁴ The note "Asuntos que se llevan al acuerdo del C. Presidente de la República el día de febrero de 1930" includes a handwritten note, arguably from the President, that reads "Say to education [SEP] to stop rectifying [sic, revalidating] titles until the Department [of Public Health, I assume] gives its opinion". AHSS, SP, SJ, 7, 2. On March 14, 1930, President Ortiz Rubio addressed Rafael Silva, head of the DSP, authorizing that the DSP gathered with SEP authorities to discuss improvements to the decrees that authorized the ELHM. See "ACUERDO del Presidente" in AHSS, SP, SJ, 28, 3.

³⁵ See "MEMORANDUM relativo a la reglamentación de las escuelas libres", where the head of the DSP Office of Legal Affairs explains the situation to the head of the DSP on May 2, 1930; AHSS, SP, SJ, 7, 2.

³⁶ Report on the reunions that representatives from the DSP and the SEP had on June 23, 1930. The participants were lawyer Mayoral Pardo, from the SEP, and Doctors Genaro Escalona and Eliseo Ramírez, and lawyer Monterrubio, from the DSP. Apparently, Dr. Víctor Fernández Manero, from the DSP, joined a few days later (June 26, 1930). See AHSS, SP, SJ, 7, 2.

³⁷ See *Diario Oficial de la Federación*, March 17, 1932, p. 6-7.

institutions. With the decree of January 28 giving legal status to the ELHM, this new reform introduced legal inconsistencies that resulted in lawsuits that the DSP wanted to prevent in the first place.

Reforms carried out at the end of the *Maximato* (1928–34) wanted to give back the UNM the political and administrative position it enjoyed before 1929, yet in terms of the regulation of free professional schools this resulted in contradictory outcomes. In 1933, the President issued a new Organic Law for UNAM. This new law had no regulations that specified the relationship between the university and free professional schools. The former law of 1929 made clear that the President would be responsible through the SEP to regulate free professional schools. But since the law of 1933 substituted the one of 1929 and since the decree of March 1932 gave academic authority over free professional schools, these regulations actually gave back UNAM the authority over all professional education in Mexico City. As I will analyze in chapter 6, these waves of regulations produced a tide of lawsuits from graduates of free professional schools who at one time had made their degrees legal and at another the DSP rejected them as illegal.

***“Sanitizing the Medical Profession”: The Sanitary Code and the Enforcement of the
“Sanitary Dictatorship”***

The central role of sanitary authorities after the 1920s was a consequence of the push of doctors during the meetings that created the Constitution of 1917 to turn health into a national and constitutional concern. José María Rodríguez argued in the Constitutional Congress of 1917 that “to live well the longest possible time” was an economic and social value beyond the individual and he believed that it was so important that the state had the right to even

“despotically intervene on the social and individual hygiene”.³⁸ For him, the “sanitary dictatorship”, as he called this form of intervention, was the only type of dictatorship that civilized countries should tolerate. This view materialized in the Constitution and in government structures. Article 73 turned the local Superior Council of Health into a consulting group that responded directly to the President, and its executive office, the local Superior Board of Health, into the Department of Public Health [*Departamento de Salubridad Pública*, here on DSP], an institution with the attributes of a Ministry.³⁹ It did not need to report to any other Ministry and its dispositions were applicable throughout the country. Moreover, in case of epidemic disease, it could implement preventative measures without notifying the President.

In contrast to the geographically limited legal authority of the UNM, the DSP used its privileged institutional and legal position to carry out regulations intended to control medical practice. While the faculty of the National School of Medicine pushed for curricular reforms that incorporated the most recent medical advances into the training of future generations of medical doctors at the UNM throughout the 1920s, sanitary authorities, which had been trained at the university’s medical school, pushed for reforms aimed to control the “fifth plague” or the liberal practice of medicine. As graduates from the most prominent medical school of the country at the time, they used ENM’s training as the model to which they referred when assessing what was adequate medical training. They also used the UNM’s degrees as legal documents that legitimized the practice of their holders. This effort was not new. Sanitary authorities had used this criterion since they started implementing sanitary regulations after the Wars of Reform in 1871. But their new position allowed them to enforce measures in the 1920s and 30s, whereas

³⁸ Ernesto Arechiga Córdoba, ““Dictadura sanitaria”, educación y propaganda higiénica en el México Revolucionario, 1917 - 1934,” *Dynamis. Acta Hispanica ad Medicinæ Scientiarumque Historiam Illustrandam*, 25 (2005): 121.

³⁹ See Article 73 of the Constitution of 1917, in Álvarez Amézquita, Bustamante and Fernández del Castillo, *Historia de la salubridad y de la asistencia en México* 69-70.

they could not during the *Porfiriato*. This section analyzes the regulations pushed by the DSP during this time frame. Whether practitioners complied with them will be discussed in the following chapter.

Under the guidance of Rodríguez, the DSP resumed the former task of regulating the medical profession that sanitary authorities had stopped during the 1910s. First sanitary authorities attempted to enforce the ruling Sanitary Code in 1920. Alfonso Pruneda, the general secretary of the department, reminded all physicians of their obligations to register their degrees with the department and inform the address of their consulting offices.⁴⁰ But sanitary authorities might have perceived that the ongoing regulations were not enough to prevent the proliferation of irregular practitioners because three months later the department published a new regulation that went beyond creating a national medical registry. Sanitary authorities now aimed to more actively control the medical marketplace by regulating how practitioners advertised their medical services, using the medical degree as the element to distinguish between medical practitioners.⁴¹ The new regulation allowed registered physicians, surgeons, obstetricians, pharmacists, odontologists, veterinarians, and homeopaths, to advertise only the services they were entitled to, according to the title they possessed. It was open and clear about what the DSP considered legal degrees, “those accepted by the National University and those issued by the School of Medicine

⁴⁰ Announcement published in the bulletin of the Department of Public Health on May 28, 1920. See “Ejercicio profesional de médicos y afines. Aviso.” In Álvarez Amézquita, Bustamante and Fernández del Castillo, Historia de la salubridad y de la asistencia en México 145.

⁴¹ The legislation appeared in the Diario Oficial of August 2nd, 1920, and just as the previous legislation, it was signed by the secretary of the Department of Public Health, Alfonso Pruneda, on July 20th of the same year. Alfonso Pruneda, “Por el Departamento de Salubridad Pública. Importante para los que ejercen la medicina, la cirugía, la farmacia, la obstetricia, la odontología, la medicina veterinaria y la homeopatía, en el Distrito Federal ” Asociación Médica Mexicana. Boletín de Propaganda I.2 (1920).

of the Army and the School of Veterinary Medicine”,⁴² in other words schools regulated by the local government of Mexico City, thus enacting the policy carried out during the *Porfiriato*.

Practitioners who did not have a degree were required to take an examination to test their knowledge. Those who did not want to be subjected to the scrutiny of sanitary authorities or who did not satisfy the latter’s criteria could not advertise their services. And those who did fulfill the requirements or criteria of the sanitary authorities had still to clearly state in their advertisements that they practiced without a degree. The legislation gave only thirty days to comply with both the registry and the corresponding modification in the advertisements, after which the sanitary authority would charge fines between 5 and 500 Mexican pesos, and remove medical publicity.

The intervention of the DSP in the control of the medical profession clashed with the liberal practice of professions granted in article 4 of the Constitution of 1917. But with the sanitary dictatorship as the dominant discourse to implement sanitary measures at the national level after 1917, the department used the idea of health as a social good to argue that those who practiced medicine without the proper knowledge violated the rights of society. For the sanitary authorities, article 4 was not an obstacle to carry out their measures since they believed that this article provided the public administration with the authority to regulate professions when the rights of the society were threatened. Moreover, for them the requirement of a proper medical training and the provision of specific medical services for which a practitioner was trained, according to his/her degree, did not represent in any way an intrusion to the liberal practice of

⁴² Pruneda, "Por el Departamento de Salubridad Pública. Importante para los que ejercen la medicina, la cirugía, la farmacia, la obstetricia, la odontología, la medicina veterinaria y la homeopatía, en el Distrito Federal ": 58.

medicine.⁴³ In the absence of specific regulations for article 4, the DSP established and imposed its own criteria to regulate medical practice.

The DSP followed this line of reasoning and continued delineating criteria to establish which degrees to register and issuing administrative guidelines that were later turned into official decrees during the first half of the 1920s. While in 1920, the sanitary department only registered degrees from the UNM, the Medical School of the Army, and the National Veterinary School, in 1923, the DSP only registered degrees from the National University, foreign schools of countries which had reciprocity with Mexico, and those issued by state governments, if they complied with local regulations.⁴⁴ On March 26, 1925, President Plutarco Elías Calles ratified these guidelines, and provided additional ones to cope with free schools. If graduates from free schools wanted to register their degrees with the DSP, their schools' curricula needed to be evaluated and validated by the UNM. Otherwise graduates from free schools needed to pass an examination in order to receive degrees from the university.⁴⁵

In 1924, a new political administration brought Doctor Bernardo J. Gastelum as head of the DSP. He initiated a series of reforms that aimed both to increase the central control of the department and increase its presence beyond Mexico City. Regardless of DSP's privileged position, incongruities between federal and state laws hampered its intervention beyond Mexico

⁴³ These views of the Department of Public Health are reasons given to the measures taken to control the registry and publicity of medical practitioners in the legislation that appeared in the *Diario Oficial*, August 2nd, 1920, in Pruneda, "Por el Departamento de Salubridad Pública. Importante para los que ejercen la medicina, la cirugía, la farmacia, la obstetricia, la odontología, la medicina veterinaria y la homeopatía, en el Distrito Federal".

⁴⁴ Apparently the DSP issued new criteria to register degrees on June 12, 1923. See the letter that the head of the office of medical demography sent providing data for the annual presidential report of 1923, dated on July 12, 1923, in the AHSS SP, S, 8, 11.

⁴⁵ Inform of the DSP, comment 28; see Álvarez Amézquita, Bustamante and Fernández del Castillo, *Historia de la salubridad y de la asistencia en México* 254. See also section VIII in the report from the office of medical demography in the "INFOMRE DEL DEPARTAMENTO DE SALUBRIDAD PARA EL MENSAJE PRESIDENCIAL DEL 1º DE SEPTIEMBRE DE 1925"; in the AHSS, SP, S, 9, 15.

City, and a reduced budget limited material and human resources for its campaigns. Hence the department's efforts were insufficient and remained geographically restricted in the mid-1920s. Gastelum internally reorganized the sanitary department to increase the provision of services at the federal level.⁴⁶ The new internal regulation of the department clearly specified the institutions that integrated the sanitary administration, the hierarchy between them, and each one's responsibilities. These regulations did not literally state the place of the campaign to control medical practice, but the department's new administrative organization clearly reflected this interest. For this purpose Bernardo Gastelum created a new Office of Medical Practice, Propaganda, Hygienic Education, and General Archives, headed by Doctor Conrado Izábal Iriarte.⁴⁷ As its name implies, this new office was originally created to study the population of medical practitioners in the entire country. Its duties included publicizing the DSP's criteria to register medical degrees with state governments and foreign embassies, registering degrees submitted to the DSP, and gathering information and making it public about towns that lacked medical doctors and the provisions given the latter who wanted to relocate and provide their services in such towns.⁴⁸

⁴⁶ For instance, he created thirty two sanitary delegations to carry out the federal government's new functions in state capitals and other important cities. Integrated by three doctors (including a bacteriologist), one pharmaceutical inspector, five sanitary agents, one nurse, and support staff, these delegations added to already established federal health offices in ports and border cities. See See Birn, Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico 119.

⁴⁷ For the new organization and responsibilities of the Department of Public Health see "Nuevo reglamento general del Departamento de Salubridad Pública" and "Personal sanitario de la Federación" in Álvarez Amézquita, Bustamante and Fernández del Castillo, Historia de la salubridad y de la asistencia en México 209-16, and 18, respectively.

⁴⁸ The office was particularly concerned with getting the new criteria to accept medical degrees spread out. See "Informe sintético de las labores efectuadas por el Departamento de Salubridad, desde el 1º de septiembre de 1924 hasta el último día de agosto de 1925 en curso" in AHSS, SP, P, S, 9, 15.

Gastélum's most important achievement during his administration was the formulation of a new Sanitary Code, in 1926 (Appendix 2). With this new code, he updated the sanitary administration to cope with the contemporary problems that the nation faced, for

how would it be possible to fit the solutions of today's problems in the old-fashioned model of the Sanitary Code of 1902, product of the ossified administration, alien to the contemporary social needs and the systematization that modern life imposes, conceived amongst the world of individualistic doctrines of classical liberalism.⁴⁹

The code clarified the responsibilities that each level of governance had in the sanitary administration.⁵⁰ Particularly, it left the control of the medical profession in the hands of both federal and state efforts.

The new Sanitary Code incorporated regulations issued during the first half of the 1920s, though if contrasted to the code of 1891 (See Appendixes 1), there were relatively few innovations.⁵¹ The most important of these was that the code of 1926 accommodated changes in the administration of professional schools to prevent the registry of any professional degree from free schools.⁵² Perhaps paying attention to the conflicts that the DSP faced after 1920 regarding the registration of degrees from free schools (see chapter 5), the new sanitary code was more specific than previous ones about the types of degrees the department could register. All graduates from the UNM, as well as other official universities sponsored by federal or states'

⁴⁹ "Nuevo Código de Salubridad", in Álvarez Amézquita, Bustamante and Fernández del Castillo, Historia de la salubridad y de la asistencia en México 234.

⁵⁰ The federal government controlled sanitation in ports, migration, medications and narcotics, alcoholism, and children's hygiene. Federal and state governments in joint authority were responsible for the prevention of epidemic diseases, industrial hygiene, and the control of prostitution, and the medical profession. State and local governments were given authority over sanitary engineering, food and beverage hygiene, and transportation health. See Birn, Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico 119.

⁵¹ Both doctors and practitioners without a degree needed to notify their status to the DSP. Both have to advertise their services according to the degree they had, or the lack of it, and only physicians with a degree could issue death certificates and provide other expert services that demanded a qualified technical proficiency.

⁵² See Álvarez Amézquita, Bustamante and Fernández del Castillo, Historia de la salubridad y de la asistencia en México, p. 249-50.

governments, had open access to the department's registry. Moreover, the National University became the standard to evaluate adequate medical training. The department allowed the registration of degrees issued by foreign universities or free schools only if the university acknowledged the equivalence between their respective curricula. Free schools were a special case. The DSP would only register these schools' degrees if the National University previously acknowledged their existence, approved their curricula, and considered that they had fulfilled any other requirement established by the university.

The new code was more restrictive about the practices that only physicians with a regular degree could perform. While previous codes had only regulated the issuing of death certificates, the new extended regulation over other forms of practice where expert knowledge was needed. The issuing of death certificates continued to be a responsibility of physicians with title, unless they found evidence of crime. According to the new code, only registered physicians could be called as experts, and perform autopsies in legal cases, prepare bodies for burial, prescribe narcotics, and provide medical certificates. Only they were allowed to be hired in administrative offices of scholar hygiene, or legal medicine; or serve as heads of public or private hospitals, clinics, and welfare institutions.

The lack of a general legal framework that regulated professional degrees at the national level, nevertheless, prevented the coordination between federal and state authorities that would enable them to act consistently to control medical practice. The sanitary code acknowledged the incongruities between federal and state law, for in every reform or new regulation, it also proposed that there were special conditions in the states. In the case of the control of medical practice, the DSP would accept degrees from official institutions in the states, but these institutions obeyed state laws regarding professional training and the issuing of degrees that were

not always followed — and sometimes even contradicted — UNM’s criteria. Since the legal or otherwise status of a medical degree supported measures with which sanitary authorities aimed to deal with medical advertising and the issuing of death certificates, the differences between how Mexico City and other states regulated the granting of medical degrees imposed serious problems to the sanitation of medical practice (See chapter 5).

Bernardo Gastelum acknowledged the limitations of the sanitary code in the control of medical practice, blaming the lack of a regulation of article 4 of the Constitution for such an outcome.⁵³ What his denunciation implied was that, to the eyes of sanitary authorities, total central control of medical practice would not be achieved until the state — with graduates from the National School of medicine at the head — assumed total control of medical training, pretty much as it had done it with public health in 1917. Facing difficulties with legally establishing the National University as an institution that centrally controlled medical training all over the nation, ENM graduates used the DSP status to introduce laws that actually acknowledged the university as such central institution. By placing the UNM as the cornerstone for adequate professional medical training in the sanitary code, the DSP attempted to solve the gap created by the lack of regulation of article 4, and achieve a certain degree of central regulation and control of medical practice.

The DSP used the Office of Demography and Medical Practice, as well as the newly created sanitary delegations to achieve this central control. After the Sanitary Code was reformed in 1926, rather than passively waiting for degrees to arrive to the central office in Mexico City, the office used the newly created sanitary delegations to police professional practice. It now had “Agents of the Sanitary Police” and “Delegates of the Department” who, respectively, policed

⁵³ “Nuevo Código de Salubridad”, in Álvarez Amézquita, Bustamante and Fernández del Castillo, Historia de la salubridad y de la asistencia en Mexico 249-50.

advertisements in Mexico City, or gathered information about those who practiced medicine in the countryside.⁵⁴ In the Federal District, the “Agents of the Sanitary Police” monitored public advertisements in Mexico City, Tacuba, Tacubaya and Mixcoac, contrasted them with the medical registry, and informed the DSP’s Office of Legal Affairs of those medical practitioners who broke the law.⁵⁵ The DSP’s subhead, Roberto Medellín, addressed state governors to gather information about medical practitioners’ addresses, type of healing services provided (literally “allopathic or homeopathic”), graduating institutions, and registration status (whether in the DSP or with the state government). Throughout the second half of the 1920s, he constantly corresponded with sanitary delegations and state and local governments requesting this information.⁵⁶ Once the new Sanitary Code was issued, he requested to sanitary delegates that a copy of Chapter 4 — the one about medical practice — was “posted in a visible place in [every sanitary] delegation”, and to governors that the new regulations on the registry of titles were communicated to municipal governments and medical practitioners.⁵⁷ The office also used national newspapers to inform doctors about their need to register or provide the DSP with their addresses.⁵⁸

Apparently, the enforcement of the Sanitary Code was gradual and not coercive. The reports of the office in the year that followed the issuing of the new code said that “Delegates”

⁵⁴ See “Informe de las labores ejecutadas en la sección de demografía y ejercicio de la medicina del 1º de julio de 1926 al 30 de junio del año en curso (1927)” in AHSS, SP, P, S, 10, 22. For further years, see “Informe anual Sección de Demografía y Ejercicio de la medicina 1926-1927”, “Resumen de labores ejecutadas por la Sección de Demografía y Ejercicio de la medicina durante el período comprendido del 1º de julio de 1928 al 30 de 1929”; in AHSS, SP, P, S, 11, 27.

⁵⁵ See “Informe de las labores ejecutadas en la sección de demografía y ejercicio de la medicina del 1º de julio de 1926 al 30 de junio del año en curso (1927).” AHSS, SP, P, S, 10, 22.

⁵⁶ See for instance correspondence between Roberto Medellín, sub-head of the DSP, and sanitary delegates, municipal presidents and state governors of March 8, 1926, July 9, 1926, July 16, 1926, July 17, 1926, and August 15, 1928, in AHSS, SP, P, S, 11, 1, pp. 13, 33-35, 36, 37; and 11, 17, pp. 37-38.

⁵⁷ Correspondence from Roberto Medellín to Sanitary Delegates, July 9, 1926, and to state governors, July 17, 1926, in AHSS, SP, P, S, 11, 1, pp. 33-35 and 37.

⁵⁸ For instance see *El Universal*, *Excelsior*, *El Nacional Revolucionario* and *El Radio Mundial* on September 1, 1930; see AHSS, SP, EM, 11, 12, pp. 3.

were instructed to “recommend” medical practitioners to comply with the registry. Those interested in registering their titles needed to send the original or a certified copy, an official request form, a transcription of the title, and a small photograph of the practitioner.⁵⁹ The DSP’s central office consulted with state governments and universities as well as with the National University the legal status of the degrees it received.⁶⁰ In 1927, President Calles imposed a tax on the registry of professional titles.⁶¹ From this year until the late 1920s, the office reported incomes earned through this tax and fines to those who infringed the sanitary code.⁶² The report of 1929 said that

those persons who had not registered their professional degree or who lacked a legally recognized degree received an appointment from the Office to meet with the DSP lawyer and try to oblige them, by compliance, to fulfill legal dispositions. In those cases where it was applicable, they were sanctioned according to the law.⁶³

The DSP’s propaganda to inform doctors about the need to register and provide the department with their addresses seemed to work, for the census of medical doctors at the national level increased dramatically in only half a decade. While the Superior Sanitary Board had a somewhat accurate record of the medical profession’s demographics in Mexico City, it did not

⁵⁹ Correspondence between Roberto Medellín, sub-head of the DSP, and the sanitary delegates, municipal presidents, and state governors. March 8, 1926, July 9, 1926, July 16, 1926, and July 17, 1926. AHSS, SP, P, S, 11, 1, pp. 13, 33-35, 36, 37.

⁶⁰ See “Informe de las labores ejecutadas en la sección de demografía y ejercicio de la medicina del 1º de julio de 1926 al 30 de junio del año en curso (1927)”, in AHSS, SP, P, S, 10, 22.

⁶¹ The report stated that President Calles issued this decree on August 25, 1926. See “Informe de las labores ejecutadas en la sección de demografía y ejercicio de la medicina del 1º de julio de 1926 al 30 de junio del año en curso (1927)”, in AHSS, SP, P, S, 10, 22.

⁶² It is unclear the extent of the prosecution of those who infringed the code. In 1926, the Office of Demography and Medical Practice only received 400 pesos in fines. Considering that a practitioner who advertised a “doctor” without having a title registered with the DSP was fined with 50 pesos, the amount of 400 pesos would imply only 6 cases of infringement of the code in matters of professional practice. From 1926 to 1927, it only received 100 pesos on fines. See “Informe de las labores ejecutadas en la sección de demografía y ejercicio de la medicina del 1º de julio de 1926 al 30 de junio del año en curso (1927)” and “Informe anual Sección de Demografía y Ejercicio de la medicina 1926-1927”; in AHSS, SP, P, S, 10, 22; 11, 9.

⁶³ See “Resumen de labores ejecutadas por la Sección de Demografía y Ejercicio de la medicina durante el período comprendido del 1º. De julio de 1928 al 30 de 1929”, in AHSS, SP, P, S, 11, 27.

have the slightest idea of the distribution of medical doctors all over the nation. For instance, the census of 1910 listed 714 doctors in Mexico City, while the medical registry of 1907 counted 554 (See Table 2).⁶⁴ While it is still difficult to account for an increase of 160 doctors in just three years, this difference was minimal contrasted to figures for the entire nation. The national census of 1910 listed 3021 doctors, while the medical registry of 1925 had only 1220. Yet the DSP's efforts to break the breach paid off. In 1923, 1924, and 1926, the DSP registered 146, 142 and 257 medical doctors. Just in July 1929, it registered 420.⁶⁵ Overall, the DSP general medical directory, which was put together with the information of the medical registry, tripled the number of medical doctors from 1925 to 1929 (See Table 2). The number of doctors who failed to register and medical practitioners who lacked a titled started to appear in DSP's records. In 1926, there were twelve petitions to register titles that were rejected by the DSP and nine registered practitioners without a title,⁶⁶ in 1929, these numbers increased to 140 and 84, respectively.⁶⁷ These statistics evidence the increasing effort of the central sanitary department and satellite sanitary delegations to have a better representation of the medical services provided in the entire nation. Whether this representation was accurate is hard to assess, but the fact that the medical directory had in 1929 the number of doctors counted by the national census in 1910

⁶⁴ For the statistics of 1910 see Table: "Profesionistas de ciertas clases en las entidades federativas. Año de 1910." In Moisés González Navarro, *Estadísticas sociales del Porfiriato, 1877-1910*. Secretaría de Economía, 1956. Pp. 18-19; taken from Francis Arce Gurza, Milada Bazant, Anne Staples, Dorothy Tanck de Estrada and Josefina Zoraida Vázquez, *Historia de las profesiones en México*, ed. Lilia Cárdenas Treviño (México, D. F.: El Colegio de México, 1982) 217.

⁶⁵ See "MEMORANDUM DEL DEPARTAMENTO DE SALUBRIDAD PÚBLICA PARA EL MENSAJE PRESIDENCIAL DEL 1º DE SEPTIEMBRE DE 1923", "Informe del Departamento de Salubridad para el mensaje presidencial del 1º. De septiembre de 1925", "Informe de las labores ejecutadas en la sección de Demografía y Ejercicio de la Medicina del 1º. De julio de 1926 al 30 de junio del año en curso [1927]", and "Resumen de labores ejecutadas por la Sección de Demografía y Ejercicio de la Medicina durante el período comprendido del 1º. De julio de 1928 al 30 de 1929", in AHSS, SP, P, S, 8, 11; 9, 15; 10, 22; and 11, 27.

⁶⁶ See "Informe anual Sección de Demografía y Ejercicio de la Medicina 1926-1927" in AHSS, SP, P, S, 11,9.

⁶⁷ See "Resumen de labores ejecutadas por la Sección de Demografía y Ejercicio de la Medicina durante el período comprendido del 1º. De julio de 1928 al 30 de 1929" in AHSS, SP, P, S, 11, 27.

suggests how far was the DSP from grasping the actual demographics of the Mexican medical profession.

Table 2. Registered Doctors with the Department of Public Health, 1859–1929

Year	1859 ¹		1871 ²		1907 ³		1925 ⁴		1929 ⁵	
	A	H	A	H	A	H	A	H	A	H
Number of doctors	170	2	206	0	554	26	1220	77	3067	94
Number of doctors (corrected)	169	3	199	7	540	40	1215	82	NA	NA
Region	Mexico City						National			

Notes:

A = Medical Doctors

B = Homeopathic Medical Doctors

Corrected = I include doctors I know they are homeopaths into the statistics of homeopaths but that are registered as allopaths in the directories.

1. “Médicos, cirujanos, farmacéuticos, dentistas, flebotomianos y parteras”. *La Sociedad*. February 25, 1859. P. 2
2. “Lista de los Médicos, Farmacéuticos, Dentistas y Parteras residentes en el Distrito Federal”. Archives of the Secretary of Health. Salubridad Pública. Section Ejercicio de la medicina. Box 3. File 61.
3. “Lista de médicos, farmacéuticos, parteras, dentistas veterinarios legalmente autorizados”. Archives of the Secretary of Health. Salubridad Pública. Section Ejercicio de la medicina. Box 4. File 1.
4. “Directorio general de los médicos cirujanos, homeópatas, dentistas, parteras y enfermeras que han registrado su título profesional en este Departamento. Año de 1925”. Archives of the Secretary of Health. Salubridad Pública. Section Ejercicio de la medicina. Box 6. File 3.
5. “Lista de los médicos cirujanos, homeópatas, veterinarios, cirujanos dentistas, farmacéuticos, parteras y enfermeras que han registrado su título profesional en este Departamento. Año 1929”. Archives of the Secretary of Health. Salubridad Pública. Section Ejercicio de la medicina. Box 10. File 20.

Furthermore, what sanitary authorities found in their effort to impose their criteria to sanitize the profession was how far they were from professionalizing medical practice at the national level. For instance, Enrique García Moreno, the sanitary inspector of “La Magdalena Contreras”, a municipality located 10 miles south from Mexico City, reported that there were only seven medical practitioners, no hospitals, and only a very basic clinic that took care of the injured workers of “La Magdalena” and “Santa Teresa” factories in the region in the early 1930s.⁶⁸ The medical services provided in a geographical region so close to Mexico City, the economic, political, and cultural center of the country, provides a scenario which allows us to imagine the situation of other towns or villages located in the hinterland, far away from any major city. While DSP’s records reflected an overwhelming majority of registered physician-surgeons over homeopaths, practitioners without title, and doctors with title that the DSP did not register (a figure of 3067 vs. 94 vs. 152 vs. 93, in 1929), the structure of the community of medical practitioners in La Magdalena Contreras might have better resembled the structure of other town and villages’ medical communities in the country side. In La Magdalena Contreras, there were only three doctors who possessed a title and four who practiced without it. Dr. Pedro García Mosqueda was a graduate from the National University, but he was not registered; Dr. Ismael Ramos Alarcón, a graduate from the ENMH was the only registered physician in town; and Eduardo Spude had an authorization by the government of the state of Morelos, and though he argued that he had a title from a German medical school, he was not able to show evidence of it. Half of the practitioners without a title were homeopaths. San Ángel, a neighboring municipality just a couple of miles closer to Mexico City, had two homeopaths registered in the DSP, out of a total of nine physicians who practiced in the region, discounting Eduardo Spude

⁶⁸ Correspondence to the head of the DSP. AHSS, SP, EM, 11, 10, pp. 172.

who was already listed in La Magdalena Contreras' list and appeared also in the list of San Ángel.⁶⁹

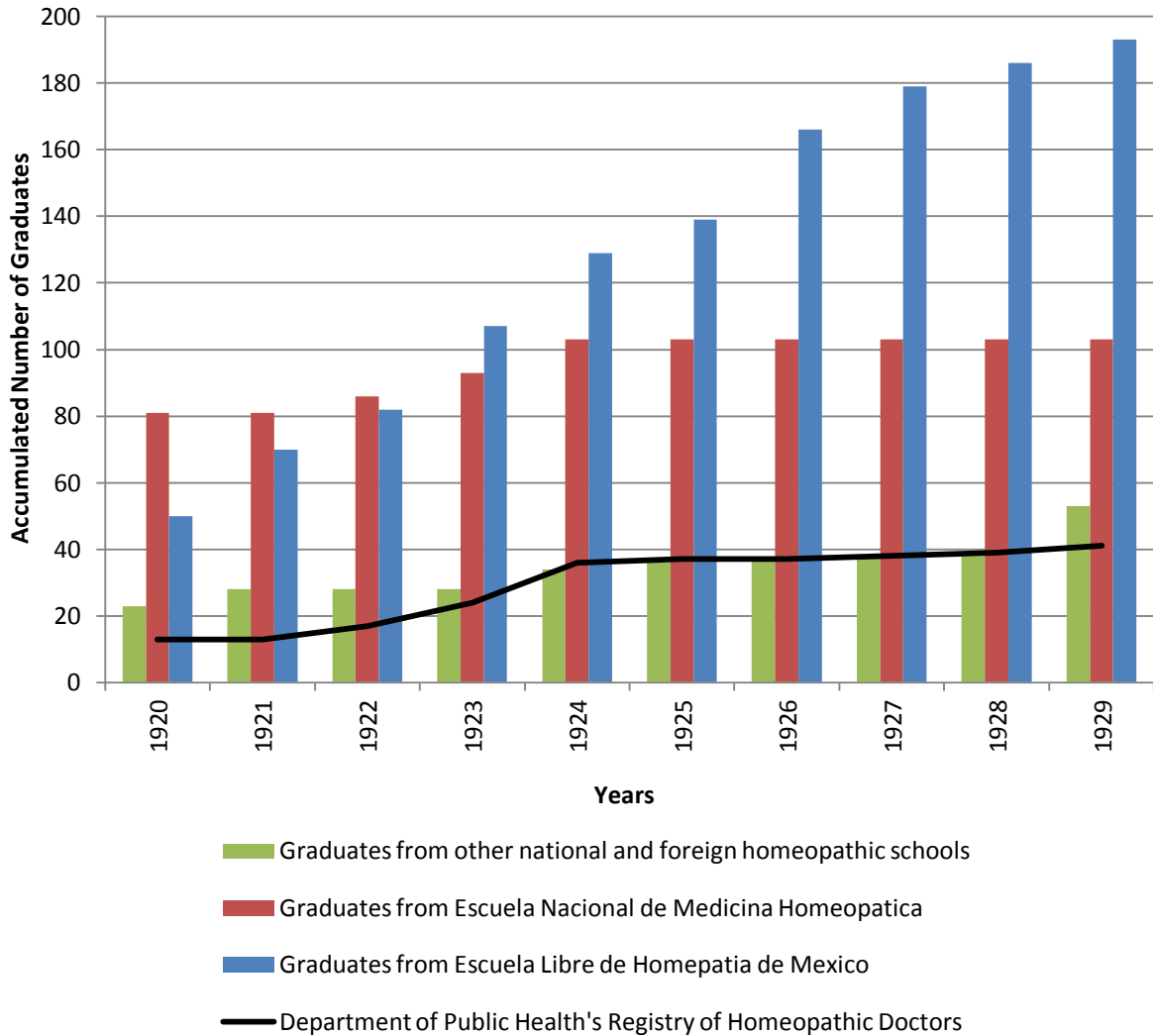
The important presence of homeopaths in Mexico was underrepresented in the medical registry and directories; for the latter was less a representation of homeopaths' demography in Mexico in the 1920s, than an indicator of the marginalizing politics of sanitary authorities regarding medical practice. This comes up particularly if the registry is analyzed in detail and contrasted to other sources of information for doctors who graduated in free medical schools. Graduates from the ENMH, who possessed a legal medical degree, were heavily underrepresented in the medical registry in the early 1920s (See Graph 2). Only approximately 12.5% of them were registered. Yet apparently, the DSP enforcement of the Sanitary Code and the regulations in the early 1920s that aimed to promote physicians' compliance with the registration worked for ENMH graduates. By the mid 1920s, one third of them were registered.⁷⁰ It is worth noting that most of the new entries in the medical registry were graduates from the school when this was incorporated to the UNM. This suggests that, in statistical terms, the centralization of medical schools within the university was useful for recent homeopathic graduates. They were willing to comply with the UNM's and the DSP's regulations and be incorporated into the profession's institutional life. However, this also suggests that the DSP's strategy did not work for former ENMH graduates, who did not comply with the registry.⁷¹

⁶⁹ Sanitary inspection's list of medical practitioners of the municipality of San Ángel, no date. AHSS, SP, EM, 11, 10, pp. 173.

⁷⁰ The medical directory of 1925 listed 77 homeopaths, all ENMH graduates. The school's records show that by 1925 there were 102 graduates. The medical registry listed for this year 37 registered homeopaths.

⁷¹ Or complied really later; for instance, Celiano Pérez Vargas graduated from the ENMH in 1908 and registered his degree until 1938. There were others, though, that complied almost immediately after the ENMH became a school of the university. See AHSS, SSA, DGAJ, Registro de Títulos de Médicos Homeópatas.

Graph 2. Underrepresentation of Homeopathic Medical Doctors in the DSP's Medical Registry, 1920-9



Notes: Other national institutions that granted homeopathic titles were the Government of the State of Yucatán, the National University of the Southwest at Yucatán (which later on would become the School of Homeopathic Medicine of Yucatán), and the Homeopathic School of Jalisco. Other foreign institutions include the Homeopathic Institute of the Republic of Colombia, the Collegii Homeopathici Medici Clevelandensis de Cleveland Ohio, EUA, The Hahnemann Medical College of Philadelphia, EUA, and the Collegium Medicinae Thompsonianae de Allentoniensi, EUA. Data taken from the AHSS, BP, EH, HNH, 1, 29, p. 7. Also AHSS, SSA, DGAJ, Registro de Títulos de Médicos Homeópatas; AHENM, ENMyA, 296, 22, pp. 6-8; Antiga y Escobar, Juan, "Un resumen de la historia de la homeopatía de México". *La Propaganda Homeopática*. VI, 11. pp. 1-11; AHELHM, Registro general de médicos recibidos.

The case of ELHM graduates resembled that of young ENMH graduates in the sense that they wanted to comply with the profession's institutional life, including the DSPs registry, but the "illegal" status of their degrees made the registration difficult to them. As their doctrinarian peers, ELHM graduates sought to comply with the registry in their own terms (see chapter 5). This meant that they wanted the DSP to recognize their school as a regular training institution with the authority to grant medical degrees. The regulation did not allow this. Consequently, if they wanted to be part of the DSP's medical registry, they would have to undertake a long process of examinations at the UNM.⁷² If they wanted to notify the DSP about their practice but not go through the examining process, they had to advertise their services as practitioners with no medical degree. The DSP's exclusionary policies left ELHM graduates out of the registry during the 1920s (See Graph 2).⁷³ Only seldom, homeopaths with foreign degrees were registered.⁷⁴ Homeopaths from other free schools or homeopathic schools located in the countryside were never registered in the first half of the 1920s.⁷⁵ In other words, the medical

⁷² That this represented a complicated process for them is exemplified by brothers García Trevino's case and by the relative high rate of ENMH graduates that revalidated their degree after the ENMH became part of the university.

⁷³ No ELHM graduate went into the DSP medical registry before 1929. See "Registro general de médicos recibidos" in the Archive of the Free School of Homeopathy.

⁷⁴ Vicente Santín and Teófilo Olliver y Ortiz had a degree issued by the Homeopathic Institute of the Republic of Colombia. They registered their degree early in 1920. Lawrence Mathews Taylor had a degree from Collegii Homeopathici Medici Clevelandensis from Cleveland, Ohio, USA and got registered in 1924. William A. Jemall's degree from the New York Homeopathic Medical College was revalidated by the State of Yucatán and registered in 1925. See AHSS, SSA. DGAJ. Registro de Títulos de Médicos Homeópatas.

⁷⁵ The School of Electro-Homeopathic Medicine of Mexico, the Homeopathic School of Jalisco, the Free School of Medicine of Puebla, and the Free Homeopathic Institute of Mexico had graduated 30 homeopaths by 1925. Only the Free Homeopathic Institute of Mexico accounted for 26. None of them got into the DSP medical registry during the 1920s. Only one homeopath graduated from the National University of the Southwest [*Universidad Nacional del Sureste*] was registered in 1927. See AHSS. Secretaría de Salubridad y Asistencia. Dirección General de Asuntos Jurídicos. Registro de Títulos de Médicos Homeópatas. The Dean of the National University of the Southwest in Merida, Yucatán, Eduardo Urzáis, created a Faculty of Homeopathy on March 17, 1922. The registry recorded only the first two graduates from this school in 1929. See "Se crea la escuela especial de medicina homeopática en el

registry is a reflection of how sanitary authorities wanted the medical profession's demographics to be rather than an accurate picture of it. In this sense, it was a reflection of the DSP's policies to sanitize the profession. While criteria there were criteria to incorporate irregular practitioners into the medical registry in the sanitary code, practitioners were not willing to comply with them, making the Sanitary Code a tool of exclusion in the 1920s.

As I analyzed above, the transition to the 1930s hindered sanitary authorities' hope for a coherent regulatory framework that allowed them to homogenize criteria for the medical registry at the national level. In 1926, the national press considered that "there were complaints everywhere against the Department of Public Health", but no public conference, newspaper propaganda or lawsuit produced a slight change in sanitary authorities' attitude.⁷⁶ Even courts sided on the DSP's criteria, for no legal demand passed over the new code, according to some newspapers. But, while this was true in some cases, particularly with the one of the ELHM in the mid-1920s, later in the 1920s and during the 1930s this was not always the case (see chapter 6). The state intervention in the regulation of professional free schools, particularly the ELHM, was a direct blow against DSP's purposes, for instance. Without the UNM as a regulatory institution since 1929 and the SEP's need to comply with the decree that made free professional schools legal from 1929 to 1932, the DSP turned into an institution that policed professional medical training during the first years of the 1930s (see chapter 6). Yet the window of opportunity at the turn of the 1930s allowed that medical doctors graduated from free professional schools found their way into the medical registry. The medical registry during the 1930s evidences the tensions

estado de Yucatán.", in "La Sociedad Médico-Homeopática de Yucatán, solicita la creación de la Escuela Especial de Medicina Homeopática," 140.

⁷⁶ Comment published in the newspaper diary *El Sol*, July 12, 1926; in "Amparos contra el Código Sanitario" in Álvarez Amézquita, Bustamante and Fernández del Castillo, Historia de la salubridad y de la asistencia en Mexico 273.

between these two trends, the DSP's active role in rejecting degrees from free schools and the long time the Supreme Court took to give a verdict in favor of them.

The medical registry during the 1930s is a reflection of the inconsistencies in the regulation of the professional education in Mexico and the lawsuits that graduates from free professional schools won. The law that authorized the ELHM brought waves of graduates to validate their degrees with the SEP and request their registration to the DSP (See Graph 3). By January 30, 1930, only two weeks after President Portes Gil authorized the legality of the ELHM, the SEP had validated 95 doctors of homeopathy; 36 more the following week; and 25 more on August 20.⁷⁷ The DSP registered 155 titles in 1930, 80% of which were registered in the first two months after the decree was issued. Moreover, the ELHM had graduated 200 students by 1930, and 75% of them were registered by the end of that year, transforming the structure of the population of homeopathic physicians acknowledged by the DSP. While in 1929, the medical registry included only 36 homeopathic physicians graduated from the ENMH, 2 from other national schools, and 3 from international schools, in 1930, the ELHM was the single homeopathic school that added 155 to the number of registered homeopaths. In subsequent years the rate of registration decreased to 15 graduates per year, and in 1933, sanitary authorities stop registering ELHM's titles. From 1934 to 1937 only 3 homeopaths from this school were registered.⁷⁸ Backed up by UNAM's Organic Law of 1933, the DSP denied the registry to titles issued by private medical schools. A small number of graduates from other schools were registered through different means from 1930 to 1942.⁷⁹ The registry shows an important

⁷⁷ Correspondence from authorities from the SEP to the head of the DSP, January 30, February 3, and August 21, 1930, in AHSS, SP, EM, 10, 26, pp. 3, 4, 6.

⁷⁸ All of them obtained as a consequence of a Supreme Court verdict.

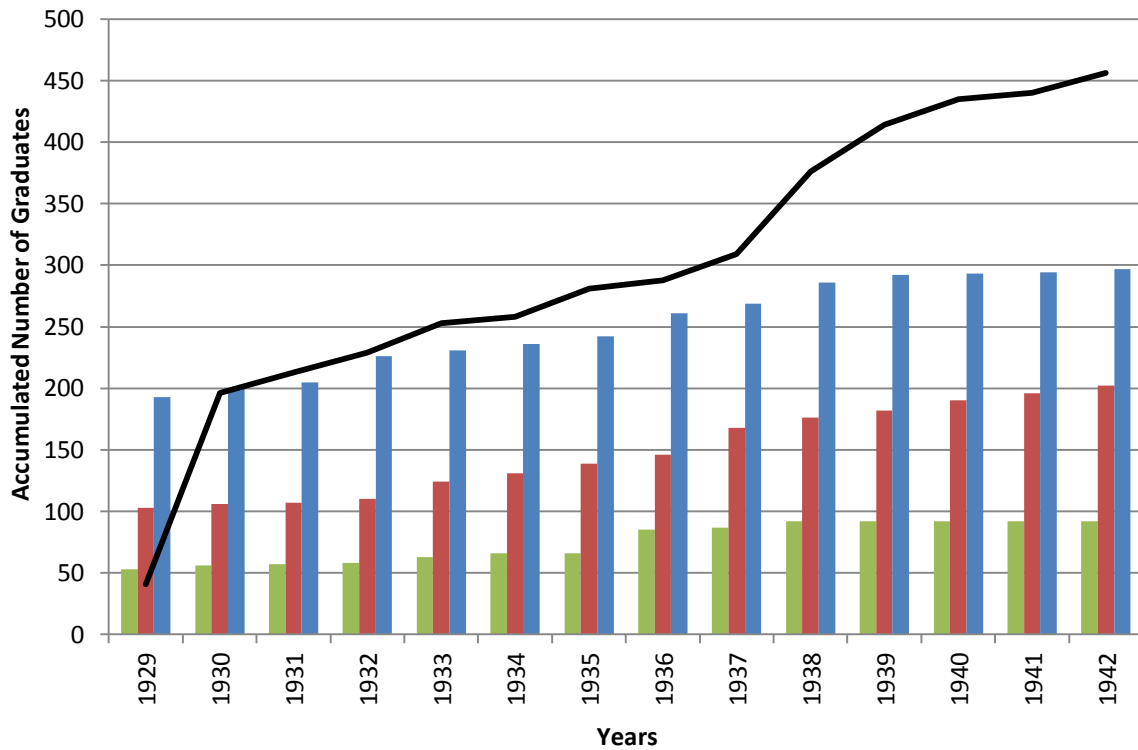
⁷⁹ 2 from the Free School of Homeopathy of Puebla, 10 from other homeopathic medical schools beyond Mexico City (the government of Yucatán, the School of Homeopathic Medicine of Yucatán, and the School of Homeopathic Medicine of Jalisco), and 2 from foreign schools (the Hahnemann Homeopathic

increment of homeopathic medical doctors in 1938 and the following years (See Graph 3). From 1933 to 1937, the increase in homeopathic medical doctors is accounted by ENMH graduates. During these years, the DSP did not accept ELHM's — or any other free schools' — degrees as a consequence of UNAM's Organic Law of 1933, leaving the ENMH as the single homeopathic school in a legal status. The sharp increase in 1938 is accounted by 53 ELHM degrees either revalidated by the SEP or registered by an order of the Supreme Court. From 1939 to 1941, 37 graduates from the Free Homeopathic Institute of Mexico registered their degree, once again as a result of a verdict from the Supreme Court.⁸⁰

College of Philadelphia and the Collegium Medicinae Thompsonianae from Allenton). In the case of the Free School of Homeopathy of Puebla, their graduates got to the registry as a consequence of a verdict from the Supreme Court. This wasn't an exception. During these years, other free medical schools, such as the Free School of Medicine of Puebla, were able to win lawsuits against the DSP and get into the registry. See AHSS, SSA, DGAJ, Registro de Títulos de Médicos Homeópatas. For the case of the school of Puebla see AHSS, SP, SJ, 14, 17. For the case of the Free School of Medicine of Puebla see Report of the difficulties faced by the DSP when regulating the medical profession, elaborated by Lic. Antonio Pérez Alcocer, head of the office of legal affairs of the DSP, December 4, 1936. AHSS, SP, P, S, 14, 5. See chapter 6 for further details.

⁸⁰ This institution had been issuing medical titles at least since 1920, and their graduates had been facing the opposition of sanitary authorities at least since 1933, when the President of the Sanitary Board of Morelia asked if the DSP registered graduates from this institution, to “solve a business” he had in his locality. In 1934, the DSP did not register Isaac Díaz Espinosa's title; in 1935, Ernesto Guillén Uría was fined for using the word “doctor” in his medical ads; and in the same year sanitary authorities did not allow Petra Guzmán Barrón to open a homeopathic dispensary. All of them sued the sanitary department with no success, but only the first two obtained their registry in 1939 and 1940 respectively. The case of the registration of titles issued by the ILHM was exceptional; when four of its graduates sued the DSP for not registering their titles in 1942, the SCJN's verdict argued that the school was not officially recognized by the SEP and that the former recognition of this school's titles did not allow the SEP to perpetuate its error. For the case of Isaac Díaz Espinosa see AHSS, SP, SJ, 41, 21 Ernesto Guillén see AHSS, SP, SJ, 45, 18; for the case of Petra Guzmán Barrón see AHSS, SP, SJ, 45, 15. Four homeopaths graduated from the Free Homeopathic Institute of Mexico sued the DSP, Manuel Goyri (Lawsuit 8469/41, February 3, 1942), Heraclio Ortiz Rodríguez (Lawsuit 8279/41, February 3, 1942), Lorenzo García de León (Lawsuit 8508/41, January 27, 1941), in “Cuando no deben ser revalidables los títulos de los homeópatas,” Semanario de la Suprema Corte de Justicia, 5a. época, 2a. sala, September 27, 2012, <<http://www.jurisconsulta.mx/index.php/JurisprudenciaSCJN/ViewTesis?id=68876&searchQuery=cuando+no+deben+ser+revalidables+los+títulos+de+los+homeopatas>>.7; and Camerina Esperanza (Lawsuit 1750/42, July 20, 1942) in “Revalidación de los títulos que expiden las escuelas libres,” Semanario de la Suprema Corte de Justicia, 5a época, 2a sala, September 27, 2012, <<http://www.jurisconsulta.mx/index.php/JurisprudenciaSCJN/ViewTesis?id=69829&searchQuery=cuando+no+deben+ser+revalidables+los+títulos+de+los+homeopatas>>.7. See chapter 6 for details.

Graph 3. Homeopathic MDs vs. Homeopaths in the DSP's Medical Registry, 1929-42



■ Graduates from other national and foreign homeopathic schools

■ Graduates from Escuela Nacional de Medicina Homeopatica

■ Graduates from Escuela Libre de Homeopatia de Mexico

— Department of Public Health's Registry of Homeopathic Doctors, 1920-1942

Notes: Other national institutions that granted homeopathic titles were the Government of the State of Yucatán, the National University of the Southwest at Yucatán (which later on would become the School of Homeopathic Medicine of Yucatán), and the Homeopathic School of Jalisco. Other foreign institutions include the Homeopathic Institute of the Republic of Colombia, the Colegii Homeopathici Medici Clevelandensis de Cleveland Ohio, EUA, The Hahnemann Medical College of Philadelphia, EUA, and the Collegium Medicinae Thompsonianae de Allentoniensi, EUA. Data taken from the AHSS, BP, EH, HNH, 1, 29, p. 7; AHSS, SSA, DGAJ, Registro de Títulos de Médicos Homeópatas. AHENM, ENMyA, 296, 22, pp. 6-8; Antiga y Escobar, Juan, "Un resumen de la historia de la homeopatía de México". *La Propaganda Homeopática*. VI, 11. pp. 1-11. AHELHM, Registro general de medicos recibidos.

The detailed analysis of the schools that graduated homeopathic doctors together with the dates when new regulations were issued suggest that once again an effort to centralize the regulation of professional schools occurred during Lázaro Cárdenas presidency (1934–40), though the analysis of these events lies beyond the scope of this dissertation. Cárdenas term evidenced a wave of activism from professional groups to regulate professional life. They created the National Confederation of Professional Associations (CNAP) in 1934.⁸¹ This confederation organized congresses that pushed for the regulation of article 4. The *Cámara de Diputados* initiated a project to gather opinions from several professional groups, including homeopaths, about how to elaborate such a regulation.⁸² Yet led by university physicians, this project also dismissed homeopaths from the discussions.⁸³ The second congress held in 1937 created the National Office to Control and Register Profession Schools and its Degrees (ONCRETP). President Lázaro Cárdenas created the National Polytechnic Institute in 1936. He

⁸¹ For the creation of the CNAP and the ONCRETP and a brief analysis of the regulation of professions in the second half of the 1930s, see Moreno, Yankee Don't Go Home! : Mexican Nationalism, American Business Culture, and the Shaping of Modern Mexico, 1920-1950 22-3.

⁸² The interest to regulate article 4 of the constitution dated back to 1917, yet this interest came from professional groups rather than legislators. In the early 1930s, legislators started to approach professional societies to request for their opinions, but the project was never finalized; for instance see AHSS, SP, SJ, 12, 13 and 30, 1, pp. 190, and AHSS, SP, EM, 4, 14. In 1934, with the new President Lázaro Cárdenas leading the country, legislators undertook the project; see homeopath Manuel Márquez San Juan's "Contribución al estudio de la reglamentación de las profesiones en México" in AHSS, SP, SJ, 29, 14. The DSP participated actively in this project; see AHSS, SP, SJ, 30, 1 pp. 1 and sigs, and 39, 3. Correspondence from José M. Mendoza to the head of the DSP, February 6, 1934, requesting that the regulation of article 4 was pursued "with justice"; and to Deputy Alberto Bremauntz, January 23, 1934, with recommendations for the regulation of article 4; see AHSS, SP, EM, 13, 12, pp. 5-7, and 8-11. Mariano Torres Pico submitted a letter similar to Mendoza's to the President on January 12, 1934; see AHSS, SP, EM, 12, 12, pp. 18. The Mexican Homeopathic League, led by Manuel Mazari, and Guillermo Rodríguez del Solar, submitted their project for the regulation of article 4 to Deputies Alberto Bremauntz and Alberto Coria on February 20, 1934; see AHSS, SP, EM, 13, 14, pp. 56-60.

⁸³ See the article "De la polémica entre médicos y homeópatas" by Emilio Barbany in *El Universal Gráfico*, January 12, 1934; "La verdad es la verdad" by Álvaro Bazán in *El Universal Gráfico*, December 27, 1933; "Artículos del Dr. Ox", the pseudonym of Fernando Ocaranza, in *El Universal Gráfico*, January 17, 1934. See also Fernando Ocaranza, "Discurso Pronunciado por el Dr. Ocaranza en el 1er. Congreso de Profesionistas," Acción Médica V.7 (1935).; and "La Confederación Nacional de asociaciones de profesionistas, respalda nuestra campaña contra la charlatanería homeopática," Acción Médica V.5-6 (1934).

issued the Organic Law of Education in 1939, which gave back to the SEP the control of the administration to administer of professional private education.⁸⁴ The following year he drew back the decree of 1930 which gave the ELHM a legal status.⁸⁵ These institutions and regulations would settle professional disputes after 1940, but the presence of graduates from free schools in the medical registry with degrees either revalidated by the SEP or legalized by a Supreme Court's verdict suggests that setting these institutions to work was far from smooth. A detailed analysis of this process remains to be investigated.

The DSP kept up with the regulatory shift during Cárdenas presidential term, reforming the Sanitary Code in 1934. The section on medical practice (See Appendix 3) did not radically differ from the code of 1926, yet it introduced new articles that gave the DSP authority over local state governments regarding how to regulate medical practice; accommodated the criteria to accept medical titles from free schools according to the contemporary situation of the administration of professional education; and restricted even further medical advertising and practice. The DSP still acknowledged the authority of state governments to regulate professional training and degree granting, but article 442 was clear that it was DSP's single responsibility to "dictate government resolutions regarding the practice of medical sciences and related activities."⁸⁶ In terms of medical degrees, though the new code acknowledged that the National University was no longer the institution that validated degrees from free schools, it also

⁸⁴ See for instance Roberto Rodríguez Gómez and Imanol Ordorika Sacristán, "The Chameleon's Agenda: Entrepreneurialization of Private Higher Education in Mexico," Universities and the Public Sphere: Knowledge Creation and State Building in the Era of Globalization (International Studies in Higher Education), eds. Brian Pusser, Ken Kempner, Simon Marginson and Imanol Ordorika (New York, NY: Routledge-Taylor and Francis, 2011), vol.; and Roberto Rodríguez Gómez, ed., Entre lo público y lo privado. La polémica de las universidades "patito" en 2003 (México: Miguel Ángel Porrúa and UPN, 2004).

⁸⁵ See Diario Oficial de la Federación, January 23, 1939, p. 4-5.

⁸⁶ Taken from "Un dique al ejercicio de la medicina por charlatanes", *El Universal*, September 2, 1934, reprinted in "Los Charlatanes y el Nuevo Código Sanitario," Acción Médica V.enero (1935).

acknowledged that the university's curricula still remained a model for all national medical schools, including free ones. The code was unspecific enough to make clear that federal institutions that authorized free professional schools changed through time, but that the DSP would only accept these schools' degrees when the federal institution had the legal right to authorize them. As I will analyze in chapter 6, this condition helped the DSP to actually police medical training.

In terms of advertisements, the new code detailed how doctors and practitioners should advertise their services. Every registered practitioner had to advertise their services stating, "with no abbreviations, the legally authorized school that issued their degrees" (article 446). Unregistered practitioners had to explicitly advertise that they "practiced without a degree" ["se ejerce sin título"] (article 447). And if registered practitioners used a therapeutic approach which they were not qualified to provide, they needed to advertise that they lacked the degree to use such a therapy. Since sanitary authorities acknowledged that the code could not regulate the granting of medical degrees, they increased the restrictions to the practice of unregistered practitioners. The code (article 448) made clear that these regulations would also be applicable in states where the practice without a medical degree was allowed. Moreover, the code held owners of "newspapers, radio stations, or experimental stations that offered publicity through radio, projection, or any other means" responsible for publicity that contravened the sanitary regulations of medical publicity (article 449). Stating clearly and openly practitioners' professional status and their academic training in a particular therapeutic approach in public medical advertisements was, hence, a public health matter.⁸⁷

⁸⁷ Taken from "Un dique al ejercicio de la medicina por charlatanes", *El Universal*, September 2, 1934, reprinted in "Los Charlatanes y el Nuevo Código Sanitario."

In terms of medical practice, this code eliminated exemptions that the previous one allowed, responding to local regulations. Only registered physicians all over the country, with no exceptions, were required to issue death certificates even in cases of murder, and allowed to offer their professional services as medical experts in private and public institutions (articles 451 and 452). The new code added an article (455) that delineated a code of conduct for practitioners.⁸⁸ This required all physicians to cooperate with sanitary authorities during an epidemic outbreak; pharmacists to provide what the prescription required and to dispense medicine only to registered practitioners; registered practitioners to prevent sharing their consulting offices with irregulars; and government institutions to stop issuing professional degrees if they lacked any legal authorization. Previous codes had not considered the particular case of homeopathy. The new code regarded this therapeutic approach in a distinctively way in terms of the prescription of medicines. Article 413 specified that homeopaths could prescribe narcotic drugs only in homeopathic doses, but the section III of article 452 stated that only registered physicians, including dentists, veterinarians, and midwives, but not homeopaths, could prescribe narcotic drugs. This contradiction indicated the unfruitful efforts to contain the “fifth plague”, as represented by homeopaths, at the turn of the 1930s.

Conclusions

The report from Antonio Pérez Alcocer in 1936 with which I initiated this chapter and the reforms of the sanitary code of 1934 to control medical practice offer a good contrast and opportunity to weigh the DPS’s efforts to control professional practice during the 1920s and 30s. On one hand, I have analyzed how the revolution brought public health into a central government concern and the government office that administered it, the DSP, into the government institutions

⁸⁸ It was a code of conduct in the sense that though the code stated that the person who did not fulfill these obligations infringed federal law and attempted against the rights of the society, it is not clear to me how the DSP could prevent such infractions and if it had legal resources to do it.

aimed to rule the country. This unprecedented position gave university physicians means through which they aimed to impose their view on how to regulate the practice of medicine. Regarded as a public health threat, as “the fifth plague”, sanitary authorities designed a series of strategies to contain the practice of those who did not fit their standards of training. Reforms to the sanitary code, the expansion of sanitary services that were used to police the enforcement of the sanitary code and, hence, medical practice, and negotiations with the SEP to standardize criteria for validating, endorsing, and legalizing medical degrees, were all strategies to cope with the problem sanitary authorities and university physicians called “medical charlatanism”. These efforts were productive, at first glance. The level of detail in the reforms to the section of medical practice in the sanitary code, the role of sanitary delegates in the states and the sanitary police in Mexico City, and the increasing number of physicians who registered with the DSP show that the effort of sanitary authorities were not worthless and that they sanitized the profession to some extent.

On the other hand, the changing role of the UNM with the political power promoted reforms that hindered DSP’s efforts to control medical practice. The university’s agenda coincided with the DSP’s during the first half of the 1920s, a situation evidenced in the sanitary code of 1926, yet the rupture of the UNM with the state in 1929 and the renegotiation of this relationship in 1933 motivated a series of irregularities that the sanitary code of 1934 aimed to remediate. By reading DSP’s efforts vis-à-vis the state’s efforts to regulate professional degrees in Mexico City, sanitary measures to control medical practice seem less successful. They suggest that the increasing detail in the section of medical practice of the sanitary code, the increasing presence of the sanitary police in Mexico City and in the states, and the increased population of homeopathic medical doctors in the registry were a consequence of the lack of actual control of

the medical profession. Without the ability to regulate the granting of medical degrees, sanitary authorities, as Pérez Alcocer argued, could not be held responsible for the health of the Mexican population. Moreover, that his complaint was raised in 1936, two years after the new sanitary code was issued, is telling of the DSP's limitations to sanitize the medical profession.

Besides the conflicts between the UNM and the federal government, there were other political processes that limited the action of sanitary authorities. One was the regulation of article 4 of the Constitution. Though I have slightly touched upon some of the actors and conflicts that this process motivated during the 1930s, its study is beyond the scope of this dissertation. Further research needs to be carried out to understand the role of the activism of medical unions in the configuration of the Congress of Professionals [*Congreso de Profesionistas*], the negotiations with the Congress and its projects to regulate article 4, and the intervention of these groups and the SEP in the creation of the National Office to Control and Register Profession Schools and its Degrees.

The other one was the role of graduates from the ELHM and other free medical schools. From chapter 3, we learned that the regulatory efforts of the UNM first, and the SEP afterwards, both the ENMH and most importantly the ELHM kept up with curricular updates and facility improvement that advances in medical science demanded throughout the 1920s and 30s. In this chapter, we learned that the ENMH's privileged position within state institutions prevented its graduates from the marginalization that the sanitation of medical practice implied. In this context, it was graduates from free schools the ones who opposed to DSP's regulatory measures. As I will show in the next chapter, their political activism led them to contest the authority of both the UNM and the DSP. This, in turn, influenced sanitary regulations of medical practice and the regulation of professional degrees.

Chapter 5. Between “the Sword of Public Health and the Wall of the University”: The Free School of Homeopathy of Mexico Contests the “Sanitary Dictatorship”, 1920–30

On June 1919, a large group of graduates from the National School of Medicine [ENM] gathered to create the Mexican Medical Association [*Asociación Médica Mexicana*, AMM] “with the firm purpose to work towards the union of all physicians in the republic and procure the high ideal of improving physicians’ moral, intellectual, and material conditions.”¹ According to Gregorio Mendizábal, President of the AMM, there were several causes that motivated such unifying attempt among which were the “unprecedented proportions achieved by the illegal practice of the profession and what might be called legal charlatanism amongst physicians with degree, which increases everyday greatly harming the interests of the serious physician and the prestige of the profession.”² Two years later, the AMM defined homeopathy as one of the principal actors that motivated the lack of unity of the profession when the Bulletin published the work of Gabino Barreda that criticized homeopathy and subsequently a critique of the merger of the National School of Homeopathic Medicine [ENMH] with the National University of Mexico

¹ The new Association gathered more than 200 physicians, most of them from Mexico City, but there were also members from Nuevo León, Querétaro, Guanajuato, Aguascalientes, Zacatecas, Coahuila, San Luis Potosí, Puebla, Veracruz and Tamaulipas. Some of those who lived in Mexico City were key actors in the struggle to marginalize homeopathic medical schools and the practice of their graduates. Among them were former and future heads of the National School of Medicine, i.e. Guillermo Parra, Rosendo Amor, Fernando Ocaranza; faculty such as Daniel Vélez, and Manuel Godoy Álvarez; sanitary authorities such as Ángel Brioso Vasconcelos, Alfonso Pruneda, and Francisco Castillo Nájera; just to mention a few. The Association intended to unionize physicians around 1) a code of ethics that 2) promoted the production and diffusion of medical science, 3) created the structure to offer financial support and 5) venues to socialize and promote physical culture to its members. The Bulletin of the Association fulfilled the 6th purpose which was to publicize the Association’s activities. See “Asociación Médica Mexicana. Su objetivo.,” *Asociación Médica Mexicana. Boletín de Propaganda* I.1 (1920): 2.; and “Personal de la Asociación Médica Mexicana,” *Asociación Médica Mexicana. Boletín de Propaganda* I.1 (1920).

² Gregorio Mendizábal, “Discruso del Dr. Gregorio Mendizábal. Pronunciado en la Asamblea de Médicos reunida en el Centro de Ingenieros, la noche del 23 de junio de 1919, con el fin de crear y organizar la Asociación Científica, Mutualista y Moralizadora de los Médicos de la República,” *Asociación Médica Mexicana. Boletín de Propaganda* I.1 (junio, 1920): 20.

[UNM].³ Yet, as analyzed in chapter 3, ENM faculty members were able to unify medical training at the NUM and turn homeopathy into a medical specialty in 1924.

Still homeopathy persisted as an element that divided the medical profession and that opposed the interests of the AMM. When ENM faculty achieved the curricular uniformity within the university, the AMM initiated a campaign to attack graduates from the Free School of Homeopathy [ELHM]. ELHM graduates had created the Union of Homeopathic Physicians of the Federal District by the end of the 1910s and as such helped organize the Regional Confederation of Workers of Mexico [*Confederación Regional de Obreros de México*, CROM] in 1918.⁴ In 1924, the CROM denounced that

the Medical Union [referring to the AMM] which grouped both alopaths and homeopaths from state schools [...] had established a clear and strict campaign against [homeopathic physicians graduated in free schools], who the former considered as incapable of practicing the honest medical profession.⁵

The CROM's intervention aimed to "avoid a profound division in [the medical] profession, because such division would translate into negative consequences not only for workers but for society in general."⁶ The creation of professional medical unions, the calls for unity, the actions taken by ENM faculty against the ENMH, and the tensions between the former and the ELHM contradictorily attest to the "profound division" that the CROM perceived.

³ The Bulletin published in several issues Gabino Barreda's "La homeopatía o juicio crítico sobre este nuevo sistema" starting in *Asociación Médica Mexicana. Boletín de Propaganda*. I. 7 (junio, 1921). For the critique against the merger see Manuel Godoy Álvarez, "Con el motivo de la incorporación de la Escuela Nacional de Homeopatía en el Departamento Universitario," *Asociación Médica Mexicana. Boletín de Propaganda* I.9 (septiembre, 1921). Please note that this is a reprint of the article he published in *Medicina*.

⁴ For the unions that were part of the Regional Confederation of Mexican Workers during its first years see Diane E. Davis, *Urban Leviathan: Mexico City in the Twentieth Century* (Philadelphia: Temple University Press, 1994) 48.

⁵ See correspondence from the CROM to head of the ENM, on July 24, 1924, in AHENM, ENMyA, 351, 3, pp. 1-2.

⁶ See correspondence from the CROM to head of the ENM, on July 24, 1924, in AHENM, ENMyA, 351, 3, pp. 1-2.

Indeed, this professional divide had negative consequences for the organization of the medical profession by the end of the 1920s. The policies imposed by the DSP and the UNM to control medical practice and training and that resulted in the marginalization of graduates from free schools and, particularly, ELHM graduates, led to the latter's political organization as a distinct professional group. As such, they looked for venues to contest the marginalizing policies imposed by both DSP and UNM authorities. Their resistance was effective in the sense that they were able to obtain the validation of their degrees and their inclusion in the medical registry. However, ENM graduates who later occupied key positions at the UNM and the DSP did not acknowledge ELHM graduates' status as medical doctors. The regulatory inconsistency between different levels of government, i.e. federal, state and local, and the lack of enforcement of regulations that were applicable throughout these levels allowed ELHM graduates to privately practice medicine and in some cases issue death certificates, just as homeopathic practitioners did in the 19th century. But they were not incorporated into the state structure in the sense that neither the UNM sanctioned their training nor the DSP acknowledged them as medical doctors. Only when the Mexican state broke its relationship with the UNM, the ELHM and other free schools turned into the political force that the state used to downsize the political power gained by the university during the decade. In this sense, while the AMM promoted unity, its marginalizing ideologies altogether with the state intervention eventually led to perpetuate the divide the AAM wanted to avoid.

This chapter analyzes the forms of resistance of homeopaths since their arrival in Mexico in the mid-19th century to the year 1930, when President Emilio Portes Gil issued a decree that made the ELHM a legal institution. The purpose is to show that homeopaths' resistance provides a way to measure the limits of professional regulation. Homeopaths nature as both regular and

irregular practitioners and their struggles to belong to the medical profession and be acknowledged as such shows that the dispute between homeopaths and allopaths was a political rather than an epistemological one. Consequently, resistance, marginalization, professional control, and regulation were deeply influenced by the specific state policies in each historical period, the state structures generated to implement such policies, and the particular position of these two professional medical groups within these state structures. This chapter, hence, shows how homeopathy evolved as a social movement that resisted the hegemonic process of professionalization from the mid-19th century to the 1920s.

The origins of homeopaths' resistance in the 19th century

The transition from the *Porfirian* to the revolutionary state marked a shift not only in public health governance and legislation but also in how doctors and practitioners responded to such a change. During the *Porfiriato* and particularly after the sanitary code was issued in 1891, sanitary authorities found it difficult to enforce the registration of medical doctors in Mexico City. This was a way of resistance I will call passive. Doctors contested sanitary authority by refusing to comply with the medical registry. As I analyzed in the previous chapter, a larger number of doctors in the countryside, in contrast to Mexico City, passively resisted to sanitary measures to regulate the medical profession at the turn of the 20th century. In contrast, there were practitioners who actively protested against the intervention of government authorities in the liberal practice of medicine. During the *Porfiriato*, this active resistance did not go beyond scattered complaints or even lawsuits, most of which sided on the liberal practice of medicine as stated in article 3 of the Constitution of 1857. This meant that regardless of sanitary authorities' aim to regulate medical practice through the creation of a medical registry and the restriction to issue death certificates to registered physicians, the government privileged individual liberties

over sanitary intervention for the sake of the social good. But after 1917, with a new Constitution and government structure, sanitary authorities' enforcement of the sanitary code on matters of medical practice motivated a more organized and consistent form of active resistance.

As a consequence of their status either as foreign physicians or as domestic healers who did not receive training at the ENM, homeopaths found it difficult to comply with local regulations during the second half of the 19th century, yet they found venues to either become registered physicians or continue their private practice. For instance, in 1859, Ramón Comellas and José Carbó were listed as registered physicians who both practiced homeopathy and had “degrees from other parts”.⁷ Both homeopaths had been registered because the President in turn, Antonio López de Santa Ana, had specifically requested the local Superior Board of Health to act against current sanitary legislation. At the time, physicians needed to undertake an examination by ENM's faculty and they needed to have lived in Mexico City for at least two years. Both Comellas and Carbó were not examined by the local faculty, yet made it into the registry as consequence of Santa Ana's intervention.⁸ What the registry's categorization suggests — they were explicitly catalogued as “authorized by the supreme government with degrees obtained elsewhere”⁹ — is the board's discomfort as a consequence of being subjected to Presidential decisions in matters of medical practice. This is even more evident by highlighting that there was

⁷ Reyes, "Médicos, cirujanos, farmacéuticos, dentistas, flebotomianos, y parteras."

⁸ See Comellas' request to the Superior Board of Health to register his title in AHENM, CSS, 30, 6, pp. 2-3. Carbó's case was slightly different. While Comellas at least tried to be examined by Mexican faculty, Carbó wanted to be exempted from such examinations. The Superior Board of Health complained about the kind of requests he made and the documents he showed to proof his professional training.

Accordingly he first requested to practice homeopathic medicine in December, 1853. The board rejected the petition, and one month later, after getting the documents he needed to proof his training, he requested to be exempted from the examination. The board regarded his petitions as both illegal and indicative of his unwillingness to proof his command of medical science. See José Carbó's petition to practice medicine in the Mexican Republic. AHENM, CSS, 31, 1, pp. 1-4. The Superior Board of Health described the legal situation of homeopaths living in Mexico City at the time, including Comellas' and Carbo's in the correspondence with the governor of Mexico City, July 3, 1855 and July 13, 1855; in AHSS, SP, EM, 2, 36.

⁹ Reyes, "Médicos, cirujanos, farmacéuticos, dentistas, flebotomianos, y parteras."

one other physician, Pascual Bielsa, who openly practiced homeopathy and owned a homeopathic dispensary in 1859, yet was included in the registry but not distinguished as a homeopath;¹⁰ or that there were homeopaths, such as Narciso Sanchiz who could not actually make it to the registry.¹¹ Comellas' and Carbo's actions constitute one subclass of active resistance, one that trained physicians who did not comply with local sanitary regulations undertook. These physicians did have a regular, academic medical training and their actions suggest that they wanted to become part of the growing medical marketplace, one that the sanitary legislation wanted to regulate restricting the participation of new actors, such as homeopaths or foreign physicians.

When the homeopathic community fragmented at the turn of the 1870s and homeopathic physicians sought for legal venues to become active members of the larger medical community (see chapter 2), homeopaths who lacked an ENM's degree sought other ways to resist sanitary strategies that marginalized their practices. Facing the enforcement of sanitary regulation in 1871,¹² Julián González struggled to remain in charge of his homeopathic dispensary.¹³ The legal

¹⁰ See for instance Pascual Bielsa, "Discurso de Pascual Bielsa en el 110 aniversario del natalicio de Hahneman," *El propagador homeopático* I.2 (octubre, 1870). The Sanitary Board of Health authorized his homeopathic dispensary on 1858; see AHSS, SP, EM, 3, 53.

¹¹ Narciso Sanchiz was a Spanish homeopath, who apparently had graduated as Doctor in medicine and surgery from Valencia and Madrid. See AHENM, CSS, 31, 9, pp. 1-7 (The catalogue referred that "Narchiso Sánchez y Rubio" petitioned an examination from the ENM's faculty, yet the documents in the file were from Dr. Gamble). He petitioned a written examination instead of an oral one to the Superior Sanitary Board in January 1855, since he had "lost his voice in a quarrel". Three months later, the Board denounced him to the local police for "publicly offering his medical services, arguing he [was] a homeopathic physician, without being examined, approved or authorized by the government for such a practice." The Board rescheduled a new examination for Sanchiz, but apparently he did not comply with it for the local government notified him not to continue practicing medicine. See Correspondence from Narciso Sanchiz to the Governor of Mexico City, José Noriega, January 18, 1855. AHSS, SP, EM, 3, 25; and correspondence from the Superior Board of Health to the local sheriff, April 24, 1855. AHSS, SP, EM, 3, 21, pp. 3.

¹² In 1868, the SBH initiated the enforcement of the sanitary law particularly regarding the selling of medicinal and poisonous substances. For this purpose it published a poster that ratified the Board's obligations among which figured "4a. To watch out that in the Department of Mexico only legally authorized practitioners practice any of the medical sciences, and that in such a practice these

status of his degree was at stake, but under the liberalism of the Constitution of 1857, it was relatively easy for homeopaths and certainly for González to obtain permission to practice in Mexico City and in other parts of the country. For instance, González' homeopathic dispensary continued open throughout the *Porfiriato* and González continued offering his homeopathic services.¹⁴ In 1875, Alfredo R. de Santillana, won a lawsuit against the government of

practitioners fulfill their legal duties.” In the same vein, the Penal Code issued in 1871 ruled that those who practiced “medicine, surgery, obstetrics, or pharmacy without a legal medical degree would be fined with a year in prison and a fine from 100 to 1000 pesos.” See “Aviso importante”. Ad of the Federal District's government notifying the enforcement of sanitary law, May 26, 1868. AHSS, SP, P, S, 4, 9. In 1972, the *Ministerio de Gobernación* [Ministry of Interior] ratified the SBH duties to carry out inspections on public and commercial establishments. See Álvarez Amézquita, Bustamante and Fernández del Castillo, *Historia de la salubridad y de la asistencia en Mexico* 278.; and AHSS, SP, P, S, 4, 33-4. Agostoni explains that medical practitioners complained that such legislation was rarely set into practice. See *Código Penal del Distrito y Territorios Federales*, libro tercero, título quinto, capítulo X, artículo 759; cited in Agostoni, "Médicos científicos y médicos ilícitos en la ciudad de México durante el Porfiriato," 16.

¹³ While originally the government supported the regular status of his dispensary arguing that the SBH had authorized it in 1868, González needed to find someone else to be in charge of his pharmacy in 1871. Enrique Chavari who had graduated from the ENM agreed to be in charge, and the SBH and the government conceded the permission. When Chavari resigned after a few days of his new appointment, the government allowed González to be in charge of his dispensary as his owner but not as a professional, not making clear what this specifically meant. It is unclear whether the SBH required him to have a professional degree issued by the ENM, or if it specifically required him to have a degree of pharmacy. The ad issued on May 26, 1868 was not clear if the person in charge of a dispensary or drug store needed to have either a medical or a pharmaceutical degree. Article 4 said that the SBH had to verify that only “legally authorized professors practiced the medical sciences, and that they fulfill all responsibilities of its own *facultad* [profession]”. Article 12 prevented that only pharmacists could engage in the commerce of medicines. Article 49 said that whenever the commission visited a dispensary “the professor has to show its degree”, without specifying if it needed to a degree in pharmacy or medicine. See “Aviso importante”. Ad of the Federal District's government notifying the enforcement of sanitary law, May 26, 1868. AHSS, SP, P, S, 4, 9. In 1972, the *Ministerio de Gobernación* [Ministry of Interior] ratified the SBH duties to carry out inspections on public and commercial establishments. See Álvarez Amézquita, Bustamante and Fernández del Castillo, *Historia de la salubridad y de la asistencia en Mexico* 278.; and AHSS, SP, P, S, 4, 33-4. For González's case see correspondence between the government of the Federal District, the Superior Sanitary Board and the Ministry of Governance, AHSS, SP, EM, 3, 54.

¹⁴ The situation of Pascual Bielsa's dispensary is contradictory. On one side he was included in the medical registry of 1859 as a regular doctor and had a homeopathic dispensary since 1858. On the other, his dispensary was apparently closed in 1871. While the government originally supported Bielsa's dispensary to remain open arguing that a decade-long provision of homeopathic medicine without any complaints from his patients attested that he “did not offend the rights of the society”, and regardless of the legal status of his medical degree, eventually the SBH closed his dispensary down. But due to the liberal constitution of 1857, it is unlikely that he remain passive after such an outcome, as the case of Medical Homeopathic Mexican Society suggests. See correspondence between Pascual Bielsa, the

Guanajuato who attempted to prohibit his homeopathic practice and his selling of “specialties”.¹⁵ This was a particular route exploited by practitioners who did not have a legal degree throughout the *Porfiriato*. In his critique, Eduardo Lavalle y Carbajal offered four examples to show how the Supreme Court of Justice valued individual liberties (article 3 and 4 of the Constitution of 1857), which even threatened the life of others, over the health of the population, when allowing practitioners to offer their services without a degree, sell dangerous medicines, validate their degrees across the states, and overcome restrictions imposed by administrative authorities.¹⁶

The request that Manuel Valdés y Morelos, president of the Medical Homeopathic Mexican Society [*Sociedad Médico-Homeopático Mexicana*], made to the government of Mexico City in 1878 deserves a special attention for two reasons. First, this society grouped homeopathic practitioners in 1875 and represented them since then, once homeopathic physicians created their own. Second, the outcome of this request evidences the government’s position regarding the practice of healers who did not have professional medical training in the National School of Medicine.¹⁷ Valdés y Morelos requested that all affiliates of the Society could issue death certificates. He argued that all members had a *diploma* [a degree] issued by the Society and that they paid income taxes as a result of their professional practice. But in an analysis to this petition, E. Escudero, an officer of the local government, argued that while in grammatical terms these homeopaths were *profesores* [professionals], in legal terms they were not because they had not received a degree from a legally established institution that certified

minister of Governance, the government of the Federal District and the Superior Sanitary Board, AHSS, SP, EM, 3, 53.

¹⁵ "La homeopatía en México," *El faro homeopático* (1874).

¹⁶ See Lavalle y Carbajal, "Historia de la medicina en México. A los médicos debe exigírseles título oficial u oficialmente revalidado," 149-55.

¹⁷ See "CRÓNICA MÉDICA. Acuerdo sobre una solicitud de la Sociedad Médico-Homeopática Mexicana."

they had the technical medical knowledge.¹⁸ If, he continued, death certificates were to be the legal foundation of public administration in matters of justice and health — through them a jury could decide on the criminal nature or not of a particular death, or the sanitary administration could decide which course to take in the outbreak of epidemic diseases — they needed to be issued by legal experts. For this reason, he concluded, the state could not regard any person who practiced healing — let alone medicine — a legal expert, but those who had legal degrees. By not fulfilling the legal requirements that the state demanded for issuing death certificates, homeopathic practitioners were marginalized from the state’s bureaucratic apparatus.

Practice was a different matter. Escudero argued that by taxing homeopaths’ activities, the government acknowledged the profitability of their private professional practice, but not their status as legal experts. In these sense, he interpreted articles 3 and 4 of the Constitution in this particular case as homeopaths’ right to heal and of particulars to seek their services. Under such criterion, the government officer clearly delimited the regulatory role of the state. It did not intervene in the private teaching and practice of medicine. Rather, acknowledging medical practice as a profitable activity, it demanded the corresponding tax. For this reason the local government allowed the liberal practice of homeopathy, whether in the privacy of interpersonal or epistolary patient-doctor interactions, or in the public advertising and exchanges taking place in homeopathic dispensaries, consulting rooms, and the printed media. What the state was not willing to allow was that any unofficial institution intervened with state matters. In other words,

¹⁸ The explanation was somewhat more complex. In Mexico City the Board of Instruction issued professional degrees once students had passed their own school’s examinations. Both schools and the Board of Instruction were “legal institutions that worked under legal authorization and consequently their acts were deemed official.” The *Sociedad Médico-Homeopática Mexicana* was not such an institution and consequently its graduates, regardless of the nature of their doctrine, could not participate on official acts as professionals.

it would not allow that a degree issued by an organization established by a group of people paved the way to their involvement in official matters.

Under the legal and political setting established after the Wars of Reform and during the *Porfiriato*, there was not space for legal or political dissent or resistance by irregular practitioners, particularly homeopaths. On one side, regular homeopathic doctors had used their position to push regulations in favor of and public spaces for homeopathic practice. Regulations in Veracruz, Puebla, and Mexico City (see chapter 2) had established the requirements to obtain a government-issued homeopathic medical degree. These regulations went together with the creation of hospital wards in Puebla, and a hospital in Mexico City, and homeopathic schools in both of the latter. With these regulations and institutions, properly trained homeopathic physicians with a legal medical degree could teach and practice medicine, including homeopathy, in government institutions. Yet, neither were homeopathic hospitals and schools entirely integrated into larger government institutions such as local sanitary boards or local ministries of education,¹⁹ nor were homeopathic physicians entirely accepted in the medical community. In other words, state authorities pushed the creation of homeopathic institutions and the formulation of ad hoc laws that granted homeopathic physicians a place in regular professional life. But rather than integrating professional medical institutions, this effort perpetuated the division between homeopathic and allopathic institutions. By mainstreaming homeopathy, the state promoted the division of the medical profession.²⁰ On the other, articles 3 and 4 of the Constitution of 1857 provided the legal venue through which practitioners who did

¹⁹ Whether local sanitary boards in Puebla and Veracruz acknowledged such regulations in homeopathic training in the 19th century is an issue that demands further research. In the case of Mexico City, Porfirio Díaz created the National School of Homeopathic Medicine, but it was controlled by the Ministry of the Interior, rather than the Ministry of Justice and Public Instruction.

²⁰ For an extended argument of how ENM graduates and homeopathic medical doctors conceived themselves as opposites see Carrillo, "¿Indivisibilidad o bifurcación de la ciencia?: La institucionalización de la homeopatía en México."

not have access to regular medical training and consequently could not comply with regulations that favored trained physicians could indeed practice medicine in private institutions or their home. In other words, the liberal Constitution of 1857 and the regulations of the *Porfiriato* provided a legal and economic space where all sorts of medical practitioners, elite and lower-class, traditional and modern, scientifically or domestically trained, urban and rural, could offer their services.

What I have just described as forms of resistance are just the roots of dissent, forms of actions taken by different actors according to their social status within the medical profession, mostly in Mexico City, during the second half of the 19th century. These were taken according to the resources they had at hand. Comellas, Carbó, and later homeopaths such as those who founded the National Homeopathic Hospital [HNH] and the ENMH were medical doctors by training and enjoyed the social, cultural, and economic position that such training gave them. Their active acts of resistance resulted when they perceived that the larger community of physicians, mostly ENM graduates, did not embrace them. Practitioners such as González, and the members of the Medical Homeopathic Mexican Society did not have the privilege of influencing the high government spheres to create legislations that favored them. Consequently, they actively resisted by using the existing legislation that allowed their practice. During the *Porfiriato*, particularly with the ENMH and the HNH, acts of resistance were isolated, short-termed, and geographically restricted. But with the Department of Public Health sanitizing the medical profession during the 1920s and 30s this situation radically changed.

“In homeopaths’ defense”: ELHM graduates seek DSP’s recognition

The reorganization of the Ministry of Public Education [SEP] and the Department of Public Health [DSP] at the turn of the 1920s left the Free School of Homeopathy [ELHM] out of

any regulatory government institution that could have legalized its academic curriculum and medical degrees. As I analyzed in chapter 3, however positive Gómez's and Dosal's comments about the school's pedagogic plan and facilities were and whatever promises Vasconcelos made to support the ELHM, this school's graduates were in a position similar to that of homeopathic practitioners during the *Porfiriato*. Regardless of receiving a similar training to that of ENMH graduates, the contemporary sanitary regulation did not acknowledge ELHM graduates as true medical experts, as evidenced in the medical registry during the 1920s. Consequently the DSP limited or more accurately ruled out their participation in the basic public administration act where doctors could participate in, the issuing of death certificates. Just as homeopathic doctors did during the *Porfiriato*, these graduates wanted to be part of the new government organization, complying with regulations of the Ministry of Public Education [SEP], the UNM, and the DSP. But they considered that their training, the Constitution, and the legal status of their school entitled them to be treated as the rest of medical doctors trained in state-sponsored medical schools. In a sense, this group of homeopathic doctors combined the sensibilities of both homeopathic doctors and practitioners during the *Porfiriato* regarding their marginalization by state authorities.

The enforcement of the sanitary code in 1920 revived the problem of marginalizing homeopaths, particularly ELHM graduates, by not allowing them to issue death certificates. This motivated their active mobilization to request the DSP's acknowledgement of ELHM degrees as legal. The reaction of ELHM graduates was not immediate. It took them two years after the DSP required physicians all over the nation to report their names, addresses, and titles, and issued the new legislation about medical registration and advertising. On June 24, 1922, Querido Moheno, representing Facundo Hidalgo and 50 graduates from this school, addressed the head of the DSP,

Gabriel Malda, complaining about the restrictive attitude of the sanitary department.²¹ Moheno argued that the DSP's refusal to register ELHM medical degrees impacted on their practice. Particularly, civilian courts in the Federal District would not accept their death certificates. For that reason, the homeopaths' lawyer demanded that the DSP acknowledged the legal status of ELHM degrees. If this happened, then they could be included in the medical registry and official institutions would accept their services and certificates. The lawyer based his demands on the analysis of articles 3, 4, and 73, paragraph XXVII, of the Constitution; resolutions of the Supreme Court of Justice [*Suprema Corte de Justicia* de la Nación, hereon SCJN] whose verdict had allowed the practice of homeopaths and pharmacists a few years earlier; opinions of government authorities about the quality of education provided by the ELHM; and the possible role that homeopaths could play in the provision of medical services in rural populations.

According to his analysis of the Constitution of 1917, articles 3 and 4 allowed free secular education and free professional practice, respectively. The paragraph XXVII of article 73 allowed the Federal Congress to open professional schools. This latter article no longer existed by 1922, due to a modification in the Constitution on June 30, 1919, but Moheno believed that since Higinio G. Pérez created the ELHM when this paragraph was still ruling, the school remained legal. He argued that no other regulation could stand above the Federal Constitution,

²¹ The homeopaths were Facundo Hidalgo, David Pérez, Manuel D. Rodríguez, Antonio Spíndola, Salvador Dosamantes, Apolonio D. Gutiérrez, Andrés Hoffmann, Joaquín D. Pérez, Juan Becerril Fuentes, Eufemio Cedillo, Vicente Estrada García, Eugenio Rodríguez, Leopoldo Torres, Moisés Méndez Xochihua, Agustín Fernández Ramírez, Egidio Fragoso, Ladislao Rosas, José Estrada García, Salvador Escalante, Daniel León, Pastor G. Rocha, Manuel Jiménez, Manuel T. López, Faustino Ongay, Leonardo Jaramillo, Hilario Luna Castro, José R. Bermejo, Adrián L. Díaz, Simón Manzano, Antonio Horta, José Hernández Osorio, Rafael Pérez Jáuregui, Alberto Arroyo, José H. Castro, Francisco López Montoya, Trinidad Oviedo, Rodolfo Bonilla, Manuel Mazari, Miguel María Domínguez, Jimeno Ortiz, Francisco Paz, Diego Pérez Sousa, Epitacio Gallardo, Modesto Orozco, Lizandro R. Cámara, Gabriel Encinas, Leopoldo Hernández Chávez, María M. viuda de Bustos y Teófilo Guerrero. In "Memorial al departamento de salubridad", en Moheno, "En defensa de los homeópatas. Alegato del lic. Querido Moheno ante la Suprema Corte de Justicia de la Unión," vol., 9 - 29. See also ASSP, SP, EM, 4, 15, pp. 6-19.

and that it was not legally possible to retroactively enforce new legislations. This interpretation of the Federal Constitution was supported by verdicts from the SCJN too; for instance, on August 28, 1920, Juan Olliver, Mariano Bermúdez, and Juana C. Viuda de Oropeza, graduates from the Free Homeopathic School of Puebla, won a lawsuit against the governor of the state, who “being an allopathic physician put obstacles to the professional practice of these homeopaths.”²²

Intellectual elites and government authorities also had an opinion against the regulation of professions and in favor of the ELHM, and Moheno cited them in his letter. For instance, Antonio Caso, dean of the UNM, and founder of the *Ateneo de la Juventud*, a group of intellectuals who promoted the diffusion of humanistic culture and fought against positivistic education and politics in the 1910s, believed that there was no need for a regulation of professions. So did Ezequiel A. Chávez, founder of the National University in 1910, Guillermo Parra, promoter of positivism in the late Porfiriato, and Manuel Puga y Acal, secretary of the National University in 1922. They believed that titles were only a warrant of technical proficiency, but in no way represented a right to practice certain profession. Donato Moreno's, Gildardo Gómez's and Fortunato Dozal's opinions about facilities, faculty, and students at the ELHM were above those they had of the ENMH, in the report they submitted to José Vasconcelos in 1922 (see chapter 3). Moreno believed that the free school had better chances to become a good medical school in the future, though it lacked infrastructure to provide a proper medical education at that moment.²³ Moreover, José Vasconcelos, also a member of the *Ateneo*

²² Moheno, "En defensa de los homeópatas. Alegato del lic. Querido Moheno ante la Suprema Corte de Justicia de la Unión," vol., 17.

²³ Besides Donato Moheno's letter see the report to José Vasconcelos dated on September 15, 1920, in Gómez and Dozal, "Sr. Rector de la Universidad Nacional." See also Donato Moreno's personal correspondence in Moreno, "Mi opinión sobre las escuelas homeopáticas, libre y nacional, formada

de la Juventud, and Dean of the UNM in 1920, sent an official letter to the ELHM that year declaring that, though the university didn't have the right to validate degrees from free schools, it believed that ELHM's "should have" at least the same status as the ones from the ENMH, because they had a similar academic curriculum.

Querido Moheno believed that besides legal arguments and favorable opinions, there were also practical reasons that made the medical practice of homeopaths ideal to solve the old problem of the provision of appropriate medical services to the Mexican population. The lower classes poor access to medical services or the poor quality of the latter was an issue that pervaded during the *Porfiriato* and that sanitary and educational authorities tried to solve after the civil war in a similar fashion as Porfirio Diaz's government did, namely by controlling professional education and establishing a medical registry. But Querido Moheno argued that those measures did not solve the problem. For instance, he argued that the official medical school did not provide enough "allopaths" to cope with the demand of those practitioners in poor urban neighborhoods or rural areas, and the ones who practiced medicine preferred to stay in urban centers than live a harsh domestic lifestyle with a poor professional future in the countryside. Moreover, this attitude left the local healer, the pharmacists, or the quack an opportunity to fulfill the popular need for medicines and cures. On the contrary, the lawyer argued that the ELHM relieved the state from the burden to provide medical education to the poor class, and graduates could provide free medical services — as they already did — in the dispensaries and hospital that the ELHM sponsored. Moreover, he continued, homeopathy was a cheap medicine, since in case patients consulted a private homeopath, the prize of the medical consultation included medicines.

conmotivo de las visitas que a las referidas escuelas hicimos los señores ingeniero Dosal y doctor Gómez con el subscripto."

Gabriel Malda's reply to homeopaths' demands was not immediate. He even took more time than Moheno could stand. On August 1, five weeks after Moheno submitted his first letter, the homeopaths' lawyer requested that Dr. Malda provide an answer to his demands. Malda replied two weeks later that the commission integrated by Dr. Francisco Castillo Nájera, head of the Office of Medical Practice, and lawyer Antonio Ramos Pedrueza, legal advisor of the DSP, was studying the case.²⁴ Moheno personally talked to members of the commission, but with no results. The commission spent two months before it could decide the best course of action, and once it did, the department was relieved from any responsibility to reply to homeopaths' demands. On October 17, the department's commission decided that the DSP could not make any official statement about the legality of degrees issued by the ELHM because that was the SEP's responsibility.²⁵ In the resolution, Castillo Nájera and Ramos Pedrueza argued that the department did not want to disagree with the Constitution, but the department's duty was to enforce the Sanitary Code which in its articles 242 and 244 clearly stated that only legal titles could be registered.

With the resolution in hand, Gabriel Malda addressed José Vasconcelos on October 20, to inquire if the SEP academically supervised the ELHM, and whether its medical degrees were legal. If this was the case, the DSP also wanted to know since when. Gabriel Malda also requested information about the legality of the degrees of the homeopaths Moheno represented. The head of the DSP informed the homeopaths' lawyer about this new administrative process, but Moheno was eager to have a resolution from the department and insisted on October 28 to have an official statement from the sanitary department. Without the response from the SEP, Malda consulted the case with the DSP's council, which decided to officially reply that what

²⁴ Correspondence to Gabriel Malda, October 28, 1922, in Moheno, "En defensa de los homeópatas. Alegato del lic. Querido Moheno ante la Suprema Corte de Justicia de la Unión," vol., 30.

²⁵ See "Dictamen" in the ASSP, SP, EM, 4, 15, p. 22.

homeopaths demanded was beyond DSP's attributions and consequently it could not state anything about the legality of homeopaths' degrees.²⁶ Coincidentally, the same day that Malda officially replied to Moheno, Antonio Caso addressed the head of the DSP in response of his inquiry to the SEP, notifying that the National University did not validate titles issued by free schools.²⁷

The exchange of correspondence between Moheno, the DSP, and the SEP raises questions about the motivations behind both Moheno's and Malda's actions. The legal and administrative structure in the early-1920s government institutions seems pretty straightforward. The SEP was responsible for all professional state-sponsored schools in Mexico City, having the UNM as the office that administered them, and the DSP was responsible to carry out sanitary measures by enforcing the sanitary code. If this is the case, why did Donato Moheno address the DSP requesting an official statement about the legality of homeopaths' degrees when the SEP and more particularly the UNM were the offices responsible to validate degrees? Moreover, being presided by José Vasconcelos, and Antonio Caso, intellectuals who participated in a movement in the late 1900s and early 1910s that promoted liberal education to the working class, the SEP and the UN seemed a better option than the DSP to address the demand to validate degrees issued by free schools. Regardless of not taking any official position about the education of homeopaths, DSP's officer of the department of medical practice believed that the lack of infrastructure of the ELHM produced physicians who lacked the required technical preparation. He considered that even if students passed theoretical exams, the lack of hospitals to do clinical practices, cadavers to study anatomy, and laboratories to learn histology, bacteriology, and physiology, made the school unsuitable to properly prepare its students for professional

²⁶ Correspondence from the DSP to Querido Moheno of November 14, 1922, in ASSP, SP, EM, 4, 15, pp. 29 and 34.

²⁷ November 14, see correspondence in ASSP, SP, EM, 4, 15, p. 28.

practice.²⁸ If Querido Moheno already knew about the negative attitudes of elite physicians against homeopaths, evidenced by his correspondence, there were no apparent reasons to address his demand to the DSP, rather than the SEP.

The actions taken by the DSP seem contradictory too, particularly if a clear demarcation of the secretary's attributions is assumed. If a pronouncement on the legality of homeopaths' degrees was beyond DSP's responsibilities, why did it take four months to resolve this, and to require the intervention of the SEP? Why did Castillo Nájera and Ramos Pedrueza take so long to dictate the course of action that sanitary authorities should follow in this case? Sanitary authorities were cautious, since an immediate negative response might have been considered an authoritarian act of elite physicians who wanted to put out of the game all their professional competitors. This caution might have increased because the opinions of José Vasconcelos, Antonio Caso, and Ezequiel Chávez provided by Querido Moheno in his letter might have worried sanitary authorities. For, if these notorious intellectuals and government officers sponsored free schools, then the entire project to regulate the medical profession under the DSP's criteria, leaving free schools outside of the medical registry, was threatened, at least in Mexico City.

The attitude of sanitary authorities motivated a series of responses from graduates, but their actions were anticipated by an exchange between Luis Rivas Cruz, a doctor from Tamaulipas, one of the northern states of Mexico, and President Álvaro Obregón. This correspondence exchange is unique because while showing that Rivas Cruz agreed upon the sanitary dictatorship — apparently he participated in the discussions that made public health a central concern in the Constitution and the Department of Public Health federal jurisdiction — it

²⁸ See Francisco Castillo Nájera's "Opinion" and the commission's "Dictamen" of October 17, 1922, in the ASSP, SP, EM, 4, 15, pp. 21-22.

also evidenced how Rivas Cruz regarded DSP's attitudes against ELHM graduates as intransigent. Rivas Cruz complained about the

bloody, intense campaign of the [DSP...] against free schools, evidencing that the worst enemy of Mexican people was Mexican people. University and Boards accept doubtful foreign diplomas. Maybe to flatter foreign people, they furiously attack national institutions, legal by the Constitution, and accepted [...] Scornful official monopolistic sectarianism.²⁹

President Obregón replied that he had no knowledge of what was happening and turned Rivas Cruz's telegram to Gabriel Malda.³⁰ The latter went to back to the President saying that the DSP was only abstaining from registering ELHM's medical degrees and that a final resolution to Moheno's request was in due course.³¹ Rivas Cruz sent President Obregon a long letter describing the situation, which was no different than what Moheno had demanded, particularly regarding article 73, fraction 27. According to Rivas Cruz, doctors who graduated from free schools should have demanded their rights and sued civilian registries, instead of going to "physicians with a legal degree" to "beg" for death certificates. Such an attitude, he continued, inflated the pride of the Superior Board of Health and when

the enemies of the revolution [...] entered the Board in 1920, chest up, and certain that they could step on the law with impunity, and overwhelmed by the success of physicians from free schools, especially those from the [ELHM...], the Board agreed to shot a 'UKASE' with no preamble,³²

²⁹ Telegraph from L. Rivas Cruz to President Álvaro Obregón on Nov 8, 1922, in AHELHM.

³⁰ Telegram from President Obregón to Gabriel Malda on Nov 9, 1922, in AHELHM; and telegram from President Obregón to Dr. Luis Rivas Iruz, on Nov 9, 1922 in AHELHM.

³¹ Malda was just about to discuss UNM's resolution with the Superior Board of Health when he sent his letter. See correspondence from Gabriel Malda to President Obregón, on Nov 10, 1922, in AHELHM.

³² See correspondence from L. Rivas Cruz to President Obregón, on Nov 11, 1922, in AHELHM. "Enemies of the revolution" is a term that might well be referring to members of the Mexican Medical Association, such as Gabriel Malda, Alfonso Pruneda, and Francisco Castillo Najera, who had key positions in the new DSP and initiated the campaign against charlatanism both within the Association and the department. The association had been created in 1919 by a large group of ENM graduates with the aim to protect the interests of the profession. When Vasconcelos merged the ENMH to the UNM they agreed to work in favor of a homogenous medical curriculum in the whole nation. See "Asociación Médica Mexicana. Su objetivo," Asociación Médica Mexicana. Boletín de Propaganda I.1 (junio, 1920).; "Personal de la Asociación Médica Mexicana," Asociación Médica Mexicana. Boletín de Propaganda I.1 (junio, 1920).; and "Bases constitutivas y reglamento de la Asociación Médica Mexicana," Asociación

referring to the regulations issued by the DSP in 1920. Rivas Cruz believed that the DSP would never reply to Moheno's request because "the wise Department feels very comfortable, laughing of the Revolution and the law".³³ He finalized by acknowledging that some states registered degrees of free schools but that many others followed DSP's criterion. Perhaps for Rivas Cruz's sensibilities, graduates from free schools should have taken a more active form of resistance, one that actually acknowledged their rights and fought for them, rather than a passive one, aimed to comply with sanitary impositions.

ELHM graduates' response to the DSP's rejection to acknowledge the legality of their degrees was not as passive as Rivas Cruz presumed. It is true that some of them wanted to comply with government regulations and tried to validate their degree with the UNM. Just at the turn of 1923, a few months after the DSP replied to Moheno that it could not give any opinion about the legality of ELHM degrees, brothers Aliber and Eliud García Treviño requested to the NUM that their medical degrees were revalidated. They had studied at the National Highschool [*Escuela Nacional Preparatoria*], the Free School of Homeopathy, New York University, and the University of Chicago. Then Eliud had practiced at the Hahnemann Hospital in New York and the Hospital of Essex County in Newark, New Jersey.³⁴ Following university's regulations, Dean Antonio Caso endorsed their high-school and post-graduate certificates, but consulted with Luis Porragas, head of the ENMH at the time, about the revalidation of their medical degree. Porragas replied that in his opinion only the National Highschool's degree could be regarded as legal; titles from foreign institutions could be taken into consideration, and only because the

Médica Mexicana. Boletín de Propaganda I.1 (junio, 1921). For the position regarding medical education see M. G. A. [Manuel Godoy Álvarez?], "Sobre la brecha," *Boletín de la Asociación Médica Mexicana* I.9 (noviembre, 1921).

³³ See correspondence from L. Rivas Cruz to President Obregón, on Nov 11, 1922, in AHELHM.

³⁴ See correspondence from Eliud to Dean Ezequiel Adeato Chávez in AHUNAM, CU 1910-1930, 13, 92, 1216-19; for this particular information see doc 1216.

university had validated them; the degree from the ELHM could not be considered legal “because that school was not an official institution.”³⁵ In consideration of brothers García Treviño’s validated foreign degrees, Porragas recommended not to make them go through examinations of all the subjects of the school’s curriculum. Rather he suggested that they took a professional examination as if they had requested to be incorporated to the homeopathic faculty.³⁶ Eventually, the ENMH examined and passed Aliber,³⁷ but Eliud did not go through all the process. Having passed the examinations and according to the university’s and the homeopathic school’s regulations, Aliber received a legal homeopathic medical degree from the ENMH. It is important to note that his case was successful not because he had a degree from the ELHM, in fact this was not even considered in the process of validation, rather, because of his foreign medical degrees and his complying with ENMH’s legal requirements.

The unsuccessful case of Eliud highlights the limits of this venue. Aliber’s process raised ENMH’s students concerns about the non observance of ENMH regulations.³⁸ Apparently, after Aliber’s successful case, Eliud requested to resume the process to revalidate his degree. But ENMH students demanded his petition did not proceed. They argued that Eliud’s request had the

³⁵ See reponse from Luis Porragas to UNAM’s Dean in AHUNAM, CU, 13, 92, pp. 1217.

³⁶ In the school’s reformed regulation of 1916 such an examination required that if physicians who wanted to incorporate to the homeopathic faculty had studied at a foreign medical school and such school had reciprocity agreements with the National University, then these physicians needed to write a thesis on a topic related to homeopathic doctrine, be subjected to an oral examination about *Materia medica*, homeopathic therapeutics, or homeopathic doctrine, and finally diagnose, offer a prognosis, and suggest a treatment to three patients, one surgical and two medical, from the National Homeopathic Hospital. See articles 31-39 of the “REGLAMENTO de la Escuela Nacional de Medicina Homeopática de la Ciudad de México”, AHSS, BP, HNH, 1, 28, 18-23.

³⁷ Aliber took the examinations, but the examining committee decided that he should spend one year of studies at the ENMH before presenting the exam for a second time. After six months Aliber requested to take his general examination again, and the committee of the ENMH agreed, examined him and passed him. See the description of the process by the Society of Students from the Faculty of Homeopathic Medicine in AHUNAM, CU, 13, 92, pp. 1217 and 1219.

³⁸ See their complaints to the University’s Dean in AHUNAM, CU, 13, 92, pp. 1218 – 1219.

same irregularities as his brother's.³⁹ The University's Council formed a committee which decided that Aliber's professional exam was valid, but before the committee presented its resolution about Eliud's case, he desisted from taking the exam.⁴⁰ He concluded in his letter that he desisted from the process because on one side his degrees

were worth enough to freely practice his profession, widely accredited by his clientele who paid the prize they considered his services worth of; on the other it was shameful to beg for an exam for accreditation [*examen a título de suficiencia*], as if it was a favor or a grace that many requested, bowing their heads. I wanted [to be examined] to prove to the Nation that the money spent on my allowance [when I was] abroad was not worthless.⁴¹

In other words, while attainable, this venue did not work on the ground. On one side, because ENMH's internal regulations required that accrediting examinations [*exámenes a título de suficiencia*] were comprehensive, meaning that the examinee undertook an exam per each of the courses in the ENMH's academic curriculum. This might have resulted overwhelming for ELHM graduates, who had already pursued a medical curriculum that ultimately was pretty similar to the one offered at the ENMH. On the other, because while ENMH authorities facilitated the process in some instances, this motivated concerns within the ENMH's students community which demanded that those who wanted to have their degrees validated went through the requirements that ENMH internal regulations demanded. Judging by the actions taken by most of ELHM graduates, they were not willing to advertise their services as practitioners without a legal medical degree. Finding no access to the medical registry, they turned to the active forms of resistance suggested by Rivas Cruz's correspondence.

³⁹ Namely that it did not comply with school's regulations, that he did not hold a legal professional medical degree, and that Aliber and head of the ENMH had violated the decision of the examining committee to let him wait a year before taking the second examination.

⁴⁰ For the committee to resolve this case see AHUNAM, CU, 14, 97, p. 1360.

⁴¹ For Eliud García Treviño's letter see AHUNAM, CU, 13, 92, p. 1216.

Moheno's inconformity with the DSP's resolution of November 1922 led him to take the case to the courts, where sanitary and legal authorities and homeopathic doctors expressed how different their interpretation of the Constitution was. Moheno sued the DSP in a local civilian court using similar arguments to the ones exposed in his letter.⁴² The sanitary department argued that the sanitary code only regulated the medical profession exclusively on the issuing of death certificates and that there was no law that made either the ELHM or its degrees legal.⁴³ The judge sided with the DSP, arguing that medical practice was reduced to the diagnosis of diseases and the ministering of the appropriate remedies, and that the issuing of death certificates was an expert opinion and consequently regulated as such. Regarding the interpretation of article 73 of the Constitution, the local civilian court believed that free schools needed to be created or authorized directly by the Congress in order to be legal, an authorization that the ELHM lacked. For these reasons this court concluded that the sanitary department's response to Moheno was appropriate and legal. Moheno did not agree with the civilian court's verdict and demanded a revision of the case to the SCJN, which overruled the original verdict.⁴⁴ For the Supreme Court, the ELHM had been created before the Constitution was even dictated. Consequently, it was a legal institution to which the article 73 of the Constitution did not apply. The corollary of the Supreme Court's argumentation was that the sanitary code was against the Constitution when it regulated medical practice.

⁴² The trial was on April 5, 1923. The transcript of the resolution of the case is in Moheno, "En defensa de los homeópatas. Alegato del lic. Querido Moheno ante la Suprema Corte de Justicia de la Unión," vol., 43 - 65.

⁴³ The civil court required an opinion and recount of facts by the DSP. The DSP replied on December 8, 1922, see AHSS, SP, EM, 4, 15, pp. 35-37.

⁴⁴ The document requesting the revision to the Supreme Court of Justice is dated on April 23, 1923. See Querido Moheno's document that demands the revision of the lawsuit in AHSS, SP, EM, 4, 15, pp. 64-66. See also "Memorandum relativo a la 'Escuela Libre de Homeopatía' de México", en Los médicos de la Escuela Libre de Homeopatía y los artículos 3o. y 4o. constitucionales 14-15.

Sanitary authorities were determined to ban homeopaths from the medical registry. With characteristic legal and administrative audacity, the DSP dismissed the Supreme Court's legal interpretation and acted strictly according to what homeopaths explicitly demanded. In their demand to the SCJN, Moheno literally demanded that sanitary authorities officially stated, in agreement with the President, their position about the legality of ELHM degrees. On June 25, 1925, the DSP sent a letter to President Plutarco Elías Calles summarizing the events during all this legal process and the reasons behind sanitary authorities' actions. This letter concluded with a suggestion of resolution to the President, "Tell Mr. Facundo Hidalgo and its associates that, regarding their correspondence of June 24, 1922, it is not possible for the DSP to respond to their petition because it is beyond its responsibilities".⁴⁵ By this time Plutarco Elías Calles had already an opinion about free schools, since he had already legislated against their legality, so DSP's letter was only a formality and a legal requirement. The sanitary department did not register the titles of graduates from the ELHM, as evidenced in the medical registry.⁴⁶

The Limits of the "Sanitary Dictatorship": Contesting the Sanitary Legislation at the Ground Level and Changing the Legislation from the Bottom Up

Finding the long, both legal and administrative, procedures of the bureaucratic apparatus ineffective to their purposes, ELHM graduates sought other ways to establish a legal practice. They took advantage of article 121 of the Constitution which dictated that professional degrees issued by each state government must be accepted by any other one. This constitutional right opposed the aim of the DSP to centralize the control of the medical profession and of the SEP, particularly the UNM, to regulate professional training at the national level. Some states used

⁴⁵ Correspondence from the head of the office of legal affairs of the DSP to the head of the DSP, June 25, 1925. This letter is a draft of the document that was given to the President. AHSS, SP, EM, 4, 15, pp. 77-80.

⁴⁶ There is no graduate of the Free School of Homeopathy registered in the Homeopathic Physician's Titles Registry before 1930.

this prerogative to mark their independence from central regulations but others sided on a homogenous regulatory framework and aligned with the federal government. Consequently, ELHM graduates used these inconsistencies with relative success.

States such as Hidalgo (1917)⁴⁷ and Morelos (1925–6)⁴⁸ regarded medical degrees issued by private medical schools such as the ELHM to be legal. In the case of Morelos, the government even issued official degrees to ELHM graduates. The timing and sequence of steps took by the government of Morelos suggests an open reaction to DSPH attitude against the ELHM and the UNM's attitude against free schools. The governor of Morelos issued a decree on October 20, 1925, just four months after the DSP finally resolved the case of ELHM graduates, setting on the legality of degrees issued by this and the Free School of Law. A few months later, on January 31, 1926, he authorized the issuing of state issued degrees to graduates from these schools. If the governor wanted graduates from free schools to become legal practitioners in the whole country, he could only do it through the second decree. It is unclear how effective this action was. The registry of homeopaths does not include any entry from a homeopath with a degree issued by a state government, or by a free school before 1930.

In the state of Yucatán this strategy did not work. Local sanitary authorities had always been concerned about homeopaths entering the regular practice of medicine, even if their degrees were legal, but once the DSP enforced the control of the medical profession, local sanitary authorities followed DSP's guidelines. In 1919, the ENMH requested the government of Yucatán to accept the former's medical degrees, but the local Sanitary Board, making veiled critiques of the homeopathic system, decided not to accept the degrees, based on the authority of the local

⁴⁷ The decree was published on November 15, 1919; see "En favor de la enseñanza", *El Universal*, April 12, 1919.

⁴⁸ See "El estado de Morelos reconoce a las escuelas libres y expide títulos oficiales a los graduados en ellas" in Los médicos de la Escuela Libre de Homeopatía y los artículos 3o. y 4o. constitucionales 16.

state to authorize and regulate medical practice. The Sanitary Board decided that ENMH graduates had to pass an examination like graduates from other medical schools, an examination where the Board expected that homeopathic knowledge would not pass the standards of the examining committee.⁴⁹ Four years later, in 1923, Benjamín López, graduate from the ELHM, requested the registration of his degree in Yucatán. This time the local Sanitary Board asked the the DSP if the latter accepted those titles and received the notification that only titles from the National University or from state governments could be registered.⁵⁰

Even in the Federal District where the DSP ruled professional medical practice, ELHM graduates found ways to overcome sanitary regulations, register their degrees, and have their certificates accepted by local civilian courts. After the DSP refused to acknowledge ELHM degrees as legal in November 1922, they started to request local municipal governments in the Federal District to accept their death certificates. Sometimes these petitions included other practitioners who belonged to homeopathic medical societies but whose training background is difficult to track. Municipal governments complied with or rejected homeopaths' petitions based on other local administration decisions, opinions of high federal functionaries, legal arguments, or political relationships. In November, 1923, the municipality of Coyoacán agreed to receive ELHM graduates' death certificates because Mexico City's government had already done it and the secretary of public education had declared that the studies at the ELHM were as good as those of other medical schools.⁵¹ Using the same evidence, the lawyer of the municipality of Guadalupe Hidalgo denied the petition in June, 1924, on the basis that civil judges could only

⁴⁹ See David Sowell, "Quacks and Doctors: The Construction of Biomedical Authority in Mexico," *Juniata Voices* 5 (2005): 22-23.

⁵⁰ See correspondence between the Sanitary Board of Yucatán and the DSP of May 24, 1923, and June 12, 1923, in the AHSS, SP, EM, 4, 36.

⁵¹ Correspondence from the Municipality of Coyoacán to the Free School of Homeopathy of November 13, 1923, in the AHELHM

accept official degrees and that regardless of the opinions of UNM's Dean about the ELHM, his document stated that the National University did not certify professional degrees from free schools.⁵² The following year, the municipality of San Ángel registered degrees of homeopaths who belonged to the Union of Homeopathic Physicians Graduated from Free Schools and ordered local civilian courts to accept these homeopaths' death certificates on the basis of the relationship between the homeopaths' union, the CROM, and the Assembly of Municipalities of the Federal District.⁵³

Contesting the sanitary dictatorship was fragmented, leading to internal conflicts in the community of homeopaths who graduated in free schools. This division decreased the effect of their political actions. For instance, most homeopaths who obtained authorization to issue death certificates in the municipality of San Ángel were not in Moheno's original request to and later lawsuit against the DSP. While most of them were ELHM graduates, there were some who had graduated elsewhere (see chapter 6 for a discussion of other free schools offering medical training in Mexico City and Puebla in the 1920s) and who did not belong to the union. The latter complained with the municipality, submitting a list of actual affiliates who should be the ones authorized to issue death certificates. The lack of a corporate structure that unified demands from the diverse array of graduates from different free schools and the DSP's monolithic criterion regarding degrees from free schools made contesting the sanitary dictatorship difficult. Rather, the lack of coherent state policies regarding professional training at the federal, state, and local level, and regulation of medical training and practice made contesting the sanitary dictatorship partially effective.

⁵² Correspondence from the municipal governor to Guadalupe Arellano, J. Hernández Osorio, and other petitioners, dated on, June 12, 1924, in the AHELHM.

⁵³ For Tacubaya see AHCM, AGDF, T, M, 10, 40. For San Angel see AHCM, M, SA, A, 3, 365.

Also part of this effectiveness was the organization of corporate bodies that grouped a larger contingent first of homeopaths who had graduated in free schools and eventually from a larger community of homeopathy supporters (see chapter 6). Sanitary authorities' attitude against ELHM graduates motivated a new form of organization amongst the latter, evidenced in the case of the municipality of San Ángel. The union that obtained the support of the municipality of San Ángel had just been recently created on July 10, 1924.⁵⁴ Yet homeopaths had been organizing into unions since 1919, when they created the Union of Homeopathic Physicians of the Federal District. This Union helped create the CROM in 1918 and continued as a member of this confederation until 1928, when the confederation dissociated. But when excised members of the CROM created the new Federation of Worker Unions of the Federal District in February 1929, the homeopaths' union joined in.⁵⁵ Homeopathic unions and their relationship with worker's organization in Mexico City eventually would lead them to push for the regulation that made the ELHM a legal institution in 1929, but before this happened they continued pushing against the DSP's dictatorial measures.

The Union of Homeopathic Physicians of the Federal District starkly opposed issuing the sanitary code in 1926. Facundo Hidalgo, the union's leader, addressed President Plutarco Elías Calles on February 27, 1926, to request a meeting to discuss the new sanitary code, but the president did not agree. Instead, he requested his particular secretary, Fernando Torreblanca, to

⁵⁴ See "Amparo en contra del Presidente de la república y jefe del DSP por parte del Sindicato de Médicos Homeópatas titulados en Escuelas Libres" in AHSS, SP, SJ, 41, 10, pp. 3-16.

⁵⁵ For the unions that were part of the Regional Confederation of Mexican Workers during its first years see Davis, *Urban Leviathan : Mexico City in the Twentieth Century* 48. For a list of how members of the confederation changed through time see Rocío Guadarrama, "La CROM en la época del caudillismo en México," *Cuadernos Políticos*.20 (1979). For the creation of the Federation of Worker Unions of the Federal District see note 23 in Arnaldo Córdova, "La política de masas y el futuro de la izquierda en México," *Cuadernos Políticos*.10 (1979). To see how corporatist politics worked in Mexico City in the 1920s see John Lear, *Workers, Neighbors, and Citizens: the Revolution in Mexico City* (Lincoln: University of Nebraska Press, 2001).

attend homeopaths' requests.⁵⁶ Homeopaths had a personal connection with Fernando Torreblanca since one of his family members, Edmundo Torreblanca (probably his brother or an uncle), was a homeopath too. Edmundo Torreblanca, who had graduated from the ENH in 1896, had a talk with Fernando about José Hernández Osorio, the ELHM graduate who would represent homeopaths in this negotiation, before Fernando met with José on March 4.⁵⁷ Whether Edmundo supported Hernández Osorio or not is uncertain, for while homeopaths shared the same medical doctrine and were associated with the same professional societies, graduates from the ENMH had doctrinarian and institutional differences that set them apart from ELHM's graduates. It is probable that homeopaths perceived that Edmundo's was a positive intervention, for Facundo Hidalgo thanked the particular secretary for his "attentions to and efficacy in this matter".⁵⁸ But President Calles already knew about the situation of graduates of the ELHM. It was him who agreed with Bernardo Gastelum not to grant their titles legal status after they won the lawsuit against the DSP in 1925. After discussing the ideas proposed by Jose Hernández Osorio with President Calles, Fernando Torreblanca sent a note to Facundo Hidalgo, saying that the president recommended him to raise his demands directly to the head of the DSP.⁵⁹ Despite their political connection, or probably because of it, homeopaths neither discussed the new sanitary code with sanitary authorities nor prevented the DSP from issuing it. On June 23, after the code was issued, Hidalgo addressed President Calles requesting him to prevent the enforcement of the new sanitary code. ELHM graduates explained that the new sanitary code had been elaborated by allopaths who had a year-long dispute with homeopaths and who were using

⁵⁶ Telegram from Facundo Hidalgo, secretary of the Union of Homeopathic Physicians, and President Plutarco Elias Calles, February 1926. Telegram from President Plutarco Elías Calles to Facundo Hidalgo, March, 1, 1926. AGN, OC, 801-S-15.

⁵⁷ Note from Edmundo Torreblanca, Jr., to Fernando Torreblanca, particular secretary of the president, March 4, 1926. AGN, OC, 801-S-15.

⁵⁸ Telegram from Facundo Hidalgo to Fernando Torreblanca, March 10, 1926. AGN, OC, 801-S-15.

⁵⁹ Telegram from Fernando Torreblanca to Facundo Hidalgo, March 5, 1926. AGN, O-C, 801-S-15.

the new code to attack ELHM graduates. But once again Elías Calles turned the request to a different office, the Ministry of Internal Affairs, to attend homeopaths' accusation against the DSP.⁶⁰

The turbulent years of 1928 and 1929 also impacted the mobilization of homeopaths' resistance. As I analyzed in chapter 4, President Calles reinstated the ENMH in March 1928. Perhaps as a result of this new support to homeopathy and UNM's mobilization to obtain its autonomy, ELHM graduates felt the opportunity had come to obtain the legalization of their school. But the institutional leaders had not changed and their responses were identical to four years earlier. Homeopaths used their relationship with the Federation of Worker Unions of the Federal District to address their labor problems with the UNM and the DSP in 1928. In the first days of July, the federation spoke on behalf of homeopaths to the UNM. It requested the validation of ELHM's degrees if after an evaluation by educational authorities these degrees proved to warrant scientific proficiency. One month later, on August 27, 1928, the federation addressed the DSP, requesting the cessation of "hostile acts" and high fines carried out by sanitary authorities against homeopaths, at least while educational authorities responded if they would validate ELHM degrees.⁶¹ But no matter what the political situation was, the DSP's position remained determined to prevent the registration of degrees from free schools. The legal consultant of the sanitary department replied in the same terms as the department had answered homeopaths' lawsuit in 1924. There was no hostility against homeopaths on the DSP's side, he said, the department only watched over people's safety by fining those practitioners who did not

⁶⁰ Telegram from Facundo Hidalgo to President Plutarco Elías Calles, June 23, 1926. Telegram from President Plutarco Elías Calles to the Secretary of Internal Affairs, June 25, 1926. AGN, OC, 801-S-15.

⁶¹ It might have been directly addressed the the National University, see Los médicos de la Escuela Libre de Homeopatía y los artículos 3o. y 4o. constitucionales 18. It is unclear to which specific educational authorities the federation addressed to, since the correspondence to the DSP is not clear about which specific authority the federation was addressing to; see correspondence from A. Pérez M., secretary of the Federation of Worker Unions of the Federal District, to Bernardo Gastelum, AHSS, SP, EM, 10, 17.

properly advertise their services. For him, medical practice was not banned by the sanitary code or the sanitary department.⁶² With no response from the university and with the sanitary authorities' dictatorial position, homeopaths needed to wait until a new presidential term came in and the presidential cabinet changed.

In 1929, when President Emilio Portes Gil stepped in, homeopaths initiated a new series of petitions that had a key influence to include article 37 of UNAM's new Organic Law, the one that gave the President and the SEP — but not UNAM — the authority to regulate free schools. The exchange of correspondence initiated just one month after Portes Gil became President.⁶³ On March 11, Gabriel Suárez, an ELHM graduate and member of the recently created Mexican Homeopathic League [*Liga Homeopática Mexicana*], a professional society that grouped ELHM graduates, notified the President about DSP's "hostilities" against "200 homeopaths".⁶⁴ As he had previously done, Portes Gil replied that they should meet with Ezequiel Padilla, the new Minister of the SEP, but this time he also notified ELHM graduates that he had instructed Aquilino Villanueva, the new DSP head, requesting, as former presidents never did before, that

⁶² Correspondence from A. Pérez M. (heading of the Federation of Worker Unions of the Federal District), to Dr. Bernardo Gastelum, head of the DSP, August, 27, 1928; and from the head of the Office of Legal Affairs of the DSP to the Head of the Office of Demography and Medical Practice, September 5, 1928; in AHSS, SP, EM, 10, 17.

⁶³ Higinio G. Pérez initiated the series of telegrams that ELHM graduates exchanged with President Portes Gil during the first half of 1929. He addressed the President on January 22, 1929 who turned in the case to the new minister of public education, Ezequiel Padilla. Eventually, the vice minister took the case in his hands. See telegrams of January 22 and 30, and February 16, 1929 in AHELHM, Documents Obregón –Calles.

⁶⁴ Apparently the initiative came from a recently created group that gathered around 200 ELHM graduates, *Liga Homeopática Mexicana*. This league was led by Miguel Mazari, vice president, Gabriel Suárez, scientific commission, Miguel Sánchez de la Vega, scientific commission, and Guillermo Rodríguez del Solar, secretary. For members of the League's board and the League's members see the letter from the Mexican Homeopathic League to Dr. Aquilino Villanueva on April 9, 1929, in AHSS, SP, EM, 10, 17, pp. 5, and Telegraph from Guillermo Rodríguez del Solar to President Portes Gil, in in AHELHM, Documents Obregón –Calles. For Gabriel Suárez demand see telegraph from Dr. Gabriel Suárez to President Emilio Portes Gil on March 11, 1929, in AHELHM, Documents Obregón –Calles.

any actions against homeopaths were suspended.⁶⁵ On March 25, Suárez, and Miguel Mazari and Guillermo Rodríguez del Solar, the League's representatives, addressed the President once again, explaining that "hostilities" persisted and that these implied "the undue enforcement of illegal articles sanitary code that made impossible professional practice physicians graduated free schools."⁶⁶ This time Portes Gil asked them to address directly the DSP.⁶⁷ The League's representatives explained to Villanueva the legal arguments that, on their opinion, made the ELHM a legal institution and how the UNM's negative to revalidate their degrees resulted in the DSP's impossibility to register their degrees.

The University, in this unprecedented case, could be compared to a big wall of lime and limestone, impassive and deaf; in front of it, the Department of Public Health grabs the sword of fines and other unjustified prohibitions; between the sword of Public Health and the university's wall [we find ourselves] condemned, without escape, in spite of our evident rights, just because neither Public Health wants to sheathe its sword nor the university listens to our fair demands. What a poor equity in such an injustice for those who believing in the law, rights, and liberty have been defending and making public an immense true: homeopathy!⁶⁸

This time the DSP head "kindly offered to suspend for a period of time any procedure against [ELHM graduates]", while they contacted the new group that was leading the university to solve the problem of the revalidation of their medical degrees.⁶⁹

⁶⁵ Telegraph from President Emilio Portes Gil to Dr. Gabriel Suárez on March 15, 1929, in AHELHM, Documents Obregón –Calles.

⁶⁶ Telegram from Guillermo Rodríguez del Solar and Gabriel Suárez to President Portes Gil on March 25, 1929, in AHELHM, Documents Obregón –Calles.

⁶⁷ Telegram from President Portes Gil to Guillermo Rodríguez del Solar on March 26, 1929, in AHELHM, Documents Obregón –Calles.

⁶⁸ Letter from the Mexican Homeopathic League to Dr. Aquilino Villanueva on April 9, 1929, in AHSS, SP, EM, 10, 17, pp. 5, and Letter from Manuel Mazari, Gabriel Suárez, Miguel Sánchez de la Vega and Guillermo Rodríguez del Solar to DSP Head Aquilino Villanueva, on April 9, 1929, in AHELHM, Documents Obregón –Calles. This letter was also sent to President Portes Gil to notify him about homeopaths' epistolary exchanges with the DSP.

⁶⁹ Manuel Mazari, Gabriel Suárez, Miguel Sánchez de la Vega, and Guillermo del Solar met with DSP Head Aquilino Villanueva between April 9 and 15. They reported the results of this meeting on a letter to President Portes Gil, on April 15, 1929, AHELHM, Documents Obregón –Calles.

Throughout the following two months, President Portes Gil received a wave of requests that sought a solution to their case. On April 18, R. Treviño Díaz, secretary of the Union of Homeopathic Physicians denounced DSP procedures and requested the president's intervention with the DSP and the SEP's acknowledgment of the legality of ELHM medical degrees.⁷⁰ A week later, Alfredo Zendejas, a ELHM graduate, complained that he was "deprived from his professional rights just because he had studied at the [ELHM]" and requested that the SEP revalidate his degree "through an accreditation exam [*exámen de eficiencia*], just as foreign physicians who came to [practice medicine to] the country did."⁷¹ A week later Manuel D. Rodríguez, Fernando E. Alva, and José D. Zárate, all ELHM graduates, made a specific request. In representation of their "comrades", they requested that their degrees were registered with the DSP.⁷² In all these cases, Portes Gil resubmitted ELHM graduates' petitions to Ezequiel Padilla, who turned the case to either the SEP's lawyer, as with the union, or to the UNM's Dean, as with Zendejas, Rodríguez, Alva, and Zárate. In the last petition, Portes Gil specifically required Padilla to "do a study about the case, procuring as possible to help the interested ones in avoiding the difficulties they have been resisting to."⁷³

ELHM graduates' active resistance had a perfect political timing. While the UNM was going through the conflict with the central state's political control, homeopaths kept pushing the president to participate in the institutional meetings that would decide their future as professional

⁷⁰ See telegram from R. Treviño Díaz to President Portes Gil on April 18, 1929, in AHELHM, Documents Obregón –Calles.

⁷¹ Telegram from Dr. J. Alfredo Zendejas to President Portes Gil, no date, in AHELHM, Documents Obregón –Calles.

⁷² These homeopaths sent their telegram to president Portes Gil on May 7, 1929; see telegram from Adolfo Roldán, personal secretary to President Portes Gil, to Lic. Ezequiel Padilla, on May 8, in AHELHM, Documents Obregón –Calles.

⁷³ See telegram from Adolfo Roldán, particular secretary to Portes Gil, to Ezequiel Padilla on April 23, 1929; from M. Méndez, personal secretary to Ezequiel Padilla, to Adolfo Roldán on April 29, 1929; from Adolfo Roldán to Ezequiel Padilla on May 9, 1929; from P. Aguirre in the absence of Padilla's particular secretary to Adolfo Roldán on May 16, 1929; from Adolfo Roldán to Ezequiel Padilla on May 8, 1929.

doctors. When the League received news that authorities from the DSP, the UNM and the latter's School of Medicine would celebrate a meeting in mid-May, Suárez, Mazari, and Rodríguez del Solar requested to participate, as representatives of the ELHM, with "their opinion and their vote" and both the President and the SEP's Minister agreed.⁷⁴ Given the conflicts that the UNM was going through during these months to obtain its autonomy from the federal government, it is unlikely that such meetings took place.⁷⁵ Furthermore, after the federal government granted the autonomy to the NUM in the first days of June, Mazari, Suárez, and Rodríguez del Solar addressed the Portes Gil to "include in the upcoming University Law the needed dispositions to acknowledge the status of Free Schools and to revalidate their degrees by the National University."⁷⁶ They concluded their telegram acknowledging that they "trust[ed] [in the] right criterion [of the] Prime Minister [in] accepting such petition [which] was indispensable [for the] life of free schools and [the] preservation [of the] learned principle [of] free education included in [the] Constitution."⁷⁷ As I analyzed in chapter 4, Portes Gil gave free schools an opportunity to be regulated independently from UNAM — though not from the federal government — in the new Organic Law of UNAM in 1929.

Portes Gil's government fulfilled ELHM graduates' petitions; not because authorities responded explicitly to their demands. Indeed, no ELHM medical degree was included in the medical registry during 1929, regardless of ELHM graduates complaints and in spite of President

⁷⁴ See telegram from Gabriel Suárez, Manuel Mazari, and Rodríguez del Solar to President Portes Gil on May 22, 1929; from Portes Gil to Suárez, Mazari, and Rodríguez del Solar on May 23, 1929; from Portes Gil to Ezequiel Padilla on May 23, 1929; from Ezequiel Padilla to Portes Gil on May 25, 1929, in AHELHM, Documents Obregón –Calles.

⁷⁵ Even Portes Gil was not certain that these meetings would take place. In his telegram to Ezequiel Padilla on May 23, 1929, he explicitly said that "in case such meetings were held".

⁷⁶ Telegram from Miguel Mazari, Gabriel Suárez, Guillermo Rodríguez del Solar to Portes Gil on June 14, 1929, in AHELHM, Documents Obregón –Calles.

⁷⁷ Telegram from Miguel Mazari, Gabriel Suárez, Guillermo Rodríguez del Solar to Portes Gil on June 14, 1929, in AHELHM, Documents Obregón –Calles.

Portes Gil recommendations to the Ministers of the DSP and the SEP. Portes Gil government used free schools, particularly the Free School of Homeopathy and the Free School of Law, as scapegoats that outweighed the political power that the university had in the Mexican society. Yet perhaps Portes Gil wouldn't have used the Free School of Homeopathy had its graduates not organized into a professional group that raised their voices against the marginalizing regulations of the UNM and the DSP. ELHM graduates' active resistance reached its objective in the late 1920. The government issued ad hoc legislations that turned the ELHM into a legal institution and consequence, the DSP had no choice but to register its medical degrees. The majority of ELHM medical degrees granted during the 1920s were registered as a consequence of this process. But just as with the sanitary dictatorship, the resistance of graduates from free schools had also its limits. As I will explore in the next chapter, sanitary authorities learned from the experience with ELHM graduates and enforced their policies to avoid the registration of graduates from other free schools of medicine in the early 1930s.

Conclusions

What is the meaning of homeopathic resistance? In other words, what does this resistance tell us about the social organization of the Mexican medical profession in the 1920s? Furthermore, what does it reveal about the relationship between the Mexican state and the Mexican medical profession? Homeopaths contested sanitary measures to control and regulate the medical profession since their arrival to Mexico City in the mid-19th century. Yet while homeopaths' efforts to resist authoritarian measures in the late 19th and early 20th century were similar in the sense that they confronted similar actors, i.e. sanitary authorities and faculty of the local School of Medicine, the political situation of these institutions radically changed in the 20th century, leading to a completely new way to organize resistance.

During the 19th century, homeopaths went from being foreign doctors who enjoyed the support of the ruling elite to both national medical entrepreneurs and practitioners, who provided therapeutic products and services, and national academic physicians, who were trained at state-sponsored medical schools, both allopathic and homeopathic. Such positions placed homeopaths at odds with both the local sanitary regulation and academic medical faculty. Consequently, their resistance was limited to find ways through which they complied with regulation and continue their practice. Even the increasing government intervention during the *Porfiriato* gave homeopaths a place, whether by giving them the opportunity to be incorporated into the medical profession through studying at the ENMH or by allowing their private practice to those who lacked professional studies. The only, yet meaningful, difference was that practitioners wouldn't be authorized to participate of government life as professional experts.

After the revolution, the institutions that trained academic physicians and regulated their professional practice became central in the new government structures. New governments, particularly in the second half of the 1910s, believed that it was necessary to create a coherent and unified government structure. This ideology permeated the medical profession and consequently they used their position within the ENM and the DSP to set the standards on what a professional medical practitioner should fulfill to be incorporated into the modern medical institutions of the new revolutionary Mexican state. But this ideology and the measures that resulted from it aimed to impose from the top a unique view of what the medical profession should be, a single medical school in Mexico City, a single medical curriculum, one single kind of medical degree, and one single type of medical practitioner in the medical registry.

Homeopaths' resistance evidences the multiple layers of limitations of this unifying process in the 1920s. The different levels of government played a key role. If federal offices such

as the DSP and the SEP coordinated their efforts to perpetuate the distinction between public and private institutions, preventing graduates from the latter from participating in any government activity, local offices within the Federal District, such as civilian registries and local municipalities, not always aligned with federal policies. Perhaps being aware of the lack of medical practitioners in their particular jurisdictions and certainly as a consequence of union alliances, these local governments sometimes accepted death certificates issued by ELHM graduates or authorized their practice. This situation was extended at the federal level. As a consequence of state government's autonomy granted by the Constitution of 1917, each state was free to regulate professional practice on its own. While some states used the ideology that federal institutions were imposing in the Federal District, other, such as Hidalgo and Morelos, regulated in favor of ELHM graduates. These inconsistencies motivated the mobilization of DSP personnel and resources to the countryside in order to police medical practice (see chapter 4).

In the Federal District, the UNM's silence regarding free schools in general and the ELHM in particular contributed to complicate the conflict between ELHM graduates and DSP authorities. Vasconcelos supported the incorporation of the ENMH to the UNM in the early 1920s, but while acknowledging the ELHM's pedagogic academic plan and facilities, he never offered any funding or legal regulation. Vasconcelos' acknowledgment to the ELHM mimicked the contradictions between the Constitution and the government structure. While the original Constitution signed in 1917 authorized the foundation of free schools, the SEP and the UNM neither acknowledged their existence nor regulated their training during the 1920s. Consequently, ELHM degrees did not entitle their holders to participate in the government structure. Homeopaths and other medical practitioners graduated from free medical schools were

marginalized from the institutions that the medical profession was building in conjunction with the revolutionary state.

But the relationship between the medical profession and the Mexican state suffered a rupture by the end of the 1920s. This rupture evidences the limits the political power of DSP's and UNM's authorities. The close association of the medical profession to the state made the former susceptible to the changing policies of the latter. When differences between them arose, Mexican governments subsumed the project for unification of the medical profession in favor of its own political aims, which in terms of the medical profession meant a redistribution of political power. Homeopaths were there as a professional and political group that counterweighted the political power of the UNM. It is not that ELHM graduates competed in terms of state resources with the rest of the medical profession. Homeopaths were marginal in terms of their population, of the number of patients they treated, and of the scale of their two medical schools. Rather ELHM graduates were politically active, and their connections with unions, and leaders of the revolution such as Vasconcelos and Carrillo Puerto, motivated them to be persistent in their demands to the federal government. Consequently, when it needed to balance the increasing political power of the university and its graduates, the federal government supported homeopaths, not because it sided with their particular therapeutic approach, but because they represented a political group that actively supported free schools and contested the UNM's authority.

Homeopaths' resistance was not effective against DSP's regulations. Homeopaths were not able to convince sanitary authorities to stop either issuing reforms to the sanitary code in 1926, which made controlling measures of medical practice even more rigorous, or enforcing such reforms, except from short periods of time. Rather, they convinced the federal government

and its minister of education to regularize the situation of their school. In other words, once the government demolished the “wall” that blocked the regulation of the ELHM, its graduates were able to escape from the DSP’s “sword”. But just for a brief period of time. As the data from the medical registry evidence (see chapter 4), the DSP continued blocking the registry to ELHM graduates during the 1930s and reforming sections of the sanitary code that aimed to forbid homeopathic practices. As I will show in the next chapter graduates from free schools, including homeopaths, continued resisting with limited success the sanitary dictatorship, evidencing that just as the sanitary dictatorship, their resistance had also its limits.

Chapter 6. The Limits of Resistance: Medical Degrees, Medical Advertising, and the New Sanitary Code, 1930–34

In 1935, the Union of Medical Doctors of the Federal District [*Sindicato de Médicos Cirujanos del Distrito Federal*] published a special issue to criticize the political activity of homeopaths and their institutions. In one of its internal pages, an image displayed in the background depicted a battle field where cannons and airplanes combated each other in an incarnate fight. An ambulance displaying the sign “sugar” drove through the battlefield to assist those in need. In the first plane of the image, a high-rank officer handed a rifle to a lower-rank soldier. The sarcastic captions read “In the battle field. Injured soldiers must be treated with homeopathic sugar; in the end canyons shoot nothing more than bonbons, sugar candies and peanuts.” The picture was an acerbic critique to homeopathic medicines. Regular doctors had mocked homeopathic globules for lacking any real therapeutic substance since the last quarter of the 19th century, but in the context of 1935 this picture could be read as a metaphor of what was occurring in the professional body politic.¹

Graduates from the Free School of Homeopathic Medicine had been struggling since the early 1920s to have their medical school acknowledged as a regular institution. When they achieved such recognition in 1930, graduates from other free schools followed the path the ELHM had created to obtain their official recognition. But sanitary authorities, who believed that people trained at free schools lacked the appropriate medical training, reinforced their campaign to contain the proliferation of what they called charlatans with a medical degree. Sanitary authorities did not introduce any new regulation; rather they enforced regulations on medical practice and medical advertising of the sanitary code of 1926. Their campaign was successful and homeopaths could only seldom resist the DSP’s sanitary dictatorship through 1934. In this

¹ "Número especial dedicado a las manifestaciones charlatanesco-homeopáticas," 10.

sense, the cartoon was a reflection of the effectiveness of sanitary policies to regulate medical practice in the first half of the 1930s. It is also a reflection of the useless efforts of homeopaths and other free-schools graduates to resist the DSP's dictatorial measures.

In this chapter, I analyze the failed efforts of graduates from other free schools to resist the marginalization of medical practice by the sanitary code of 1926. I argue in the first section that the DSP enforced its sanitary police and turned into a regulator of professional medical training as a result of the ELHM's political ability to obtain its recognition as an official medical school. The shifting policies of the *Maximato* altogether with the conflicts between the state and the university resulted in new regulations that the SEP used to shy away from its responsibility to regulate free schools and the DSP used to ban graduates from the medical registry. In the absence of an agreement between the SEP and the DSP regarding adequate medical training, the latter became an office that specifically surveyed free schools to prove they lacked official credentials to grant medical degrees. In the second section, I explore how the DSP changed its approach to police medical advertising from trying to convince practitioners to comply with the sanitary code to generating legal procedures to have effective cases in court and enforce practitioners to both pay fines and obey the sanitary code. Finally, I analyze the arguments that homeopaths used to try to convince President Abelardo L. Rodríguez and sanitary authorities to incorporate their demands in a new version of the sanitary code in 1934. These letters highlighted the conflict between sanitary authorities and ENM graduates, or "allopaths", as they called them, and homeopaths in terms of class struggle, professional competition, and the suitability of homeopathy as a scientific medicine for the working class. They used a social democratic rhetoric to convince the revolutionary government that supporting homeopathy aligned with the purposes and aims of the revolution. I conclude by reflecting on the enforcement

of the sanitary dictatorship and the limits of resistance to change the sanitary policies in this period.

Regulating Professional Medical Training: The Department of Public Health Contains the Proliferation of Free Medical Schools

Taking advantage of a new presidential succession — President Emilio Portes Gil left office in February 1920 and Pascual Ortiz Rubio stepped in — and the consequent restructuration of ministries, several medical organizations addressed the new heads of the DSP and the SEP to stop the registry of homeopaths in 1930. The National Academy of Medicine, the Mexican Medical Association, the Federation of Medical Unions of Mexico, and the Union of Medical Doctors of the Federal District asked President Ortiz Rubio to reconsider the decree issued by the former president and that had turned the ELHM into a legal medical school in late January 1930. Using the public good as basis for their arguments, these professional societies and groups demanded that authorities did not implement the decree, or at least that the SEP interrupted the validation of ELHM's titles while the president and educational authorities considered what these medical organizations demanded.² President Portes Gil corresponded with the SEP and the DSP and finally agreed to the request of these professional organizations, asking the SEP to stop validating titles until the DSP gave its opinion about the situation.³ These

² Correspondence from the National Academy of Medicine, Mexican Medical Association, Federation of Unions, and Union of the Federal District, to the head of the DSP, Rafael Silva, February 26, 1930, AHSS, SP, SJ, 7, 2.

³ On February 27, 1930, the President requested the head of the SEP a report about the academic curricula to the ministry of public education. On March 3, 1930, the latter replied that it was necessary to have an accurate preparatory education before entering the medical school, and since the decree that authorized the FSH did not describe accurately the requisites to enroll in the medical school, the SEP could not validate its titles issued before 1930. He also suggested that the decree was modified so it included the need to have preparatory studies before enrolling to the FSH. On March 14, 1930, President Ortiz Rubio addressed Rafael Silva, head of the DSP, to ask him for counseling to improve the decree that authorized the FSH; AHSS, SP, SJ, 7, 2. See also “ACUERDO del Presidente” in AHSS, SP, SJ, 28, 3, and “Asuntos que se llevan al acuerdo del C. Presidente de la República el día de febrero de 1930”, in AHSS, SP, SJ, 7, 2.

negotiations show that the SEP was more interested in regulating requisites to enroll in professional education than the quality of professional medical training, the latter being the interest of sanitary authorities. Furthermore, while both ministers agreed on the ELHM's deficient academic curriculum and in consequence intended to modify the decree, the DSP recognized that the SEP should not stop validating ELHM degrees that it had already received because in the sanitary department's experience that would lead to lawsuits that homeopaths could win, constituting a precedent that would impose limits on a later modification of the original decree. In the end, the DSP left all regulatory activity of medical education within free schools to the SEP.⁴ Despite the abrupt reduction in the registration rate of ELHM-issued medical degrees a couple of months after President Portes Gil authorized it (see Chapter 4), and despite the demands of the aforementioned medical organizations and sanitary authorities themselves, which requested that the SEP stop validating these degrees, the SEP and the DSP followed what the decree dictated a couple of years after 1930, but not for much longer.

The new legislation that provided venues to turn free schools into legal institutions in 1929 had a positive impact in free schools in Mexico City, particularly the ELHM and the Free School of Law, but the changing politics during the *Maximato* made their legal status weak. The SEP recognized the ELHM as a legal medical school, validated its degrees, and the DSP registered the latter in 1930. The ELHM's exemplary resistance against the DSP and struggle to be acknowledged as a legal institution during the 1920s worked as a model that other graduates from free schools both in the capital and in other states followed, in order to achieve the regularization of their own schools. But with a new legislation in 1933 that banned the SEP's responsibility to authorize free schools and validate their degrees, the SEP could not respond to

⁴ See "MEMORANDUM relativo a la reglamentación de las escuelas libres" and following documents in AHSS, SP, SJ, 7, 2.

free schools' demands in the Federal District, leaving them in the same legal status as they were before 1930. The case in other states was different. The SEP had no jurisdiction on the regulation of professional training beyond the Federal District and consequently the decree that made free schools legal had no impact in the regulation of free schools in other parts of the nation. Facing the SEP's passive role in preventing the regularization of free medical schools and the growth of other free schools in the rest of the country, the DSP assumed the responsibility of policing medical training and banned, with very rare exceptions, the registration of medical degrees from free schools, both in the Federal District and other states, for the rest of the decade. These actions made the DSP the principal agent that regulated medical training in free schools after 1929, limiting the resistance of doctors graduated from these schools during the 1930s.

The case of the Free School of Obstetrics and Nursing in Mexico City [*Escuela Libre de Obstetricia y Enfermería*, ELOE] offers a window to analyze how the regulatory control of medical training in free schools actually took place on the ground, shifting from the SEP, which was legally entitled to exert such control, to the DSP, whose role was centered on preventing untrained physicians from entering the medical registry. This case also evidences the way the SEP and the DSP interpreted the legislation to simply evade the responsibility to regulate free schools in the former case, and ban free schools from the medical registry in the latter case. The ELOE regularized its situation as a free medical school on March 10, 1931,⁵ just one year after the ELHM did. As a regular medical school, the DSP registered its degrees. But on March 8, 1932, a new decree abolished the one of 1929 and the SEP attempted to withdraw the school's legal recognition. In 1934, Arturo Palmero, head of the school, won a lawsuit initiated in 1933

⁵ See "DECRETO por el cual se concede a la Escuela Libre de Obstetricia y Enfermería de México, el reconocimiento y los privilegios a que se refiere la Ley Reglamentaria de Escuelas Libres," *Diario Oficial* 1931, Organo del Gobierno Constitucional de los Estados Unidos Mexicanos, September 20, 2012, <<http://www.dof.gob.mx/index.php?year=1931&month=3&day=24>>.7.

against the SEP that required the latter to fulfill its administrative duties regarding the validation of ELOE's degrees. But using UNAM's new Organic Law of 1933, which abolished the regulation that originally had given authority to the President of Mexico and the SEP to regulate free schools in 1929, the SEP appealed the resolution to the SCJN in Arturo Palmero's case, arguing that it no longer had the responsibility to validate the academic curricula and degrees of the ELOE. In the appeal's resolution, the court acknowledged that the SEP had no longer the authorization to validate degrees from free schools, but recognized the right to issue medical degrees with the same status as those issued by official professional schools, a right that the ELOE had obtained in 1931. Furthermore, the court acknowledged the need to create a new office that registered degrees issued by free schools.⁶

The DSP denied the registry to ELOE's degrees using arguments similar to the ones the SEP had elaborated in the lawsuit, apparently learning from the latter the legal basis to prevent the inclusion of free schools' graduates in the registry. Sanitary authorities argued that UNM's Organic Law of 1929 had abolished fraction V of article 157 of the Sanitary Code, the one that ruled under which conditions the DSP could register degrees from free schools. If the new Organic Law of 1933 abolished the one of 1929, the sanitary administration had no legal reference that characterized under which circumstances the DSP was authorized to register degrees from free schools. In ELOE's case, the DSP originally continued to register its degrees, even after the decree of 1932. But after the ELOE's conflict with the SEP, the DSP stopped registering the school's degrees. On 1934, the DSP denied the registry to María Salazar de

⁶ Lawsuit Arturo Palmero, director of the FSON vs. the DSP, July 20, 1934, in AHSS, SP, SJ, 41, 8, pp. 2-4. See also "Queja de la Escuela Libre de Obstetricia y Enfermería. Sesión de 17 de febrero de 1934," Secretaría Judicial de la Federación, 5a. época, September 20, 2012, <<http://biblio.juridicas.unam.mx/libros/2/830/23.pdf>>.7; and see also "Concesiones de las escuelas libres," Semanario de la Suprema Corte de Justicia, 5a. época, 2a. sala, September 20, 2012, <<http://www.jurisconsulta.mx/index.php/JurisprudenciaSCJN/ViewTesis?id=59797>>.7.

Durán, an ELOE graduate, and Arturo Palmero took the opportunity to sue the sanitary department on behalf of all the school's graduates. He argued that the decree of March 10, 1931, turned the school into an official institution, and consequently it had to be considered as such when the sanitary authorities interpreted the Sanitary Code — fraction II of article 157 recognized the legality of schools authorized by the federal government. But Palmero lost the case in the court.⁷ The DSP argued that it could register free schools' medical degrees that were explicitly validated by the SEP from 1930 to 1933, but after the UNAM's Organic Law of 1933, the SEP had lost its legal attributions and was no longer authorized to validate such degrees, as neither was the DSP to register them. Based on such arguments, the DSP continued neglecting the registry of ELOE's titles throughout the 1930s. For instance, in 1937, Arturo Palmero requested the head of the DSP that ELOE's degrees were included in the registry.⁸

Facing the lack of a clear regulatory framework for free medical schools and the shifting role of the SEP in enforcing the regulation of these schools in the early 1930s, the DSP carried out profound investigations to find out if free schools' degrees were granted as a result of proper medical training and not just to provide them a way of living. The DSP also pursued investigations to find out the legal status of particular free schools and hence the legality of their degrees. In this way, the sanitary department rather than the SEP became the government

⁷ The long case is described in the correspondence exchange between judges, the ministry of public health, legal counselors of the DSP, and in the lawsuits and revisions to it by the SCJN, see AHSS, SP, SJ, 41, 8, pp. 5-6, 8-9, 14-17, 21, 23-31, 32-37, and 50-56. A case where the DSP used similar arguments was the one of Isaac Díaz Espinosa, a graduate of the Free Homeopathic Institute of Mexico. He had graduated from this institution in 1920 and sued the DSP on 1934. He lost the case, because the SCJN argued that the DSP was acting constitutionally since it only did what the law entitled to do; in AHSS, SP, SJ, 41, 21.

⁸ A closer study of the registry needs to be carried out to figure out if Palmero's complaint was a political positioning regarding his ideas about the legality of free medical schools in general and the DSP obligation to acknowledge them as such or if the DSP actually denied the registry to ELOE students who graduated between years 1931 and 1933 —those years when according to the department's arguments ELOE's graduates were regular. Correspondence from Arturo Palmero to the head of the DSP, October 25, 1937, in AHSS, SP, EM, 14, 4, pp. 2-4.

institution that policed medical training on the ground from 1932 to 1936. The following are some examples.

In Mexico City, the Institute of Medical Sciences had been educating physician-surgeons, surgeon-dentists, pharmacists and midwives since 1922. In 1931 under a new name, the then Free Mexican University [*Universidad Libre Mexicana*, hereon ULM] tried to achieve the presidential authorization to become an official professional school. Foreseeing a SEP's new authorization to a free school with dubious level of medical training, the DSP communicated a series of cases that aimed to demonstrate the careless way in which the school granted degrees to its medical students. According to the report, Antonio Ruiz Gómez had learned medicine by himself and after paying 500 pesos for a single exam, he obtained the degree of physician-surgeon. Fernando Albisu Calvo validated subjects that he had studied in Zaragoza, Spain and coursed seven classes in the ULM after which he obtained his title. The sanitary department reported similar cases in this school for surgeon-dentists. It also reported that it possessed evidence that the school never requested students any proof of having attended high school before enrolling in the university or issuing a degree. With this evidence in hand, the DSP asked the SEP to form a commission to evaluate the feasibility to deny authorization to this school.⁹ The DSP manifested its intentions and neither the SEP authorized or validated its degrees of medical doctor, dentist, pharmacist, or midwife, nor did the DSP register these degrees in the first half of the 1930s.¹⁰

⁹ Correspondence from the DSP to the minister of public education, May 19, 1931, in AHSS, SP, SJ, 28, 3.

¹⁰ Correspondence from a commission of the ULM integrated by Dr. Antonio Ruiz Gómez, Dr. Migule Olguín S., Dr. Jesús Corral Gallegos, Dr. Rafael Renegal, and Dr. Rafael Palacios O., to President General Lázaro Cárdenas, September 24, 1935, in AHSS, SP, SJ, 29, 14.

The case of the Free School of Medicine of Puebla [*Escuela Libre de Medicina de Puebla*, hereon ELMP]¹¹ of Free School of Homeopathy of Puebla is an example of how the DSP carried out extensive and detailed investigations to find legal arguments to prevent the regularization of free medical schools not only in Mexico City, but in the rest of the country, in the early 1930s. Sources are not consistent when referring to the origin of this school, or even schools, to its (or their) actual name, and its (or their) particular doctrinarian orientation. Perhaps this lack of consistency, the way sanitary authorities collected information about the school(s), or a little bit of both made it (them) appear somewhat obscure to the eyes of sanitary authorities. It is most likely that the ELMP was a single school that granted a single degree of Doctor in homeopathic medicine, surgery, and obstetrics.¹² Just as the ELHM, the ELMP had a close connection to the ENMH, since apparently one of the foreign homeopaths who revalidated his degree with the ENMH helped to create this and other independent medical schools in the early 1910s.¹³ President Venustiano Carranza authorized the ELMP on January 4, 1915, four years

¹¹ Or Free School of Homeopathy of Puebla. Sources are not clear about the name of the school. Some lawsuits indicate that the person who initiated the law suit was a homeopath who had graduated from the Free School of Medicine of Puebla, but other ones did not specified if they were homeopaths had also graduated from this school. Verdicts from the SCJN also indicate that they did not have clear evidence of the identity of the school.

¹² Most of the sources refer to it as the Free School of Medicine of Puebla, even lawsuits of its graduates against the DSP (see following references). Yet other sources that listed those graduates who sued the DSP referred to the school as the Free School of Homeopathy of Puebla, as in “La Suprema Corte Niega el Amparo a los Homeópatas”, *El Universal*, 2 de junio de 1932, and *La Opinión*, Año VIII, tomo XV, Puebla, Domingo 29 de mayo de 1932. Other sources mentioned the existence of both schools, as in the correspondence from José M. Mendoza to Deputy Alberto Bremauntz on January 23, 1934, in AHSS, SP, EM, 13, 12, p. 8-11. Perhaps the confusion arose because this school offered degrees of “Physician or Doctor in Homeopathic Medicine, Surgery and Obstetrics”, as Rafael Chávez de Alba explained when he sued the DSP, AHSS, SP, SJ, 45, 17, p. 2-3. In other words, it was a free school of medicine that offered homeopathic degrees.

¹³ Teofilo Ollivier y Ortiz, a homeopathic physician who had studied at the Instituto Homeopático de Colombia and who had migrated to Mexico in the early 1900s, started to practice homeopathy in Mexico City around 1904, when he established a Homeopathic Office in “La Merced” neighborhood. One year later, together with his brother Juan Ollivier, he opened a homeopathic medical school called the Electro-Homeopathic Institute. A decade later, Juan Ollivier headed the Free School of Medicine of Puebla. See a notarized copy of the decree issued by Venustiano Carranza on January 4, 1915, that acknowledged and

after it opened. According to his decree, the school had its “educational programs [aligned] according to the regulations of the University”, and authorized its head at the time, Juan Ollivier, to “issue professional degrees that [were] applicable throughout all the national territory.”¹⁴ The school had no apparent regulatory conflict during the 1920s, until the congress of the state of Puebla, following the DSP policies regarding medical practice, approved a law on July 25, 1930 to nullify ELMP-issued medical degrees. Other states, such as Estado de México, supported the “relentless campaign [of the Congress of Puebla] against the charlatans who had exploited the ignorance of the *clases menesterosas* [working class], protecting themselves under fake professional degrees”,¹⁵ yet only ELMP graduates, who believed in the legality of their school and consequently of their degrees, mounted an energetic resistance against their government and the DSP.

Several ELMP graduates sued the DSP for several reasons from 1929 to 1936, but only two of them won their cases and made it into the medical registry. In general, this outcome was a consequence of several reasons; the specific demands that each ELMP graduate made to the DSP, the lack of a uniform criterion with which the SCJN solved each particular case,¹⁶ the

officially recognized the ELMP, in AGN, ALR, 011/13, see also correspondence from Antonio Pérez Alcocer, head of the DSP Office of Legal Affairs to the Head of the DSP, on December 4, 1936, AHSS, SP, P, S, 14, 5.

¹⁴ See a notarized copy of the decree issued by Venustiano Carranza on January 4, 1915, that acknowledged and officially recognized the ELMP, in AGN, ALR, 011/13

¹⁵ Correspondence from Abelardo Montaña and Ezequiel G. Huerta to the DSP on October 13, 1931, in AHSS, SP, SJ, 26, 8.

¹⁶ For the specific verdicts of cases that took the legality of titles issued by the Free School of Homeopathy of Puebla on trial see "Validez de los títulos profesionales expedidos por la Escuela Libre de Medicina de Puebla," Semanario de la Suprema Corte de Justicia, 5a. época, 2a. sala, September 20, 2012, <<http://www.jurisconsulta.mx/index.php/JurisprudenciaSCJN/ViewTesis?iD=59797>>.7; "Títulos expedidos por la Escuela Libre de Medicina de Puebla," Semanario de la Suprema Corte de Justicia, 5a. época, 2a. sala, September 20, 2012, <<http://www.jurisconsulta.mx/index.php/JurisprudenciaSCJN/ViewTesis?iD=60201&searchQuery=Escuela+libre+de+medicina+de+puebla>>.7; "Registro de los títulos de los médicos," Semanario de la Suprema Corte de Justicia, 5a. época, 2a. sala, September 20, 2012, <<http://www.jurisconsulta.mx/index.php/JurisprudenciaSCJN/ViewTesis?iD=61087&searchQuery=Escu>

timing of the lawsuits, the lack of persistence of ELMP graduates to take their cases to higher instances, and the DSP's ability to make appear the school as an illegal institution. For instance, only Antonio Herrera Bravo out of eleven ELMP graduates who had sued the government of Puebla in 1932 and lost their case requested a revision of his case in the Supreme Court of Justice [SCJN].¹⁷ Herrera Bravo sued the President for issuing the Sanitary Code of 1926 and the DSP for restricting medical practice.¹⁸ He argued that his degree was registered in Puebla, Guerrero, and Estado de México, that he offered his services in the Ministry of War and the Navy, and that he was the director of the *Hospital General* both in Guerrero and Texcoco; yet the DSP forbid him to advertise his services as and include in his prescriptions the inscription that he was a medical doctor with a professional degree. He also offered evidence that other lawsuits had

ela+libre+de+medicina+de+puebla>.7; "Validez de los títulos expedidos por la Escuela Libre de Medicina en Puebla," Semanario de la Suprema Corte de Justicia, 5a. época, 2a. sala, September 20, 2012,

<<http://www.jurisconsulta.mx/index.php/JurisprudenciaSCJN/ViewTesis?iD=4102&searchQuery=Escuela+libre+de+medicina+de+puebla>>.7; "Médicos homeópatas," Semanario de la Suprema Corte de Justicia, 5a. época, 2a. sala, September 20, 2012,

<<http://www.jurisconsulta.mx/index.php/JurisprudenciaSCJN/ViewTesis?iD=63661&searchQuery=Escuela+libre+de+medicina+de+puebla>>.7; "Títulos de la Escuela Libre de Medicina de Puebla," Semanario de la Suprema Corte de Justicia, 5a. época, 2a. sala, September 20, 2012,

<<http://www.jurisconsulta.mx/index.php/JurisprudenciaSCJN/ViewTesis?iD=65645&searchQuery=Escuela+libre+de+medicina+de+puebla>>.7; "Cancelación del registro de los títulos de los médicos," Semanario de la Suprema Corte de Justicia, 5a. época, 2a. sala, September 20, 2012,

<<http://www.jurisconsulta.mx/index.php/JurisprudenciaSCJN/ViewTesis?iD=4276&searchQuery=Escuela+libre>>.7

¹⁷ According to a newspaper of Mexico City and a local newspaper of Puebla, the SCJN had a verdict against Ernesto Camarillo, José Campos, Cruz Cázares, Francisco Ortiz, Librado Tequitzi, Antonio Herrera Bravo and Arnulfo Cortés, all of them graduates from the "Free School of Homeopathy". The newspaper foresought a similar verdict for other cases; see "La Suprema Corte Niega el Amparo a los Homeópatas", *El Universal*, 2 de junio de 1932, and *La Opinión*, Año VIII, tomo XV, Puebla, Domingo 29 de mayo de 1932. The Supreme Court's verdict also denied the legality of titles from José M. Mendoza, Oscar Filemón González, Federico Anaya and Adolfo Merchant, see "Escuela Libre de Homeopatía en Puebla," Semanario de la Suprema Corte de Justicia, 5a. época, 2a. sala, September 20, 2012,

<<http://www.jurisconsulta.mx/index.php/JurisprudenciaSCJN/ViewTesis?iD=59224&searchQuery=Escuela+Libre+de+Medicina+de+Puebla>>.7; "Escuela Libre de Homeopatía en Puebla," Semanario de la Suprema Corte de Justicia, 5a. época, 2a. sala, September 20, 2012,

<<http://www.jurisconsulta.mx/index.php/JurisprudenciaSCJN/ViewTesis?iD=59369&searchQuery=Escuela+Libre+de+Medicina+de+Puebla>>.7.

¹⁸ See Antonio Herrera Bravo's lawsuit of November 14, 1933, in AHSS, SP, SJ, 38, 12, p. 3.

avored other ELMP's graduates.¹⁹ As ELHM graduates, Herrera claimed that the ELMP was a legal medical school when he received his medical degree and that consequently the application of the sanitary code as was against the Constitution, which granted him the free practice of medicine. But the SCJN did not find evidence that the DSP forbid his practice and offer a verdict that favored the DSP.²⁰ Juan Guerrero got a similar verdict, in this case because the DSP pursued an intensive search of a document where, according to Guerrero,²¹ former President Venustiano Carranza authorized the ELMP. The DSP did not find such document and decided that because the "department did not have the absolute certainty of the legality of [Guerrero's] degree, [...] the registry of such document in the [sanitary] office did not proceed."²²

The successful case of Rafael Chávez de Alva highlights the limitation of resistance against the regulatory role of the DSP during the early 1930s. Chávez de Alva lost his first lawsuit against the DSP in 1931. The sanitary department argued that Carranza's decree

was not published in *El Constitucionalista*, official journal of the Revolutionary Government; [that] no minister ratified the decree; [that] the Ministry of War could not find in its archives any proof that José Muñoz Infante informed in a document issued in January 1915 President Carranza's desires to officially recognize the school; [that] public notary Callejo did not certify that Muñoz was the one who signed the document that informed about the school [official] recognition;²³

¹⁹ These graduates were Guillermo Rodríguez del Solar, Librado Toquiántzi, Sebastián Bucio, and Vicente D. Anaya. The exact verdict of the SCJN is not stated in the source. Guillermo Rodríguez del Solar was a graduate from the ELHM who obtained the registry in 1930 as a consequence of the degree that regularized the ELHM and not as a consequence of a lawsuit. It is unlikely that the final result of the legal processes of the other graduates benefited, since they were not registered by the DSP.

²⁰ See correspondence from Manuel Gea González, head of the DSP, to the Judge of the 6th District of the Federal District on November 17, 1933; and Verdict to the SCJM of November 18, 1933, in AHSS, SP, SJ, 38, 12, pp.

²¹ Several ELMP graduates pointed out to sanitary authorities the existence of this document. Both Antonio Herrera Bravo and Juan Guerrero indicated that such document was issued on January 4, 1915. As I pointed out in a previous note, this statement was accurate. Other graduates, such as Dr. José de Jesús González Galindo said that the document was issued on Dec 20, 1914, see AGN, POR, 1932 24/1959.

²² See certificate of Manuel Gea González on November 27, 1934, in AHSS, SP, SJ, 41, 12, pp. 8-9.

²³ Lawsuit of Rafael Chávez de Alva against the DSP on July 8, 1935, in AHSS, SP, SJ, 45, 17, pp. 2-3.

and others that highlighted Carranza's limited attributions to regulate education beyond the Federal District and the inconsistencies in the public administration that gave the DSP authority over judicial decisions on administrative matters.²⁴ Like Herrera Bravo's case, Chávez de Alba used former verdicts that favored ELMP graduates and the same constitutional articles that the DSP violated in the revision of his case. But in contrast to Herrera Bravo's case, Chávez de Alba specifically demanded the DSP decision to deny him the registry, arguing that degrees issued by the ELMP were as legal as those issued by other states (article 121 of the Constitution). In this case the SCJN's verdict benefited Chávez de Alba, not because his argument was better formulated in legal terms than Herrera Bravo's, but because the DSP used the sanitary code of 1926 instead of the current one (1934) to deny Chávez de Alba de registry.²⁵ A failure in the DSP's legal procedure helped Rafael Chávez de Alba to make it into the medical registry. In the 1930s, the DSP only registered ELMP degrees that the SCJN explicitly obliged it to register; in this case, only two, the degrees of Rafael Chávez de Alba and Rafael Márquez.

ELMP graduates could not get the DSP to acknowledge the legality of their school and consequently register their degrees during the first half of the 1930s, unless a verdict from the SCJN explicitly requested the government office to do it. Consequently, they followed the same venue that their professional peers from the ELHM had pursued in the late 1920s, mainly the mobilization of its graduates to directly demand President Abelardo L. Rodríguez's intervention. In contrast to the case of the ELHM, in 1932 there already was a decree that regulated the legalization of free professional schools and this decree required that free medical schools had the same academic curriculum as the ENM, among other requirements such as hygienic and

²⁴ Besides the lawsuit see also correspondence from Antonio Pérez Alcocer to the head of the DSP on December 4, 1936, in AHSS, SP, P, S, 14, 5.

²⁵ See revision of the lawsuit of Rafael Chávez Alva against the DSP on November 14, 1935, in AHSS, SP, SJ, 45, 17, pp. 17-8.

adequate facilities and a record of middle and high-school studies. Perhaps these requirements prevented the ELMP from undertaking this venue to legalize the situation of its graduates. Yet if it had gone through it, there might have been other arguments, such as the ones ELHM graduates faced, where medical degrees issued since the creation of the school until its legalization would have been still considered irregular by DSP authorities.

ELMP graduates, particularly those living in Durango, a state in northern Mexico, and affiliated to the Society of Homeopathic Physicians from Durango [*Sociedad de Médicos Homeópatas Duranguenses*]²⁶ wanted to overcome this regulatory inconsistency by addressing the President. Complaints initiated just after President Rodríguez stepped in office in 1932.²⁷ Jose M. Mendoza requested the president’s intervention in the case of Puebla because “authorities were being hostile” against “homeopathic physicians”.²⁸ Six months later José G. Rico and José Favela asked the president to intervene and ask the DSP to register their medical degrees, “saving them the costs of a lawsuit that they would anyway win”.²⁹ The situation was particularly serious since sanitary agents enforced the sanitary code of 1926 and fined practitioners who did not comply with its policies (a situation that I will analyze below). The society complained that the DSP’s sanitary agents only wanted that “allopaths enjoyed the warrants given in the Constitution” and that the state government of Puebla did not acknowledge

²⁶ In the first half of the 1930s, this society was formed by Dr. Miguel A. Reyes (President), Dr. José Favela (Secretary), Dr. Rafael Chaparro Vértiz (Treasurer), Dr. J. Guadalupe Rico (1st Vocal), Dr. Roberto C. Collazo (2nd vocal), Dr. Pascual Hernández (3rd vocal), all allegedly graduates from the ELMP. The letterhead included the legend *Facultad Homeopática Libre de Puebla* and the location, Canatlán, Durango. See AGN, ALR, 011/13, 1267, 3/13 “1933. Estudio sobre reglamentación para revalidación de Grados y Títulos”

²⁷ Telegram exchange between F. Javier Gaxiola Jr., particular secretary to the president, Dr. José M. Mendoza, and Dr. Gastón Melo, head of the DSP, on September 14, 1932, in AGN, ALR, 011/13, 1267, 3/13 “1933. Estudio sobre reglamentación para revalidación de Grados y Títulos”

²⁸ Jose M. Mendoza sent a letter to President Rodríguez on August 10, 1932. See note from the latter’s particular secretary on September 14, 1932, in AGN, ALR, 011/13, 351.1, exp 8/254.

²⁹ Telegram from F. Javier Gaxiola Jr. to José G. Rico and Dr. José Favela, from Santiago Papasquiario, Durango, and the head of the DSP, on January 17 and 18, 1933, in AGN, ALR, 011/13, 1267, 3/13 “1933. Estudio sobre reglamentación para revalidación de Grados y Títulos”

regulations issued by the federal congress and the executive power.³⁰ Moreover, they addressed the local governor of Coahuila, a neighbor state, describing how

Romeo de la Fuente, who should not hold the degree of DOCTOR, showing by his attitude that he studied in some University of Congo, and using his official position as head of the City of Torreón[, Coahuila]'s County Sanitary Department, continues harassing our partner, Dr. Roberto Carrizales Collazo [...], in the most wicked way and evidencing his phobia, [...] just for simply providing service to someone who requested his professional services to treat a physical malady.³¹

These requests and complaints became more urgent at the turn of 1933, when ELMP graduates received a notice that a reform to the sanitary code of 1926 was on its way. I will analyze the reactions to such threatening news for the medical practice of graduates from free schools in the last section of this chapter. In the context of the ELMP's conflict, the Society from Durango mobilized other organizations, both civilian and homeopathic, to find a solution to the legal situation of degrees issued by the ELMP. Unfortunately for their purposes, the Society's rhetoric about a "revolutionary" government which fought against the "monopoly" and in favor of the "health and wellbeing of the society" did not work.³² The president did not address their concerns in person.³³ As it had happened in previous years, particularly during Elías Calles'

³⁰ Document summarizing the letter from Dr. Miguel A. Reyes and Dr. José Favela to President Abelardo L. Rodríguez on June 25, 1933, in AGN, ALR, 011/13, 1267, 3/13 "1933. Estudio sobre reglamentación para revalidación de Grados y Títulos"

³¹ Letter from Dr. Miguel A. Reyes and Profa. H. Díaz de León to Nazario S. Ortiz Garza, governor of Coahuila, on September 29, 1933, in AGN, ALR, 011/13, 1267, 3/13 "1933. Estudio sobre reglamentación para revalidación de Grados y Títulos"

³² These organizations were the *Confederación Homeopática Mexicana*, *Liga Homeopática Mexicana* and the Center of the Veterans of the Revolution. See Summary for the President from the letter written by Manlio Martín Espinosa, President of the Center, on Dec 12, 1933; letter from the Society of Homeopathic Physicians from Durango to the Head of the DSP Office of Legal Affairs on Feb 30, 1934; letter from the same society to President Abelardo L. Rodríguez on April 25, 1934; and letter from the same society to President Abelardo L. Rodríguez on June 4, 1934, in AGN, ALR, 011/13, 1267, 3/13 "1933. Estudio sobre reglamentación para revalidación de Grados y Títulos"

³³ The President did meet with them once, but even if President Abelardo L. Rodríguez promised to turn the case to his minister of the interior, former president Emilio Porté Gil, and even if homeopaths had alliances with Masonic groups to which President Rodríguez belonged and pay allegiance to, he eventually sent the case to the DSP. See letter from the Society of Homeopathic Physicians from Durango

term, President Abelardo L. Rodríguez asked the DSP to find a solution to ELMP graduates complaints.

In 1936, Antonio Pérez Alcocer, head of the DSP Office of Legal Affairs acknowledged that despite the higher proportion of verdicts of the SCJN in favor of ELMP graduates vs. those in favor of the sanitary department,

the [DSP] continued denying the registry of degrees [of ELMP graduates who won their lawsuit], particularly since the school and the lawsuits in the court negotiated an uncountable quantity of degrees that the school issued even while being closed, but making them appear as if they had been issued before the closure.³⁴

Pérez Alcocer's statement could not express in a more open and clearer way the role that the DSP played as the regulator of medical training in Mexico in the early 1930s and how this role limited the possibilities of resistance of graduates from free schools. Under the rule of a Ministry of Public Education whose original policy opened the gates to the regularization of medical training in free schools, the DSP became stricter in the application of the sanitary code in matters of professional practice. But during the changing policies and regulations of the *Maximato*, the SEP soon stopped siding with free schools and even provided with the legal foundations to prevent their medical degrees from being registered with the DSP. While this worked in some instances, the legal arguments that the DSP used were useless in cases such as the ELMP's, where the legality of the school was more likely and the majority of SCJN's verdicts sided the ELMP rather than the DSP. Yet the DSP's political and institutional power was imposed over other foundational state institutions such as the SCJN, showing that right of a healthy society —

to President Abelardo L. Rodríguez on June 4, 1934, in AGN, ALR, 011/13, 1267, 3/13 “1933. Estudio sobre reglamentación para revalidación de Grados y Títulos”

³⁴ See correspondence from Antonio Pérez Alcocer to the head of the DSP on December 4, 1936, in AHSS, SP, P, S, 14, 5.

which in the case of the medical practice, sanitary authorities understood as the provision of adequately trained doctors — was a value that stood over the Constitution itself in the 1930s.

***Restricting Medical Advertising: The Department of Public Health Enforces the Sanitary
Police against Irregular Healers***

The DPS's efforts to control the proliferation of free medical schools all over the nation were closely related to the policing of medical advertisements. As I analyzed in chapter 4, the new Sanitary Code of 1926 provided the regulatory framework with which the DSP initiated a national campaign to control medical practice. Aware of the limitations that the lack of a regulation of article 4 of the Constitution imposed, the sanitary police in Mexico City and sanitary delegates in the rest of the nation loosely implemented this campaign, seldom imposing the fines that the sanitary code imposed during the remaining years of the 1920s.³⁵ Sanitary delegates had been playing this role since the late 1920s. They supervised specific neighborhoods, collecting the names printed on the ads of medical consulting offices that populated the urban landscape. They then contrasted the collected names of medical practitioners to those included in the medical registry. Whenever they found a mismatch, they summoned the offender, notified him/her about the sanitary regulations that forbade the way (s)he advertised medical services, and let the offender go. ELHM graduates regarded these actions as “hostile

³⁵ There were certainly fines. According to the annual report from the DSP Office of Demography and the Practice of Medicine of 1926 in December there had only been one single fine of \$100 pesos to someone who advertised medical services without having his degree registered with the DSP. If we trust this information, the annual report of 1926 accounts for 4 practitioners fined in 1926. The annual report of 1929 informed that those practitioners who did not register their degrees “were summoned by this office [of Demography and the Practice of Medicine] to visit the lawyer of the office, who tried to convince them to fulfill the requirements [of the sanitary code which were] applicable to them. Where it proceeded, sanctions were applied.” See “Informes mensuales de registro de títulos [December]”, “Informe de las labores ejecutadas en la sección de Demografía y Ejercicio de la Medicina del 1o. de julio de 1926 al 30 de junio del año en curso [1927]”, and “Resumen de labores ejecutadas por la Sección de Demografía y Ejercicio de la Medicina durante el período comprendido del 1º. De julio de 1928 al 30 de 1929.” in AHSS, SP, P, S, 11, 9; 10, 12; and 11, 27.

acts, [...] imposing heavy fines, and harassing [homeopaths] in ways that made notably difficult the practice of their profession.”³⁶ The regularization of this school in 1930 shifted both DSP policies and their target.

Until the 1930s the DSP only requested local sanitary authorities to send lists of medical practitioners in the locality, but after the authorization of the ELHM, and other free schools in 1930 and 1931, the DSP issued and distributed all over the country elaborated guidelines that cautiously detailed the procedures sanitary delegates needed to follow when they denounced illegal medical practice. Those practitioners who were suspicious of illegal practice were summoned in to the local sanitary office or municipal government office to declare if s/he practiced medicine with a title or not. The sanitary delegate’s report needed to quote the way the practitioner advertised his/her services and the way s/he presented her/himself to potential customers. If there was physical evidence of the practitioner’s publicity, the latter needed to accept that s/he personally requested that specific publicity.³⁷ This specific form of procedure obeyed legal reasoning. If a practitioner explicitly assumed his/her authorship in the medical advertisement in question, (s)he would immediately be held responsible for violating the Sanitary Code. But legal clarity did not preclude suing from those aggravated learned practitioners who knew that medical practice was free in Mexico and that sanitary authorities’ intervention was a form of restriction to their practice. The reaction of most practitioners who graduated from free medical schools was particularly intense after the authorization of these

³⁶ Correspondence from A. Pérez M., member of the Federation of Unions of the Federal District to Bernardo Gastélum, head of the DSP, on August 27, 1928, in AHSS, SP, EM, 10, 17.

³⁷ Letter from Genaro Escalona, head of the office of biostatistics, industrial hygiene and medical practice, addressed to sanitary agents in Tlaxcala, Puebla, Zacatecas, Chihuahua, Guadalajara, Aguascalientes, Campeche, Toluca, Iguala, San Luis Potosí, Tuxtla Gutiérrez, Durango and Mazatlán. June 2, 1931. AHSS, SP, SJ, 28, 16.

schools at the turn of the 1930s. Lawsuits against the DSP for fining practitioners who improperly advertised their services appear in the DSP archives starting from this period.

The following cases exemplify how sanitary authorities carried out this policy in Mexico City. Antonio Herrera Bravo had graduated from the ELMP. In the early 1930s he offered his services with the following advertisement:

Medical and Surgical Consulting Office of Dr. Antonio Herrera Bravo, with officially recognized title. Former director of the General Hospital of Chilpancingo, Guerrero. Sanitary delegate and former director of the Civil Hospital of Texcoco, México. Sanitary delegate and former head of the sanitary sections at the Army. Collaborator of the gazette "Medicina" edited in the National School of Medicine of Mexico. Specialty in treating women and children diseases. Medical electricity.³⁸

On November 8, 1933, the DSP's office of legal affairs summoned him to testify if this ad referred to him. Herrera Bravo acknowledged that he was the person this ad referred to. Consequently the head of the DSP Office of Legal Affairs advised him to comply with articles 155 (about the responsibility of all medical practitioners to notify their change of address to the DSP) and 158 (about proper medical advertising) of the Sanitary Code. He replied that he had complied with everything that the article 155 stipulated and that he had registered his degree with the Medical Division of the Army and that he would register it with the DSP as soon as possible.³⁹ But he did not. A week later, Herrera Bravo sued President Plutarco Elías Calles for issuing the Sanitary Code of 1926, and the DSP, for asking him to exclude information about his medical degree in his prescriptions and consulting office ad, actions he believed were unconstitutional because they obstructed his free medical practice.⁴⁰ He did not win the case, neither at a local court nor its appeal to the SCJN. The DSP showed evidence of the meeting that

³⁸ Certificate from the DSP Office of Legal Affairs to Manuel Gea González, Ministry of the DSP, in AHSS, SP, SJ, 38, 12, pp. 16.

³⁹ Report from the DSP's office of legal affairs to the minister of the DSP with information about the case of Dr. Antonio Herrera Bravo. AHSS, SP, SJ, 38, 12, pp. 16.

⁴⁰ Legal demand, November, 14, 1933. AHSS, SP, SJ, 38, 12, pp. 3-6.

the head of the Office of Legal Affairs had with Antonio Bravo, and the latter was not able to demonstrate that sanitary authorities forbade his medical practice. Having established a formal procedure to prosecute practitioners who illegally advertised their services gave sanitary authorities the evidence they needed to start winning this type of cases at the court.

In another case, sanitary authorities fined Juan F. Lecanda on October 6, 1933, for persistently advertise his medical services using the word “doctor”, without having a degree registered with the DSP.⁴¹ Lecanda requested a revision of his case, though he also paid the fine in case the DSP did not change his position. As he expected, the DSP did not withdraw its charges and he sued the sanitary office. He requested the DSP withdraw from the fine, for its accusations of having advertised his services without an authorized medical degree, and for forbidding him to advertise his service as physician.⁴² Interestingly, the court’s verdict conceded his first request but the court agreed with the DSP on the issue of medical advertising and medical practice. The court explicitly required that the DSP did not consider the cash deposit as a fine, in other words, that that there were no material consequences for infringing the sanitary code, arguing that the article 158 of the sanitary code regulated the medical profession and consequently placed sanitary regulation over article 4 of the Constitution.⁴³ Sanitary authorities did not want that this idea established a precedent that further demands used against the DSP. Rather they wanted to emphasize the idea that the sanitary code only regulated medical advertising and not medical practice. For this reason they requested a revision to the SCJN, even

⁴¹ Sue from Juan F. Lecanda against the DSP, in AHSS, SP, SJ, 37, 16, p. 2.

⁴² The DSP agreed on the first two actions, but argued that they were applied according to the law. It did not agree with the last action. According to the DSP’s report, the DSP never prohibited Lecanda to advertise his services as doctor. See Report from Manuel Gea González to the judge of the 4th District, on December 12, 1933, in AHSS, SP, SJ, 37, 16, p. 4.

⁴³ Correspondence from judge 5th of District, Juan A. Coronado, to Manuel Gea González, DSP Ministry, on April 10, 1934, in AHSS, SP, SJ, 37, 16, p. 9.

after the local court had denied that the DSP was restricting Juan Lecanda's medical practice.⁴⁴ With a decade-long experience of lawsuits from ELHM graduates and after realizing what their political mobilization could achieve, the DSP was not willing to give graduates from free school any legal resource that helped them to get into the registry.

This effort did work on the ground, as the case of Ernesto Guillén Uría, a graduate from the Free Homeopathic Institute of Mexico [*Instituto Libre Homeopático de México*, ILHM] who held a degree of *médico cirujano y partero* [physician-surgeon and male midwife], exemplifies. He advertised his services with the following ad:

ERNESTO GUILLEN URIA
Homeopath
Consulting Hours 11 to 1, 5 to 8
Internal Medicine. Women and Children Diseases
Homeopathic Medical Consulting Office
E. Guillén Uría⁴⁵

On March 7 1935, Guillén Uría visited the DSP Office of Legal Affairs and acknowledged that he was the person whom the ad referred to. According to the report of this office, authorities notified him about the modifications of the new sanitary code of 1934. Authorities did not proceed immediately even after acknowledging that the DSP had previously warned Guillén Uría about the irregular way he displayed information in his medical ads. According to the report the practitioner agreed to fulfill the requirements of the sanitary code and the sanitary office gave him fifteen days to do it. But Guillén Uría sued the DSP and asked that the latter withdraw from its requirement to remove his ads and that gave adequate procedure to the demand to revise his case.⁴⁶ The lawsuit exposed the contradictions of the practitioner. He argued that the DSP had verbally requested him to remove his ads if he wanted to avoid the

⁴⁴ File with documents regarding Juan F. Lecanda's lawsuit, in AHSS, SP, SJ, 37, 16.

⁴⁵ Report from the DSP's Office of Legal Affairs to the minister of the DSP with information about the case of Ernesto Gullén Uría in in AHSS, SP, SJ, 45, 18, p. 25.

⁴⁶ Lawsuit against the DSP on April 3, 1935, in AHSS, SP, SJ, 45, 18, p. 5-8.

corresponding fine. Accordingly, he asked for a revision of his case, but the sanitary department replied that he had violated articles 447 and 448 of the sanitary code. The DSP Office of Legal Affairs demonstrated that there was no threat, that the practitioner agreed to comply with the requirements of the sanitary code, and that the DSP revised his case responding that it could not make exceptions to the law.⁴⁷ Moreover, it also showed evidence that the sanitary delegates had asked the practitioner to add the legend “without legally recognized degree” to his ad rather than asking him to remove it, and that acknowledging the regulations in the sanitary code, he reiteratively — on July 7, 1934, and on March 7, 1935 — had previously made commitments to modify his publicity. The substantial evidence favored the DSP and Ernesto Guillén Uría lost the case,⁴⁸ proving that the DSP new policy to prosecute illegal medical advertising and practice did work on the ground.

The application of the DSP’s guidelines to cope with irregular practitioners and their ads was less straightforward in the countryside. Regardless of the procedures to denounce illegal ads and prosecute the practitioners who sued them, it was not easy for sanitary delegates to evaluate the legal status of a particular practitioner, especially when newspapers reported on the conflict between graduates from free medical schools and the DSP. For instance, just a few days after the DSP sent the guidelines on how to denounce irregular medical advertisements and practice on June, 1931, Ildefonso Méndez A., a sanitary agent from Pachuca, Hidalgo, addressed his concern of how to proceed with homeopaths who insisted in advertise their services using the title of doctor.⁴⁹ His concern was major since only two of all homeopaths who practiced in the city had their titles registered in the department. Moreover, he was uncertain about the way to proceed

⁴⁷ Report from Aquilino Villanueva, DSP Minister, on April 9, 1935 to the court, in AHSS, SP, SJ, 45, 18, p. 9-11.

⁴⁸ AHSS, SP, SJ, 45, 18.

⁴⁹ Letter of Dr. Ildefonso Méndez addressed to Lic. Francisco Vázquez Pérez, June 12, 1931. AHSS, SP, SJ, 28, 22, p. 2.

since he had read in *El Universal Gráfico* a few weeks before that the sanitary department was sued by a homeopath for not letting him use the title of “Doctor”. Francisco Vázquez Pérez, head of the DSP Office of Legal Affairs, replied that all medical practitioners needed to comply with article 158 of the sanitary code.⁵⁰ He also ratified that all medical practitioners, with or without a title, needed to inform the DSP about the professional services they provided and the addresses of their consulting offices (art 155 of the sanitary code). He clarified that “not only those who practice the homeopathic system, but anyone without a legally recognized degree have the obligation to not call themselves doctors, physicians or professionals in general, while they lack a valid degree that allows them to do so”.⁵¹ In Morelia, Michoacán, Dr. Antonio Díaz, president of the Sanitary Board of Morelia faced a similar situation regarding homeopathy. On November 10, 1933, he asked the head of the DSP if the sanitary department registered degrees issued by the Free Homeopathic Institute [*Instituto Libre Homeopático*]. Vázquez Pérez replied that the sanitary department did not register those decrees because the school was not official.⁵²

While straightforward, the response from sanitary authorities in the city stood out for its indoctrinating tone and for not acknowledging that a legal status of a decree depended on each local state regulations. For instance, the state of Hidalgo recognized degrees from the ELHM as legal in the 1920s.⁵³ This attitude evidences the urgent need of sanitary authorities to stop the spread of graduates from free medical schools to the countryside. The phenomenon of free schools was mainly located in Mexico City, though cases like the ELMP showed sanitary

⁵⁰ Response to the letter of Dr. Ildefonso Méndez A., by Francisco Vázquez Pérez, July 31, 1931. AHSS, SP, SJ, 28, 22, p. 1.

⁵¹ Response to the letter of Dr. Ildefonso Méndez A., by Francisco Vázquez Pérez, July 31, 1931. AHSS, SP, SJ, 28, 22, p. 1.

⁵² Letter to the minister of public health from Dr. Antonio Díaz, November 10, 1933; and letter from Lic. Francisco Vázquez Pérez to Dr. Antonio Díaz, November 13, 1933, in AHSS, SP, EM, 13, 2, pp. 1 and 2.

⁵³ The decree was published on November 15, 1919; see “En favor de la enseñanza”, *El Universal*, April 12, 1919.

authorities that there were free schools in other states and that they would organize to demand the right of their degrees to be regarded as legal. The matter became more urgent because the news about the cases graduates from free medical schools won at the SCJN spread to the countryside, apparently making sanitary delegates hesitant about the application of the sanitary code. Obligating homeopaths to comply might have not been easy. For instance, Ildefonso Méndez asked Vázquez Pérez for a “way though which I can obligate homeopaths from this town not use the title of Doctor.”⁵⁴ Moreover, the assurance that lawsuits against the DSP for obligating practitioners to comply with the regulation on medical advertising did not pass might have inclined Vázquez Pérez to reassure sanitary delegates about their role as surveyors of fulfillment of the sanitary code, rather than complicating their scenario with details about the local regulation of medical training. The persisting dictatorial attitude of sanitary authorities during the early 1930s made that homeopaths and other graduates from free schools mobilized at the national level when they received news that the sanitary code would be reformed in 1934.

“Revolutionary Medicine”?: the Institutionalization of Revolutionary Institutions Stands out Over Homeopathy for Working-Class Mexicans

On August 24, 1934, a new and reformed Sanitary Code was issued. The reaction to the new reforms varied among different actors. The national press received it with enthusiasm. *El Universal* one of the major diaries of the capital believed that it represented a great step against the “medical charlatanry”.⁵⁵ In contrast, Alfonso Pruneda, a former DSP officer in the early 1920s, believed that the “campaign against charlatanism” needed to be carried out with more intensity through all possible means, suggesting that improvements in the new legislation fall

⁵⁴ Letter of Dr. Ildefonso Méndez addressed to Lic. Francisco Vázquez Pérez, June 12, 1931. AHSS, SP, SJ, 28, 22, p. 2.

⁵⁵ See “Un dique al ejercicio de la medicina por charlatanes”, *El Universal*, September 2, 1934.

short on what was required.⁵⁶ The way he described these limitations suggests that he believed sanitary authorities coped well with the problem of charlatans who lacked professional degrees, but could not contain those who indeed had a degree and because of this were “more dangerous”. As the vignette with which I initiated this chapter and chapters 5 and 6 indicate, the DSP clearly identified who these “dangerous” practitioners were, those graduated from free schools of medicine, though they or other ENM graduates rarely referred to them explicitly in their professional journals, classifying them under the obscure and poorly defined term “charlatans”. As analyzed in chapter 4, the reforms to the section on medical practice in the sanitary code marginalized even more the places where practitioners who lacked a medical degree, who had one from free medical schools, or who had one that sanitary authorities did not acknowledge as legal could offer their services. Foreseeing the possible actions that this particular group of practitioners could take, the Union of Medical Doctors of the Federal District [*Sindicato de Médicos Cirujanos del Distrito Federal*] policed their mobilizations and made them public.⁵⁷ The union denounced in its journal those affected by the sanitary code who had gathered on

⁵⁶ Alfonso Pruneda read his opinion in the National Academy of Medicine on February 20, 1935. See Pruneda, "El Nuevo Código Sanitario," 400-01.

⁵⁷ The union had been working, though with the name of *Asociación Médica Mexicana*, since the early 1920s. A group of ENM graduates created this association on June 23, 1919 with the aim to morally, materially, and intellectually improve the conditions of the Mexican medical practitioners all over the nation. Eventually, this society turned into the union sometime around the late 1920s or early 1930s. This change was signaled by the name of its publication; the association published the bulletin *Asociación Médica Mexicana* and the union published the journal *Acción Médica*. Unfortunately, earlier and later publication year caps of these journals do not suggest a better estimate of the transition from a professional society to a medical union. Yet that it happened in these years when the state started to support free medical schools is indicative of ENM graduates' organization to seek for larger state support. Both the society and the union had a specific group organized to “combat charlatanism” and frequently published critiques and actions taken against practitioners they considered a threat to the profession, as when the ENMH joined the UNM in the early 1920s or when in 1934 the 1st congress of professionals of Mexico gathered in Mexico City from which homeopaths, both graduates from the ENMH and ELMH, were dismissed. For the creation of the Mexican Medical Association see chapter 5. For critiques against homeopathy and the ENMH see chapter 3 and 5. For the reactions against homeopaths in 1934 and 35 see just as a major example Manuel Godoy Álvarez, "La homeopatía en México," *Acción Médica* V.13 (1935).; for other papers see *Acción Médica*, V, 5-6, 7, and 13-14.

August 30 and planned to fight against the enforcement of the code. Consequently, it suggested a series of measures to counteract practitioners' actions; notifying the President and the DSP Head that the union sided with the enforcement of the code, convincing other medical associations in the country to do the same, and designing measures to "neutralize the activities of charlatans organized against the new Federal Sanitary Code".⁵⁸ But homeopaths and other graduates from free schools had been politically active earlier in 1934.

That the reforms to the sanitary code passed and were issued in August of that year sustains this chapter's argument about the limits of resistance against the sanitary dictatorship. Yet the analysis of this attempt to resist a new reform to the sanitary code reveals the persistence of homeopathy as a medical system and service provided and used by the working class, by those who either did not have access to or could not afford both an elite medical training at elite medical schools and physicians, most of whom were located in urban centers. This is not to say that homeopathic doctors did not follow the geographical distribution of ENM-graduated doctors in the 1930s, after all most of ELHM or ENMH graduates stayed and practiced in Mexico City.⁵⁹ Rather the waves of correspondence that President Abelardo L. Rodríguez and sanitary authorities received is evidence that homeopathy continued being provided and consumed as a form of domestic or communitarian medicine both in urban centers and rural communities. Just as during the *Porfiriato* homeopathic doctors and unlicensed homeopathic practitioners argued

⁵⁸ Correspondence from Juan Cejudo, Dr. Balendón Gil, Carmen Benítez, E. J. Bustillo, F. Sánchez Fraga, C. Samperio, N. Martínez C., Juan G. Olivares, J. Monroy, C. Avila C., and Avelino Gutiérrez C. to the General Secretary of the Union of Medical Doctor on September 4, 1934, published in "Los Charlatanes y el Nuevo Código Sanitario."

⁵⁹ 201 out of 251 graduates from the ELHM and ENMH were practicing in Mexico City in 193 (267 out of 295, according to other sources). Only 20% of graduates from homeopathic medical schools practiced in the countryside. See E. Petrie Hyle, "International Homeopathic Medical Directory," Directory of homeopathic physicians, ed. American Institute of Homeopathy (New York: American Institute of Homeopathy, 1931), vol.; see also Esther Chapa, "Faltan médicos en México," Acción Médica. 15-16 (noviembre-diciembre, 1935).

that homeopathy fit the economic needs of the working class, but in the early 1930s they appropriated the rhetoric of the revolution, placing homeopathy as the epitome of the revolution in medical matters, as the “revolutionary medicine”. Against the monopolistic efforts to control the medical marketplace carried out by sanitary authorities and the rest of the medical profession, homeopaths tried to convince the president, the congress, and the public opinion that homeopathy was a mild and effective therapy that was suitable for the working class because it was harmless and cheap. Consequently, they demanded that a government that sustained the revolution’s ideals of social justice did not side on the monopolistic desires of ENM graduates and sanitary authorities.

What motivated the mobilization of homeopaths and other graduates from free schools was a new project to regulate article 4 of the Constitution initiated in December, 1933.⁶⁰ The leaders of this new regulatory attempt requested all professional organizations and interested citizens to submit their proposals to the commission.⁶¹ The possibility to be part of the conversations to regulate the medical profession opened a fierce controversy between homeopaths and allopaths, who used the journals of their professional societies and unions as well as the public press to expose their opinions about the differences in the medical system each group endorsed, their understanding of what constituted adequate medical training, and the

⁶⁰ Alberto Bremauntz and Alberto Coria, deputies of a political group within the Chamber of Deputies, the *Bloque Nacional Revolucionario* [National Revolutionary Bloc], initiated the project; see *El Universal Grafico*, December 11, 1933, in AHSS, SP, EM, 15, 5, pp. 1.

⁶¹ Some homeopaths and graduates from free schools specifically sent their responses to the commission’s list with questions about how to undertake a project that regulated art 4 of the constitution, but others took the opportunity to address other related issues and started sending letters to President Abelardo Rodríguez. For the commission’s list of questions see correspondence from Xavier Gaxiola, particular secretary to President Abelardo L. Rodríguez to Narciso Bassols, ministry of public education, February 7, 1934, in AGN, ALR, 011/13, 1267; and also “Puntos relativos a la reglamentación del artículo 4o. constitucional” in AHSS, SP, SJ, 29, 14. For the letters to the Presidency see AGN, ALR, 011/11, 1267.

consequences these two issues had for the regulation of the medical profession.⁶² Unions and professional societies that represented both medical groups and other professions gathered in the Chamber of Deputies on December 18, 1933, but the entrenched differences between allopaths and homeopaths about the existence of two types of medical degrees granted by two different medical schools did not help the discussion to do any progress.⁶³ It was this political scenario together with the history of marginalization of homeopathic practices by sanitary authorities that motivated the wave of correspondence that requested the participation of homeopaths and graduates from free schools to participate in the discussions to reform the sanitary code.⁶⁴ They felt compelled to do it for, as one unlicensed homeopathic practitioner put it,

As allopaths already had their first defeat in the preliminary meetings in the Chamber of Deputies, they are planning new strategies [... one of which] is issuing a new sanitary code with a federal scope, applicable all over the republic. Without doubt, [allopaths] will take advantage [of this opportunity] to include paragraphs that in fact rule the practice of professional medicine [and that would be] detrimental to homeopathy.⁶⁵

In January 1934, President Abelardo L. Rodríguez received about a hundred letters from both homeopathic doctors and unlicensed practitioners requesting that sanitary authorities incorporate homeopaths into the discussion of the reforms to the sanitary code or that otherwise

⁶² For instance, in response to critiques from “allopathic doctors”, the Mexican Homeopathic League addressed President Abelardo L. Rodríguez to let him know that anytime the government could verify the quality of their academic curriculum. See correspondence exchange from the League to the President from December 15 to December 21, 1933, in AGN, ALR, 011/13, 1267. Also see de Bazan, Alvaro, “De la polémica entre médicos y homeópatas” El Universal Gráfico. January 19, 1934, in AHSS, SP, EM, 13, 5, pp. 4; Barbany, Emilio, “De la polémica entre médicos homeópatas” El Universal Gráfico. January 12, 1934.; “Artículos del Dr. Ox. Inocentes gazapos del homeopatismo” El Universal Gráfico. January 17, 1934.

⁶³ See Bazan, Alvaro, “La verdad es la verdad. La divergencia de criterio entre las escuelas homeopática y alopática” El Universal Gráfico. December 27, 1933.

⁶⁴ It was also in this context that homeopaths and graduates from free schools addressed President Abelardo L. Rodríguez to request the legal recognition of some free medical schools, such as in the case of the ELMP that I analyzed above.

⁶⁵ The other strategy was to organize a Congress of Professionals that gathered all professional societies and unions to agree on a regulation that benefited all those interested. Correspondence from T. Q. Vergara to President Abelardo L. Rodríguez on January 22, 1934, in AHSS, SP, EM, 13, 14, p. 2.

these reforms did not marginalize their practice even further.⁶⁶ About 20% of them came from Mexico City or the less populated areas surrounding the city; another 20% came from Michoacán, Coahuila, México, and Jalisco; the rest came from other 18 states and even one from Perú.⁶⁷ Most practitioners had graduated from the ILHM or ELMP and only a couple had registered with the DSP; some practitioners called themselves “doctors” despite not being included in the registry. All graduates from the ELHM were registered and all of them signed using the prefix “doctor”. Most practitioners and doctors were members of local or national medical associations such as the Mexican Homeopathic Confederation, the Mexican Homeopathic League, the Homeopathic Society Dr. Hering, the Homeopathic Society of Puebla, the Homeopathic Society of Sinaloa, the Society of Homeopathic Doctors of Durango, the Homeopathic Society of Guerrero, and the Homeopathic Association of Doctors from *La Laguna*. This mobilization had no precedents in terms of the groups that participated in it, the way the actions those groups took, and the geographical origins of the complaints. If homeopathic doctors were the only ones who protested as individuals in previous years, this time homeopathic practitioners and even patients summed their requests to homeopathic doctors who acted within their professional societies and unions.

Most of the correspondence simply requested that homeopaths could participate in the elaboration of the new sanitary code, and Manuel F. Madrazo, head of the DSP, or Francisco Vázquez Pérez, head of the DSP’s Office of Medical Practice, just replied that their opinions

⁶⁶ Approximately 60 homeopathic practitioners, 10 homeopathic doctors, and 70 patients. See AHSS, SP, EM, 13, 5; AHSS, SP, EM, 13, 11; AHSS, SP, EM, 13, 12; AHSS, SP, EM, 13, 14

⁶⁷ The majority of petition letters issued by homeopathic practitioners or doctors came from Mexico City (about 40), followed by the state of Michoacán. Other states were only represented by one, two or three letters (Morelos, Coahuila, Durgano, Puebla, Mexico, Zamora, Colima, Guanajuato, San Luis Potosí, Sinaloa, Hidalgo, Veracruz, Texcoco, Chihuahua, Baja California and Tampaulipas). Puebla and Veracruz are special cases, for if patients are considered, then about 65 persons from Puebla sent petition letters to the President and the head of the DSP, and 14 from Veracruz.

would be taken into consideration.⁶⁸ Opinions varied amongst those homeopaths who responded to DSP's invitation. Some homeopaths sent a simple letter notifying the DSP that they sided with the opinion of the Mexican Homeopathic Confederation.⁶⁹ Others elaborated on critiques to the DSP's regulation of medical practice. In general, these letters requested that the DSP authorized the practice of homeopaths whether doctors or unlicensed practitioners. This could be achieved, so these letter proposed, by regulating articles 4 of the Constitution, by providing venues in the sanitary code that allowed the practice of homeopaths, by allowing the registration of degrees granted by free medical schools, among other legal means.

When arguing in favor of the legal practice of homeopathy in the country, homeopaths and their patients used a social democratic rhetoric to align with the revolutionary rhetoric of government authorities to obtain their support. One aspect of this rhetoric was to portray the conflict between homeopaths and allopaths as a class struggle. For example, Dr. José M. Mendoza, a member of the Homeopathic Society of Puebla, believed that the attitude against homeopaths resulted from the elitist education of allopaths, their close relationship to the political class, and their ability to obtain bureaucratic positions.

On the contrary [to what happened in the *Porfiriato*, he said,] today in a time of liberty [...] revolutionary governors in conjunction with their professional allies, unrealized professional who issue laws, such as in Puebla and other states, fight against the civilization and the Mexican nationalism. [...] Allopaths, taking advantage of their position in the government, or as legislators, [...] want to impose a STATE MEDICINE to the Mexican people. Has by any chance Mexico gone years back in scientific matters? Our liberal institutions and laws [...] deny a RELIGION OF THE STATE. Why the MEDICINE OF THE STATE, which allopathic physicians want to impose, is not condemned on the same grounds and in the name of scientific freedom?"⁷⁰

⁶⁸ See *El Universal*, January 26, 1934, and *La Prensa*, January 27, 1934; *El Nacional*, January 25, 1934.

⁶⁹ Like Mariano Torres Pico, Pedro Castro, Santiago J. López, Raúl Ramírez Guzmán and Felipe Sánchez, Juan E. Guerrero, Miguel Pérez F., Josefina Ramírez, Ignacio Gómez Jr., José Padilla M., J. Guerrero, Rodrigo Méndez, Alfonso P. Vega, Joaquín C. Castellanos, Jesús Flores Pérez, Rodrigo Méndez Guerrero and 3 illegible signatures.

⁷⁰ Correspondence from Dr. José M. Mendoza, January 11, 1934, AHSS, SP, EM, 13, 11, pp. 2-4.

María González de Origel, head of a beneficence institution that protected women and teenagers in Guadalajara, argued that homeopathy sided the “proletariat, the working class and the people”, and for that reason she considered it “revolutionary and democratic.”⁷¹ And patients described the benefits of homeopathy as ones that fitted the least affluent class. A. Magaña argued that homeopathy was economic and efficient, which made it a suitable therapy for the “working class and peasants”.⁷² The privileged position of allopaths allowed them to favor laws that banned homeopathic practice.

Class struggle could also be interpreted as professional competition and consequently the conflict was pictured as an economic one where patients became both arbiters and victims. Dr. Fidel M. Garcia, member of the Homeopathic Society of Sinaloa, believed that allopaths did not like homeopathy because patients preferred it and this reduced allopaths’ income; having laws that allowed “homeopathic practitioners to offer their services only where there was no licensed physician could be interpreted as a defense of a mercantile monopoly, and not as a sanitary measure that benefited the whole society”, he said.⁷³ Patients’ preference was evident in a letter from 13 patients and one homeopathic practitioner from Tuxpan, Veracruz, who had used allopathy without any result until they used homeopathy and they healed. They argued, consequently, that allopathy was the therapeutic approach that killed, not homeopathy. Juan Zepeda Garbay, a practitioner from Tenancingo, believed that allopaths with its elitist education, political connections, and government positions were trying to build a professional monopoly; he also thought that if the government allowed free medical practice, the public would become the judge of what was right or wrong in medical science, undermining allopaths’ privileged

⁷¹ AHSS, SP, EM, 13, 5, pp. 24

⁷² AHSS, SP, EM, 13, 15, pp. 39 and 50

⁷³ AHSS, SP, EM, 13, 12, pp. 27

position.⁷⁴ Enrique García Fernández, a practitioner from Mazatlán, Sinaloa, located the origin of the conflict in mercantilism, but contrary to Juan Zepeda, he visualized a future of patients' exploitation without the homeopathic counterweight, if their political position tilted the outcome in favor of allopaths.⁷⁵ Some patients like Paula G. de Rivera — and 4 more patients — believed that patient's choice favored homeopaths and that it was precisely for this reason that allopaths considered homeopaths true competitors and attacked them.⁷⁶ María González de Origel translated medical approaches to economic reasons that favored homeopathy. For her, homeopaths' resistance to use patent medicines, and their wide use of national plants, practices that opposed allopaths' preferences, promoted the growth of a national economy.⁷⁷

A third issue was the status of homeopathy as medical knowledge based on scientific foundations and the access to scientific medical knowledge and consequently proper medical training to the working class. Francisco A. González, a practitioner from Coahuila argued that homeopathy had the same legal rights as allopathy because the former was as scientific as the latter. Ramón García Morales, a violinist from the National Conservatory in Mexico City, considered that homeopathy had scientific foundations and that he would turn into a non-believer only until there was clear evidence of the empiricism and lack of scientific principles in it.⁷⁸ Moreover, he argued that the only way to solve the conflict was recognizing homeopathy's scientific foundations and supporting the ELHM which trained doctors without the economic support from the government.⁷⁹ In the same line of reasoning, Maria González de Origel

⁷⁴ AHSS, SP, EM, 13, 5, pp. 69

⁷⁵ AHSS, SP, EM, 13, 5, pp. 79

⁷⁶ AHSS, SP, EM, 13, 11, pp. 83

⁷⁷ AHSS, SP, EM, 13, 5, pp. 71-73

⁷⁸ AHSS, SP, EM, 13, 11, pp. 53

⁷⁹ AHSS, SP, EM, 13, 5, pp. 67-68.

considered homeopathy a science that needed to be included in the educational system because it was useful. She argued that she had been successfully using it in the institution she headed.⁸⁰

Homeopaths and their patients did not like being held as charlatans neither for their therapeutic beliefs nor for their training. José M. Mendoza said that homeopaths had documents that proved their long training which turn them into “authentic homeopathic doctors”, contrary to what sanitary authorities argued. Yet if sanitary authorities accused free medical schools of lacking enough practical training, it was the government’s responsibility, for

how could someone demand high quality medical training from a free school, when a short minded government stoned the school? How could a free school be efficient when a governor issued draconian decrees against homeopathic doctors? How could someone demand with such naïveté that free schools trained top-class professionals, when those schools never received economic support from the government, as official ones did? How could an authority, however well intentioned, with such carelessness, request such a high-quality medical training in free schools if precisely the same authority obstructed its operations and denied clinical practice to free schools’ students in government hospitals?⁸¹

Like others, he suggested the complete legal recognition of homeopathic professional education and the official recognition of homeopathy as a medical science.

One of the letters is particularly relevant because it radically contrasted with other homeopaths’ perspective and Juan Mendoza’s in particular. Generally ELHM graduates had a special appreciation for their school. The spirit of altruism and the flag of homeopathy pushed them to praise the education they had received from this particular medical free school, but Dr. Ruben Reyes Segura felt deceived by the school. He had two titles, one from the ELHM and one from the UNAM. He explained to sanitary authorities that he first studied homeopathy at the ELHM because he believed that it had scientific principles, but that after four years of studies he realized that both the homeopathic doctrine and the school were not trustworthy. Therefore, Dr.

⁸⁰ AHSS, SP, EM, 13, 5, pp. 24.

⁸¹ AHSS, SP, EM, 13, 12, pp. 5-7.

Ruben Reyes decided to study medicine at the ENM, where he finally realized that the homeopathic school only exploited “the ignorance of the masses, protected by the law that gave it legal status”. Arguing that he never practiced homeopathy and had only practice “the other medicine”, he believed that his “mistake had already been corrected” and that his honesty “had erased any stain on his medical career”. Foreseeing that he could be fined for prescribing medicines he was not entitled to after the enforcement of the new Sanitary Code, he requested the head of the DSP’s Office of Medical Practice and Demography to erase his name from the section of homeopaths, but the sanitary authority replied that the Directory was already published.⁸²

Only the Union of Homeopathic Physicians and the Mexican Homeopathic League offered a systematic critique of the parts of the Sanitary Code of 1928 that directly affected medical practice to homeopaths, critiques and suggestions that homeopaths wanted to be included in the new one. The Mexican Homeopathic Confederation to which several homeopaths pledge allegiance endorsed the document offered by the League. The union, represented by Dr. Othon Johnson, a graduate of the ELHM, and by Dr. Rosendo Rojas Estañol, also an ELHM graduate, criticized the criteria followed to register degrees issued by free schools, the timing when a doctor was obliged to issue a death certificate, in the sanitary code of 1926, and the intention to ban homeopaths from the practice of surgery and obstetrics in the new one.⁸³ The union believed that free schools’ degrees should be recognized as official, if the titles fulfilled certain criteria. They needed to have been previously recognized by any federal or local government through any of its offices; the issuing medical school needed to have academic programs officially validated by such offices; and both the medical degrees and the free school

⁸² AHSS, SP, EM, 13, 5, pp. 88-89

⁸³ AHSS, SP, SM, 13, 5, pp. 81-84

needed to fulfill other specific requirements established by the granting government. According to the union's opinion, doctors were obliged to provide a medical certificate only if their patient died 48 hours after they issued the last prescription. Families of the deceased patient and police agents, the union argued, did not have any medical training and requested death certificates when doctors could no longer be held responsible for the death person, or when the patient or its family did not adequately follow the doctor's prescription, discontinued it, or had done extensive use of other therapies, such as home remedies, potions, or spiritualist interventions, without the doctors' consent. In its final point, the union complained about the intention to marginalize homeopaths' practice by considering them only specialists in internal medicine, without the proper training to offer their services as surgeons or obstetricians. Doctors from the "traditional school" wanted to reserve surgical and obstetrical knowledge to their own and failed to understand that homeopaths were also trained as doctors and, consequently, were able to fulfill completely their role in the society, the union concluded.

The opinions of the Mexican Homeopathic League coincided with some of the Union's opinions and advanced other ones. For instance, the League pointed out that the new sanitary code needed to consider free schools from states beyond the Federal District, but argued that it was necessary to have a new government office beyond the UNAM that validated free schools' degrees and their academic curricula. The League believed that homeopaths were trained as surgeons and obstetricians, but also as a homeopathic pharmacist. Consequently, it demanded that the right of every graduate of a homeopathic school to be in charge of pharmacies and dispensaries be observed in the new code. On the issue of death certificates, the League considered that it was the duty of judicial authorities to provide this and other types of certificates that demanded expert knowledge.

The League's letter highlighted how the sanitary code of 1926 obstructed homeopathic doctors' practice and how the code contradicted the Constitution, yet its suggestions to reform the code revealed the League's unawareness of how the sanitary police proceeded or its lack of legal experience. This suggests that while supporting medical schools, the League, being integrated by ELHM graduates who were already registered with the DSP, saw the economic benefits of the sanitary control of medical practice, once they were on the side of regular practitioners. The way the code restricted medical advertisements conflicted with article 4 of the Constitution, though they agreed with advertising clearly the origin of their degree or the lack of it. A similar situation happened with the ability of sanitary authorities to eliminate previously registered doctors who did not comply with new laws. This regulation opposed to article 6 of the Constitution, which stipulated that the law could not be retroactively applied. The League believed that only in cases of fake degrees or when the degree was not backed up by proper training the registry could be withdrawn, a proposition that evidence the naïveté of the League and its lack of knowledge of the situation of other free medical schools, such as the ELMP or the ELOE.

One of the most important issues in terms of therapeutic tools that homeopaths could make use of as surgeons and obstetricians was narcotics. The League requested that homeopaths could use prohibited plants such as *Cannabis indica*, *Cannabis sativa*, and *Opium*, based on the extensive evidence homeopaths had of their therapeutic effectiveness at infinitesimal doses. On the other side, it demanded their right as surgeons and obstetricians to use narcotics at high doses, for palliative as well as anesthetic purposes. This contradiction is just the surface of a deeper problem amongst the medical profession which was the wide variety of therapeutic approaches and the anxiety of sanitary authorities to regulate who was properly trained to use a

specific therapeutic approach and how specific practitioners approached the use of such therapeutic tools. However fascinating the history of the production, cultivation, transformation, synthesis, commercialization, and consumption of medicinal plants and other commercial and non-commercial drugs might be, this topic is beyond the scope of this dissertation. Yet the activity of homeopaths as retailers of their own specific homeopathic drugs made them the target not only of sanitary policies that aimed to regulate the production and retailing of pharmaceutical products in the 1920s and 30s, but also of the growing community of professional pharmacists, who regarded homeopathic pharmaceutical activity as an intromission to their professional activities and as competitor in the marketplace of medical commodities.⁸⁴

Just as with the Congress of Professionals from which homeopaths were dismissed, they were never required to attend any meeting to discuss the reforms to the new sanitary code. Madrazo publicly acknowledged that he would listen to homeopaths suggestions and even asked them to submit their opinion; these written opinions did not produce any change in the sanitary code of 1934. Moreover, the modifications to the section on medical practice did not listen to homeopaths' suggestions. In fact new modifications openly marginalized homeopaths' medical practice in the way homeopaths had anticipated in their letters early that year. The Union of Homeopathic Physicians complained to sanitary authorities using the same arguments already

⁸⁴ Julián González's and Pascual Bielsa's homeopathic dispensaries were the first examples of these tensions between the Superior Board of Health and homeopaths in the 1860s and 70s (see particularly chapter 1 and 4). Pharmacists complained that homeopaths filled up themselves their own prescriptions in "Intereses profesionales. La homeopatía. Falta de cumplimiento de la ley. El despacho de recetas médicas debe hacerse por un Profesor facultativo y no por los médicos," *La Farmacia* V.9 (1896). The DSP prosecuted homeopaths who unlawfully opened homeopathic dispensaries, particularly after 1926. See Jose I. Escalante's case in 1928 in AHSS, SP, SJ, 6, 1; Carlos Moreno's case in 1934 in AHSS, SP, S, 40, 36; Petra Guzmán Barrón's case in 1935 in AHSS, SP, SJ, 45, 15; the case of Dr. M. Méndez X's "Guía homeopática de urgencia para la indicación de los remedios homeopáticos especiales del Dr. M. Méndez X." in 1931 in AHSS, EM, 12, 2. In 1934, Dr. Manuel Márquez San Juan discussed the issue of low doses in relation to narcotic drugs, elevated and harmful doses of specific remedies and the authorization to practice pharmacy in "Contribución al estudio de la reglamentación de las profesiones en México" in AHSS, SP, SJ, 29, 14. See also "Juicio de amparo numero 1333/42. Sixto Nieto Rojas y congraviados" in the particular archive of Dr. Fernando Darío Francois Flores.

discussed, such as contradictions within the sanitary code, between the code and the Constitution, and between sanitary and educative authorities; the training that homeopaths received as both surgeons and obstetricians, besides their homeopathic specialty; the scientific status of homeopathy; the therapeutic innovation that the new code precluded; and other reasons.⁸⁵ Immediately after this complaint, sixty homeopaths from the Union sued the President of Mexico for issuing the Sanitary Code.

The lawsuit concentrated mainly in the explicit prohibition for homeopaths to prescribe narcotics at regular doses and for pharmacists to fill homeopaths' prescriptions of narcotics (arts. 413–416), though it also pointed out the intromission of the sanitary code in the regulation of medical practice. More than exposing homeopaths' arguments that justified their right and proper training to use anesthetics in surgery and prescribe narcotics in specific cases, the lawsuit offers an insight of how magistrates privileged the structure and duties of state institutions which stood for the social good rather than the constitutional rights of a few citizens. Homeopaths sued the President and the DSP at a local civilian court and they lost the case because, according to the verdict, the sanitary code was a piece of legislation that protected society's interests. If it was revoked to give rights back to homeopaths, the verdict would reinstate a situation which the sanitary code intended to remediate in the first place. But when homeopaths appealed this verdict to the SCJN, the Supreme Court acknowledged the excesses contained in the code, particularly regarding the prescription of narcotics and the intromission of sanitary authorities in the regulation of medical practice. When the DSP appealed this resolution, the SCJN one more time acknowledged that the DSP's acts were susceptible to suspension, but the Supreme Court argued that it was more important "for the society and the state that each organic institution fulfilled its

⁸⁵ Correspondence from the Union of Homeopathic Physicians to the head of the DSP, September 24, 1934, AHSS, SP, SJ, 41, 10. See also AHSS, SP, EM, 13, 14, PP. 69-71

duties than preventing the harmful effects that the issuing of a specific law could have on an individual”. Having this as the central value of governance gave homeopaths no means to contest the sanitary dictatorship.⁸⁶

Conclusions

The triumph of advocates for the regularization of the Free School of Homeopathy of Mexico in 1929 and 1930 opened the possibility for other graduates from free medical schools in Mexico City to seek the regularization of their own medical schools and degrees. As I have shown in the first section of this chapter, these graduates took advantage of the presidential decrees that allowed them to seek the regularization of their schools with the Ministry of Public Education in 1930 and 1931. But the changing politics of the *Maximato* did not allow a consistent policy regarding the regulation of free schools and of professional education in general. The new Organic Law of the UNM in 1932 brought legal inconsistencies that both the SEP and the DSP took advantage of to get rid of the problem of regulating medical schools. The shifting role of the SEP from an office in favor of regulating medical schools to an office that opposed to it remains to be studied, yet an explanation can still be found either in the conflicting relationship between university authorities and the recently created office that aimed to regulate professional training within the SEP or in the state’s need to establish a coherent state structure that regulated professional practice through adequate professional training, as the SCJN’s resolution in favor of the sanitary code of 1934 suggests. In any case, with the SEP stepping back from its role as regulator of professional training, the DSP assumed such a role specifically for free medical schools.

⁸⁶ The entire lawsuit is in AHSS, SP, SJ, 41, 10. For the appeal’s resolution see the report from the SCJN to President Lázaro Cárdenas and his Ministry of Health in AHSS, SP, SJ, 41, 10, pp. 81-84.

Sanitary authorities took advantage of the legal and government position of the DSP at the national level. The sanitary code made the medical registry the basis for enforcing a policy that marginalized free-schools graduates from advertising their services as professional medical doctors. At the same time, the presence of sanitary agents in the most important urban centers in the nation made feasible the prosecution of those practitioners who did not comply with regulations on medical advertising. The enforcement of these policies created the need in free-schools graduates to be included in the medical registry. Yet, they believed they had the right to be included in the latter because their degrees were legal. After all not only had they received medical training in a medical school, but also some of their schools had been legally authorized. The cases analyzed in this chapter indicate that the DSP's resistance to register some of the free-schools-issued medical degrees was ideologically-based, rather than legally-based. In other words, the enforcement of the sanitary dictatorship to control medical practice was based on the anxieties of sanitary authorities rather than the potential or actual harm that free-schools graduates inflicted to their patients. The legal strategies devised by sanitary authorities to prevent these practitioners from enrolling in the sanitary code were dictatorial, intransigent, and illegal. Sanitary authorities were cautious when implementing such measures to prevent a flood of lawsuits as they had experienced during the 1920s with ELHM graduates. Consequently, sanitary authorities carefully aligned with regulations that allowed them to dismiss free-schools graduates' requests to be included in the medical registry. In turn, only exceptionally the latter were able to win lawsuits against the DSP and become "legal" medical doctors.

However, it would be misleading to portray sanitary authorities as simply enforcing policies out of ideology. As I explained in chapter 5, the DSP did not originally enforce the regulations on medical practice contained in the sanitary code of 1926. And, as evidence in this

chapter suggest, even when enforcing it, sanitary authorities did not apply sanitary regulations unilaterally. Practitioners were summoned to the DSP's or the sanitary agents' offices and offered an explanation of the regulation on medical advertising. They were fined only after receiving several warnings. This environment of communication between authorities and practitioners drastically changed after the ELHM obtained the state support in 1930. Thence, sanitary authorities changed their policy to promote compliance to a policy of enforcement through prosecution. This reaction was the product of sanitary authorities' realization that "charlatans" who held a professional medical degree would not easily comply with sanitary regulations regarding medical practice and, moreover, that state policies on professional training backed them up. In other words, free-schools graduates happened to be a more politically active and effective group than sanitary authorities expected. The real problem for sanitary authorities in the 1930s was, as Pruneda put it, "charlatans with a medical degree". When these "charlatans" achieved a regular status, sanitary authorities responded using the vantage position they had in the government structure and did not let any resistance mobilization to overcome the sanitary dictatorship.

The last major mobilization of homeopaths — including practitioners, and patients; regular and irregular; licensed and without license — revealed that they had appropriated the working-class culture of organization typical of urban centers, particularly Mexico City, in the 1920s and 30s.⁸⁷ The process through which homeopaths sought state support was not new. They had been requesting the presidential support since the late 19th century with Porfirio Díaz. Yet, while they still used the rhetoric of homeopathy as a scientific medicine, the rhetoric that socially justified the existence of homeopathy changed dramatically. While in the *Porfiriato* homeopathic doctors argued that a medical school would reduce the amount of untrained homeopathic

⁸⁷ See for instance, Lear, Workers, Neighbors, and Citizens: the Revolution in Mexico City.

practitioners, in the 1930s, homeopaths argued that their therapeutic approach fit the interest of a revolutionary government. Homeopathy, according to this argument, was a therapy suitable for the working class because homeopaths' services and homeopathic medicines were inexpensive and because most of its practitioners belong to a sector of the population who could hardly pay for an elite medical training such as ENM students. Consequently, supporters of homeopathy argued that the government would be aligning with the ideals of the revolution if it supported homeopathy; revolutionary medicine for a revolutionary government. Yet in contrast to the *Porfiriato*, the social democratic rhetoric did not work; at least not in the terms homeopaths wanted. The state was more interested in organizing a consistent legal and government structure that provided certainty to the regulation of public life, particularly the regulation of public health, rather than fulfilling the demands of working-class homeopathic practitioners. This policy worked out in the courts and left the regulatory framework, the sanitary code in particular, untouched, turning homeopaths protests' into "homeopathic sugar" that combated sanitary "cannons".

Epilogue and Conclusions

The last and closing chapter of this dissertation shows that homeopaths' efforts to resist the sanitary dictatorship were unfruitful and therefore suggests that homeopathy as a national working-class medical movement faded away. The sanitary dictatorship was effective in keeping the control of medical practice regulations in the hands of sanitary authorities. This did not imply that in practice homeopathy did not persist as a rhetorical tool to demand health and healing services and practical tool that delivered health and healing services to the working class, or that homeopathy was no longer offered as an option of medical training to the working class. Rather the opposite. For instance, just five months after the new sanitary code was issued in 1934, Miguel Hidalgo Salazar and Antonio Loyo, General Secretary and Secretary of Social Action of the Confederation of Peasants "Emiliano Zapata" of Puebla, addressed President Lázaro Cárdenas to request that homeopaths were not prosecuted. According to Salazar and Loyo, homeopaths were truly an

efficacious social service, particularly for the disenfranchised sick people. [...] They are closer to the proletariat because most of them come from its ranks, paying for their education, and consequently they deserve the protection that [the Confederation] requests, giving the warrants they need to pursue they humanitarian labor.

They contrasted homeopaths' humanitarian labor with that of "allopaths" who, they believed, were the ones who promoted the prosecution. They were the ones who look after their own personal — and not the collective interests — so Salazar and Loyo believed. "If allopathic physicians understood the higher role they play in society, they would act accordingly and consequently would not interfere with homeopaths [‘s undertakings]”, the leaders of the confederation concluded.¹

¹ AHSS, SP, SJ, 29, 14.

This intervention shows that the idea that homeopathy was a medical system suitable for the working class, originally conceived in Mexico City in the context of the marginalizing policies of sanitary authorities and ENM faculty against the ELHM in the early 1920s, spread out to other urban centers beyond the capital city by the mid 1930s. This should not result as a surprise given that Puebla as Mexico City had a homeopathic medical school that offered medical training and whose graduates confronted both local and federal sanitary authorities. Sanitary authorities might have retained the control over medical practice regulations and aimed to marginalize homeopathic practice, but by perceiving homeopaths as suitable for their needs, working class patients emphasized the need for regulations that incorporated rather than dismissed homeopathic practice. Hence, regardless of the regulatory control gained by sanitary authorities in the first half of the 1930s, in practice there was a medical marketplace both in Mexico City and other urban centers in Mexico such as Puebla that demanded the services of homeopaths.

A different question is how influential such demands were in orienting public policies regarding the regulation of homeopathic training and practice in the 1930s. This question requires further research to evaluate the growth and regulation of homeopathic medical schools in urban centers beyond Mexico City. In other words, it is necessary to evaluate both homeopaths' efforts to create and sustain new and existing medical schools in other states such as Puebla and Jalisco, where homeopathic schools either existed or were being built, and understand how local state laws regarding professional medical practice evolved during the 1920s and 30s in response to the centralization of government during Cárdenas administration (1934–40). On one side, the federal government did not have an immediate and straightforward response to demands such as Salazar's and Loyo's. As it happened with homeopaths' demands in

Mexico City in the late 1920s, the President handed over the Confederation of Peasants “Emiliano Zapata” of Puebla’s demand to the DSP. Moreover, if the DSP policies during the early 1930s are considered, it is unlikely that the sanitary department ever took any actions to fulfill the Confederation’s demands. On the other, the emergence of free homeopathic medical schools in other urban centers in Mexico, such as Guadalajara, took place at a historical moment when Cárdenas centralizing regime favored the reopening of the ENMH at the IPN rather than supported individual efforts such as ELHM’s. These federal policies altogether with the professional competition that the opening of a new school implied made difficult and sometimes even hindered the efforts to open new homeopathic medical schools beyond Mexico City. For instance, Onésimo R. Gómez struggled to create a free homeopathic medical school in Guadalajara, Jalisco due to economic conflicts with both other homeopaths who supported him in the project and other doctors who saw all homeopaths as competitors in the emerging medical market place in the capital of that state². The fate of this school and other similar efforts such as the ELMP and the School of Homeopathic Medicine of Yucatán will illuminate how and if the process of state intervention worked in these states as it did in Mexico City.

In Mexico City, the consolidation of state institutions during the Cárdenas administration threatened one more time to ban the ELHM in Mexico City. As I analyzed in chapter 3, Lázaro Cárdenas’ government initiated a series of reforms with the SEP aimed to professionalize the working class that resulted in the creation of the National Polytechnic Institute in Mexico City. This institution incorporated the ENMH, perhaps as a response to homeopaths’ demands. Yet the recognition of homeopathy as an option of professional medical training to the working class by the state was accompanied by the latter’s effort to centralize administration. This resulted in a

² This took place during the last three years of the 1920s. Onésimo R. Gómez was an ELHM graduate. See “Epistolario. Dr. Higinio G. Pérez y Onésimo R. Gómez” in the Archive of Dr. Fernando Darío Francois-Flores in Mexico City.

series of policies aimed to rule out competing homeopathic medical schools with a similar function. Just as the SCJN valued the coherence and unity of state institutions that protected the society over the rights of individuals whose actions conflicted with such institutions in lawsuits between homeopaths and the DSP, Cárdenas' government aimed to unify its government structure. Hence, the SEP initiated a campaign to close the ELHM once the Institute became a reality in the second half of the 1930s³. Based on the regulations that gave SEP authorities the right to extend or withdraw the authorization to grant medical degrees to professional schools that did not fulfill academic and/or other type of requirements, the SEP attempted to close the ELHM. In a mobilization similar to the one organized in the 1920s, ELHM graduates were able to keep their medical school working, though the elementary and middle schools associated to it were closed. Apparently the logic was that if the state was funding the professional training of homeopaths through the IPN, there were no apparent reasons to keep an independent medical school working. Yet the details of this conflict and its significance in the context of the changes that took place during Cárdenas' administration remain to be researched and analyzed.

The revolutionary state and its institutions inherited the ideological conflict between political and economic liberalism and positivism in the 19th century. This ideological conflict in the 20th century, which the Mexican historian Javier Garciadiego Dantan has identified as the struggle between “*rudos vs. científicos*” or roughs and scientists, did not end up with the consolidation of the university as a revolutionary institution in the early 1920s under Vasconcelos' lead⁴. Rather it continued throughout the 1920s and eventually resulted in the ideological, though not financial, excision of the university from state control. During the 1930s,

³ See lawsuits against the President and the Ministry of Public Education in 1939, 1940 and 1941 in the AHELHM.

⁴ See Javier Garciadiego Dantan, Rudos contra científicos : la Universidad Nacional durante la Revolución mexicana, 1. ed. (México, D.F.: Colegio de México Universidad Nacional Autónoma de México, Centro de Estudios sobre la Universidad, 1996).

Cárdenas' educational reforms aimed to use, as in the *Porfiriato*, scientific education as a tool to modernize the nation. These reforms began with an amendment to article 3 of the Constitution to make socialism the educational philosophy endorsed by the state. Yet in Cárdenas' administration this meant that he aimed to subsume science to the social needs of the nation.

Due to the conflicts between the Mexican state and the UNAM, Cárdenas policies were not undertaken by the latter, which continued training social elites in the 1920s though implementing Cardenas' designed programs to socialize the elitist professionals, particularly physicians⁵. Rather, he created the *Consejo Nacional de la Educación Superior y la Investigación Científica* [National Board of Superior Education and Scientific Research] in 1936 to implement the policies on professional training and scientific research that the nation required⁶ and the *Oficina Nacional de Control y Registro de Escuelas y Titulos Profesionales* [National Office of Control and Registry of Professional Schools and Degrees] in 1937 to supervise and regulate the granting of professional degrees.⁷ The SEP's role in this new structural organization was reduced to administer the largest vocational professional school during the Cárdenas' administration, the IPN. The effect of these policies in medical training and practice remain to be thoroughly researched. The evidence analyzed in this dissertation suggests that the three larger medical schools in Mexico City, the ENM, the ENMH, and the ENM, were the most important centers of medical training throughout the 1930s in the capital and would remain as such until

⁵ See for instance Gabriela Soto-Laveaga's work on the medical social service initiated during Gustavo Baz Prada's term as the UNAM's dean in Gabriela Soto Laveaga, "Bringing the Revolution to Medical Schools: Social Service and a Rural Health Emphasis in 1930s Mexico," *Estudios Mexicanos/Mexican Studies* 29.2 (2013).

⁶ See Miguel Angel Gutiérrez López, "El Consejo Nacional de la Educación Superior y la Investigación Científica y la política de educación del régimen cardenista, 1935-1940," *Perfiles Educativos* XXXI.126 (2009).

⁷ See Moreno, *Yankee Don't Go Home! : Mexican Nationalism, American Business Culture, and the Shaping of Modern Mexico, 1920-1950* 22-3.

the late 20th century when other private universities started to populate the institutional landscape.

As throughout the period that I analyze in this dissertation, during Cárdenas' administration legislators did not agree to issue a piece of legislation that regulated article 3 of the Constitution and clearly establish which professions required their practitioners to have a degree in order to offer their services. The mobilization of unions and professional associations was originally intended to push for this regulation, but facing the lack of response from the Congress, the executive created the National Office to regulate professional schools and degree granting. This office aligned with the original intention that led to the creation of National Board in terms of transferring to the state the responsibility to supervise and regulate professional training and schools, which originally laid in the UNAM. By creating this office, Cárdenas attended the demands of the liberal professionals who sought for mechanisms to regulate professional practice and the market of professional services, on one side, yet retained the control over the training institutions that produced such professionals perhaps preventing that the source of professionals was not determined by the market but by the state's perceived social needs, on the other. When the Congress passed the regulation of professions in 1943, the SEP was given full authority over the granting of professional degrees, though preventions remained that allowed practicing professionals — those who did not attend a professional school — to obtain licenses to practice their profession.⁸

During the Cardenas' administration, institutions that regulated professional training and licensing implemented programs that responded to the need to bring health to rural populations, such as the creation of the national social service for physicians and the IPN's school of rural

⁸ See Moreno, Yankee Don't Go Home! : Mexican Nationalism, American Business Culture, and the Shaping of Modern Mexico, 1920-1950 24.

medicine.⁹ Similarly, the DSP created and administered, in coordination with other federal government institutions such as the Minister of Agriculture and local governments, the *Unidades Sanitarias Ejidales* [County Sanitary Units], perhaps the larger effort during Cárdenas administration to provide comprehensive healthcare as part of a program to improve the socioeconomic conditions of rural populations.¹⁰ These units were county sanitary cooperatives where sanitary, agricultural and local authorities combined efforts to provide what is considered the first effort to combine preventative medicine with social welfare. Consequently, Cárdenas sanitary policy was combined with the distribution of land, the construction of infrastructure that brought pure water to rural towns, the education of peasants and workers on sanitary matters, the creation of cooperatives to fund local and small sanitary insurance services, and similar endeavors. Cárdenas and the DSP's minister also promoted other projects to bring health services to the countryside and particularly to rural populations such as a hospital in Torreón, Coahuila, a center of rural hygiene in Santa Ana, Sonora, and the Autonomous Department of Matters of Indigenous People, under the supervision of the DSP, among others. These policies ran along the creation of research institutions such as the Institute of Hygiene, the School of Public Health, and the Institute of Public Health and Tropical Diseases. All these policies and structural changes signaled the need to change the structure of the DSP to respond to a new form of public health intervention, based in the delivery of health services altogether with public welfare. This change took place in 1943 when the DSP and the Office of Public Welfare were merged into the *Secretaría de Asistencia Social* [Ministry of Social Assistance].¹¹

⁹ See Soto Laveaga, "Bringing the Revolution to Medical Schools: Social Service and a Rural Health Emphasis in 1930s Mexico."

¹⁰ For Cárdenas public health policies see Carrillo, "Salud pública y poder durante el Cardenismo: México, 1934-1940."

¹¹ See Ana Cecilia Rodríguez de Romo and Martha Eugenia Rodríguez Pérez, "Historia de la salud pública en México: siglos XIX y XX," *História, Ciências, Saúde-Manguinhos* 5.2 (1998).

The struggle to bring the original demands of the revolution back to the people as state policies that actually reached both the disenfranchised in rural and urban settings and peasants and the working class, lasted two decades after the armed mobilizations ended in the late 1910s. During these decades, the Mexican state went through a transformation that established the institutions that would define Mexico in the second half of the 20th century. In the case of health, the 1917 constitutional recognition of health as a state's responsibility initiated a new era in the delivery of Public Health and consequently of professional regulation in Mexico. It is not a coincidence that historian Ana María Carrillo's analysis of the consolidation of the healing professions concludes in 1910 and public health specialist Julio Frenk's historical analysis of the market of professional medical services starts in 1917.¹² I agree with them that such an arbitrary delimitation is historiographically convenient because it signals the end of the liberal state and the beginning of the welfare state in Mexico and consequently the ideology behind the professional organization of physicians, the institutions around which they organized themselves, and the relationship between these and the emergent state structure were significantly different. In other words, Carrillo sees 1910 as the end point where professional medical institutions consolidated as clearly different from those of the colonial period, and Frenk acknowledges that in 1917 the structures that defined the Mexican medical profession during the 20th century began to consolidate.

As with many other periodizations, this one holds only if we pay attention to differences rather than similarities, to ruptures rather than continuities. In this dissertation, I stepped back from assuming that the triumphant liberalism of the second half of the 20th century and the construction of the revolutionary state defined two drastically different forms of professional

¹² See Carrillo, "Profesiones sanitarias y lucha de poderes en el México del siglo XIX."; and Julio Frenk, Héctor Hernández-Llamas and Lourdes Alvarez-Klein, "El mercado de trabajo médico. II. Evolución histórica en México," Gaceta médica de México 116.6 (1980).

organization of physicians. Rather, I considered how the revolutionary state used both professional and state structures consolidated at the turn of the 20th century to train and regulate physicians in the state's efforts to bring health to the population. The main structures that controlled the medical profession were not radically different. Indeed, by using the same structures that regulated the profession in Mexico City during the *Porfiriato*, and consequently either the same medical elites that ruled during this period, or their academic descendents, revolutionary governments only transferred the policies of professional regulation that were taking place in the capital to the rest of the nation. Consequently, the Superior Board of Health transformed into the Department of Public Health and the National School of Medicine hosted by the National University of Mexico continued being the centers of professional control after 1917. The policies with which these institutions aimed to control the profession were similar in both periods. The ENM's medical curriculum aimed to serve as model of training that warranted homogeneity in all medical schools and consequently of professional practice once students graduated. The DSP aimed to use such training as the legal basis to regulate professional practice by means of a medical registry, a list of practitioners authorized by the state to practice medicine or other sanitary professions.

As it happened in the rest of Latin America, the diversity of healers and the plurality of the medical profession, as well as the threats that this heterogeneous population of practitioners represented to medical elites who wanted to marginalize their competitors, continued throughout the first half of the 20th century in Mexico.¹³ Midwives, spiritual healers, traditional herbalists,

¹³ Historians Ana María Carrillo and Claudia Agostoni have analyzed the plurality of the Mexican medical profession in Carrillo, "Médicos del México decimonónico: entre el control estatal y la autonomía profesional."; and Agostoni, "Médicos científicos y médicos ilícitos en la ciudad de México durante el Porfiriato." For the preoccupations of the medical profession regarding other forms of healing in the mid-20th century see Everardo Landa, "Espiritualismo y medicina," *Acción Médica* 65.septiembre (1941).; "Charlatanería," *Acción Médica* 44.octubre (1939).; "Charlatanería," *Acción Médica*

and *curanderos* were all an important component of the large group of practitioners who offered healing services during the 19th century and that persisted throughout the first half of the 20th century, regardless of the efforts of the medical profession to monopolize the delivery of health care.¹⁴ As other historians have shown for other Latin American countries, in Mexico the growth of a state apparatus to deal with public health matters all over the nation and which ENM graduates used to first control medical practice and later regulate medical training did not prevent traditional and other type of healers — or even physicians with approaches who opposed those endorsed by the ENM — from populating the Mexican medical marketplace. Homeopaths, their institutions, and their ambiguous position within the Mexican medical profession and within state institutions exemplify this trend.

However, by emphasizing the continuities between the late 19th and the early 20th centuries I do not mean that the institutions that consolidated the Mexican medical profession did not change throughout this period. Highlighting the continuities within Mexican medical institutions and their changing relationship to the revolutionary state allows me to show that the consolidation of the profession did not end in 1910 from whence it followed a progressive evolution towards the medical and state institutions that characterized the second half of the 20th century. Rather, the 1920s, 30s and early 40s were tortuous years where tradition and modernity, lay and specialized knowledge, liberalism and positivism, private and public welfare, and social

45.noviembre (1939).; and Pruneda, "La superchería médica en el folklore." For Latinamerica see Palmer, From Popular Medicine to Medical Populism : Doctors, Healers, and Public Power in Costa Rica, 1800-1940., particularly chapters 4-6; Sowell, The Tale of Healer Miguel Perdomo Neira: Medicine, Ideologies, and Power in the Nineteenth-Century Andes., specially chapter 4.

¹⁴ Carrillo, "Nacimiento y muerte de una profesion. Las parteras tituladas en Mexico."; Xavier Lozoya and Carlos Zolla, La medicina invisible : introducción al estudio de la medicina tradicional en México (México: Folios Eds., 1986), Gonzalo Aguirre Beltrán, Medicina tradicional y atención primaria : ensayos en homenaje a Gonzalo Aguirre Beltrán, Cuadernos de la Casa Chata, 1a ed. (México, D.F.: Centro de Investigaciones y Estudios Superiores en Antropología Social, 1987).; and Xavier Lozoya L, Plantas, medicina y poder : breve historia de la herbolaria mexicana, Colección Los libros del consumidor, 1. ed. (México, D.F.: Procuraduría Federal del Consumidor ; Editorial Pax México, 1994).

elites and the working class intertwined, competed, and conciliated to accommodate 19th century elitist medical institutions within a state structure that aimed to democratize professional medical training and practice. The elitist aspirations of ENM graduates, which the DSP employed to contain epidemic disease all over the nation, including the “the fifth plague” or the irregular practice of medicine in the 1920s, clashed with politicians and government officers who supported the popularization of the university and private efforts to offer professional training, a conflict that favored homeopaths. In the 1930s, Cárdenas’ social and economic policy and centralization of government subsumed ENM graduates’ professional aspirations to the needs of the population; hence his call to “socialize the professions”. In this process, the state sustained its support to homeopathy.

What does this persistent support to a medical system which most regular doctors regarded as unscientific tell us about the professional organization of physicians in Mexico? What does it tell us about the relationship of the state to the Mexican medical profession? What does it tell us about the social spaces conquered by biomedicine both in medical institutions and amongst the population in Mexico? What does it tell us about the institutionalization of public health in the formation of a post-revolutionary state? And finally what does it tell us about the contradictory state policies regarding the health of the population and the regulation of the profession at one time and the way in which these changed through time? Historians of medicine have insisted that the framing of otherness in medical practice speaks more to the socio-political position of a particular group of medical practitioners rather than to a substantial difference between certain unorthodox medical systems with their own ontologies and the systems that grouped around positivistic medicine in the 19th century and later around what has been labeled

as biomedicine.¹⁵ For this reason, Charles Rosenberg says that “Alternative medicine is [...] an index to the social and cultural geography of regular medicine”.¹⁶ In this vein I have attempted in this dissertation to step back from the theoretical discussions about the validity or not of homeopathy as an effective medical system. Rather I have paid attention to understanding how the characteristics of the system helped their practitioners deliver healing services in specific social settings and from there position themselves as professional competitors of regular doctors. In other words, what matters to me is how the experts’ discussions about the nature of medical science and the competing medical systems such as homeopathy is an instantiation of larger social disputes regarding practitioners’ mobility in the social ladder, professional reputation, revenues that resulted from private or public professional practice, the allocation of state resources, among others. In this sense, the disputes between the regular profession and homeopaths in Mexico opened a window to explore the place of health in the broad *Porfirian* and post-revolutionary society, including patients, practitioners, and the state.

Homeopathy’s arrival and early development in 19th –century Mexico resembles the one it went through in England and the United States, where homeopathy though an unorthodox medical system was originally practice in the realm of regular medicine and was only later marginalized as medical deviance.¹⁷ In the latter countries, where political, economic and

¹⁵ See for instance the analysis of quackery as a social construction and the slippery definition of fringes between orthodox and unorthodox practitioners in 18th century Britain in Bynum and Porter, eds., Medical Fringe & Medical Orthodoxy, 1750-1850 1-4. Roger Cooter questions the validity of the dichotomy created by regarding 19th-century heterodox medical practices as having alternative cosmologies. See Cooter, "Alternative Medicine, Alternative Cosmology."

¹⁶ Charles E. Rosenberg, Our Present Complaint : American Medicine, Then and Now (Baltimore: Johns Hopkins University Press, 2007) 130.

¹⁷ Perhaps the main monograph on the history of homeopathy in England was written by Nicholls, Homeopathy and the Medical Profession. There are two authors who have extensively written about homeopathy in the United States, Kaufman, Homeopathy in America; the Rise and Fall of a Medical Heresy.; and Haller, The History of American Homeopathy: the Academic Years, 1820-1935., Haller, The History of American Homeopathy: From Rational Medicine to Holistic Health Care.

consequently professional egalitarianism prevailed during the first half of the century, homeopathy was only another of the multiple healing systems that proliferated in this period and that both university-trained physicians and lay practitioners used to satisfy patients and find a place in the competitive medical marketplace.¹⁸ But in contrast to practitioners of other healing systems of the period, homeopaths emulated the professional organization of university-trained physicians, establishing medical schools, opening hospitals, creating professional societies, and publishing medical journals. Perceiving that their social authority was challenged, orthodox physicians reacted by formulating strict rules of allegiance, such as the 1858 British Medical Act pushed by the British Medical Association and the exclusionary act of the American Medical Association, that aimed to monopolize training and practice under the direction of a single professional organization. While these measures hardly eradicated homeopathy from England and the U. S., they placed orthodox physicians on the right track to consolidate as a profession during the second half of the 19th and the early 20th century and marginalized other healing methods such as homeopathy.

Similarly, in Mexico, where liberalism and laissez faire predominated as political and economic philosophies, university physicians and sanitary authorities regarded doctors who practiced homeopathy as members of the profession as long as they had the appropriate credentials and fulfilled the sanitary board's regulations. Amidst struggles and wars to make liberalism a national political and economic philosophy and federalism a form of government, Mexican physicians were also struggling to transform colonial medical institutions that regulated their professional life into modern ones that fit a modern liberal republic. Consequently, subscribing to the state's regulatory institutions was more important to the medical community

¹⁸ For an example of such a diversity see Gevitz, Other Healers: Unorthodox Medicine in America.; Whorton, Nature Cures : the History of Alternative Medicine in America.; Bynum and Porter, eds., Medical Fringe & Medical Orthodoxy, 1750-1850.; and Bivins, Alternative Medicine? : a History.

than doctrinarian deviance, though the distinction of practicing homeopathy remained in place. When the political and social stability was achieved by the late 1870s and Porfirio Díaz's brought social and political rest as well as economic progress to the nation for almost four decades, orthodox physicians consolidated around state institutions, monopolizing the medical school, the sanitary board and welfare hospitals. Both orthodox physicians and homeopaths also established long-lasting professional societies and journals. Homeopaths' societies in Mexico were initially integrated by lay practitioners and university-trained physicians, but orthodox physicians' privileged positions helped them impose the university degree as the symbol of professional distinction and the requirement for employment at government institutions or for issuing official government documents such as death certificates. With the aim to fulfill the requirements to belong to the profession and participate of regulated public life, homeopathic physicians excinded from the homeopathic society and created their own. Mirroring the social stratification that the *Porifiriato* generated, the professional distinction between university-trained physicians and practitioners who either received some training at homeopathic societies or self-trained using manuals of domestic medicine established a hierarchy within the medical profession that eventually the *Porfirian* government institutionalized. In the face of a community of homeopathic physicians who promoted the scientific basis and superiority of homeopathy over its rivals, a healing system widely practiced by people who lacked adequate medical training, and a population that searched for the services of mostly irregular homeopathic practitioners, Porifrio Díaz's government decided to support a homeopathic hospital and a school. The decision elevated homeopathy to the rank of a profession in Mexico, giving them institutions where they received medical training and practice their own healing system, as well as credentials to participate of the privileges that their orthodox peers enjoyed.

The regularization of homeopathy during this period is ambiguous. It can be interpreted as a despotic decision typical of the *Porfirian* regime, particularly because it responded to the requests of homeopaths who had close ties with or had family bonds to economic elites, and to the interests of his ministry of the interior — and also Diaz’s father-in-law — without consulting the school of medicine’s faculty or members of the sanitary board. It can also be interpreted as an extension of the reforms to modernize and regulate Mexican institutions, including the medical profession. In this sense, homeopathy’s regulation was an effort from the government elites to social elites. A third way to interpret this outcome is as a populist effort to provide medical training and healing services to the working class through welfare institutions. The model for the provision of health to the destitute shifted during the 19th century from mostly Catholic charity institutions to a state responsibility in the form of welfare.¹⁹ While not being a policy of primary interest, officials during the *Porfiriato* carried out a series of reforms to modernize welfare institutions to attend the medical, educational and labor needs of the poor. In this context, the creation of the homeopathic hospital and school appear as an effort of elite physicians to implement a healing system that to the standards of the late 19th century proved to be as or perhaps even more effective than regular therapeutics. Given the nature of the large majority of homeopathic practitioners and the apparent high demand amidst the working class, homeopathy seemed a good target for *Porifirean* welfare reforms. The ambiguous nature to regulate homeopathic training and practice continued throughout the 1920s and 30s and played a key role in transforming and regulating the institutions of homeopathic training during this period.

However, the nature of homeopathy as an option to offer medical training to the working class

¹⁹ Virginia Aguirre Arvízu, Isaac García Venegas, Aída Valero Chávez and Social Escuela Nacional de Trabajo, *De la caridad a la beneficencia pública en la ciudad de México, 1521-1910* ([Mexico]: Universidad Nacional Autónoma de México, Escuela Nacional de Trabajo Social, 2002).; Ann Shelby Blum, "Conspicuous Benevolence: Liberalism, Public Welfare, and Private Charity in Porfirian Mexico City, 1877-1910," *The Americas* 58.1 (2001).

along with the social and political changes initiated by the armed mobilization of the 1910s in the whole nation, and particularly in urban centers such as Mexico City and Puebla, fueled the political activism of the lower ranks of the profession who having limited access to elite medical schools actively protested for the recognition of the schools — most of them homeopathic — where they studied.

The institutionalization of Mexican homeopathy seems to be exceptional only if contrasted specifically to the formation of the medical profession in industrialized countries such as England and the U.S. and in other Latin American nations. In the first case, Mexican homeopathy achieved what English and American homeopaths could not. Rather than being marginalized by the orthodox medical profession, Mexican homeopaths received state support and placed themselves vis-à-vis the orthodox Mexican medical profession, as elite physicians with a state funded school and hospital and most importantly with a degree that acknowledged the regular status. Latin American nations, in the second case, developed strong medical professions by the end of the 19th century and homeopathy took hold through literate patients, pharmacists and physicians.²⁰ However, the efforts of homeopaths in other Latin American nations to assault the medical profession were not successful. Steven Palmer's analysis of homeopathy in Costa Rica suggests that the cause lies in a late arrival of homeopathy to this country combined with an already developed profession.²¹ And Sowell's analysis of healer Miguel Perdomo Neira suggests that the close association between orthodox physicians and the

²⁰ For analyses on the development on the medical profession in Latin American countries see Palmer, From Popular Medicine to Medical Populism : Doctors, Healers, and Public Power in Costa Rica, 1800-1940.; Sowell, The Tale of Healer Miguel Perdomo Neira: Medicine, Ideologies, and Power in the Nineteenth-Century Andes.; Zulawski, Unequal Cures: Public Health and Political Change in Bolivia, 1900-1950., particularly chapters 1 and 2; Emilio Quevedo and Francisco Gutiérrez, "Scientific Medicine and Public Health in Nineteenth-century Latin America," Science in Latin America. A History, ed. Juan José Saldaña (Austin: University of Texas Press, 2006).

²¹ Palmer, From Popular Medicine to Medical Populism : Doctors, Healers, and Public Power in Costa Rica, 1800-1940 122-5.

state in Colombia blocked homeopaths' attempts to practice in state institutions in the 19th century, as it also happened in Argentina.²² In other words what makes Mexican homeopathy exceptional in the context of the 19th century is the support it received from the state.

Mexican homeopathy appears less distinct if the role that homeopathy played in giving voice to the demands of marginalized groups whether within the profession or in particular national settings is considered. In this case, the relevance of homeopathy as a medical system that accommodated the health needs of the marginalized, of its institutions as suitable to bring medical training and consequently social mobility to the working class, and the politics associated to its practice as means to resist those in power appear to be the same across countries. For instance, while in the U. S. orthodox physicians imposed clear gendered roles within the profession, which in turn impacted on women's professional and personal lives, homeopathy's irregular status allowed women's free expression of their political activism (usually in relation to feminism, suffrage, dress codes and health reform) in the mid-19th century and blurred the gender distinction that disqualified their entrance to the orthodox medical profession.²³ By the end of the century, the incorporation of women to homeopathy helped to "recast the physician from a medically educated male to a practitioner of either sex, shifting debates away from gender toward proper education and practice."²⁴ In colonial India, homeopathy was adopted by lay practitioners and physicians because its distribution as a modern medical commodity fit the needs of an emerging class of "*bhadralok* (or 'respectable people')"; its charitable institutions

²² See Sowell, The Tale of Healer Miguel Perdomo Neira: Medicine, Ideologies, and Power in the Nineteenth-Century Andes 48-50.; for Argentina see Mg. Manuel A. González Korzeniewski, "Discursos homeopáticos. Hacia la legalización de la disciplina en Buenos Aires (1933-1940)," Ciencia, Docencia y Tecnología XX.38, mayo (2009).

²³ For the role of gender in American medicine see Regina Markell Morantz-Sanchez, Sympathy and Science: Women Physicians in American Medicine (New York: Oxford University Press, 1985). For the role of gender in American homeopathy see Kirschmann, A Vital Force: Women in American Homeopathy.

²⁴ Kirschmann, A Vital Force: Women in American Homeopathy 75.

were modern yet not imperial; it allowed local physicians to participate of a Western scientific medical system that was not associated with imperial medicine; and its theoretical foundations did not oppose traditional Indian medical beliefs.²⁵ In Latin American countries where the medical profession could hardly attend the health needs of the urban population, let alone the rural countryside, and the state saw the need to grant medical licenses to practitioners who lacked a proper medical training, homeopathy persisted as a therapeutic option used by families, entrepreneurs like Professor Carbell in Costa Rica who combined unorthodox medical systems with displays that mimicked those of scientifically trained physicians both of which resulted so attractive to patients, and by physicians who convinced of the effectiveness of homeopathy opened hospitals and schools whose graduates were frequently licensed by the state to respond to the demands of health of Latin American populations.²⁶

How did homeopathy overturn the role of non-elite physicians in the organization of the medical profession in Mexico? The nature of homeopathy as a symptom-based healing system that uses harmless medications made and continues making it suitable to be used by a population with minimal or no training in medical science. In the 19th century, when orthodox physicians were using specialized scientific medical knowledge as a means to detach from other healing practices, gain authority over patients, and uplift the profession, the commercialization of homeopathy as a scientific healing system that any literate citizen could use and more importantly practice threatened the monopolistic efforts of orthodox physicians. However, homeopathy was not for everyone. Only literate citizens had access to it. In Mexico where elites constituted a minority who were literate not only in Spanish but sometimes also in French and

²⁵ Bivins, Alternative Medicine? : a History 152-8.

²⁶ See Palmer, From Popular Medicine to Medical Populism : Doctors, Healers, and Public Power in Costa Rica, 1800-1940 185-91.; Sowell, The Tale of Healer Miguel Perdomo Neira: Medicine, Ideologies, and Power in the Nineteenth-Century Andes 57-8.

increasingly in the 19th century in English and the mostly illiterate indigenous population constituted the large majority, this implied that homeopathy could only be learned and practiced by elites. With the growth that the working class experienced during the *Porfiriato* particularly in urban centers and the incipient but to offer basic and vocational training to workers through welfare institutions, this trend started to change at the turn of the century. Some physicians as well as lawyers, teachers, and pharmaceutical entrepreneurs, to mention just a few among the emergent working class, started to practice homeopathy and organize their professional societies. But the state enforcement of measures aimed to regulate medical training and practice obliged homeopaths to divide their societies according to the nature of the practitioners who integrated them, in other words into societies of homeopathic doctors and lay practitioners, perpetuating the social divide between elites and the working class, professional physicians and lay practitioners, medical doctors and charlatans. It was this division the one that allowed homeopathic physicians to obtain the state support to open a hospital that eventually hosted a homeopathic medical school. Rather than ruling out the competitors of the orthodox medical profession, the state intervention embraced homeopathy as a need to bring professional homeopaths to the large number of patients who demanded their services but could mostly find untrained practitioners. In other words, the response of the Mexican state to the pluralism within the profession symbolized by homeopathy and to the popular demands of such pluralism was to institutionalize such diversity by regularizing homeopathy.²⁷

This solution was ambivalent. In the short turn, the state supported homeopathic medical school did not fulfill the purpose for which it was opened because only social elites had access to

²⁷ For an analysis of how different forms of state intervention influence the outcome in the professionalization of physicians in Mexico in contrast to industrialized nations such as the US and England see Nigenda and Solorzano, "Doctors and Corporatist Politics: the Case of the Mexican Medical Profession."

it through the 1920s, leaving space for others, mainly medical entrepreneurs in the 1910s and 20s and eventually the state, to solve the problem of offering medical training to the working class. In the long run, the efforts to centralize government during the 1930s in an effort to fulfill the demands of the revolution resumed the project of a state-sponsored homeopathic school that brought medical training to the working class. The reconstruction of the Mexican state in response to the social demands of the revolution in the 1920s and 30s was not an easy task and resulted in the reformulation of the conflict between the mainstream medical profession and homeopaths. On one side, governments after the armed mobilizations of the 1910s confirmed the former hegemonic position of most of the *Porfirian* institutions within the new bureaucratic organization, including the ones that the medical profession controlled, such as the ENM and the new DSP. This could not be otherwise since revolutionary governments could not organize a nation from scratch. On the other, reformers such as José Vasconcelos in the 1920s and Lázaro Cárdenas in the 1930s, both of whom had an educational agenda that contrasted with the one endorsed by elite professionals, struggled to transform state institutions to bring education to the population at large, into institutions that educated not only those who had the means to afford education but to all the nation. Their policies resulted in the eventual detachment of the national university as a state institution and the creation of a polytechnic institute and other structures to regulate professional training and licensing. Both structural changes, in turn, used homeopathic medical schools as options to provide medical training to the working class.

As in the case of women in American homeopathy, in Mexico the internal division between progressive and traditional homeopaths, distinguished by their willingness or not to incorporate scientific breakthroughs into their corpus and adopt modern medical technologies,

overlapped over class and professional distinctions.²⁸ Regardless of state support whether during the *Porfiriato* or in the 1920s, the homeopathic school did not thrive during these decades, perhaps because elites preferred to enroll at the ENM than at the ENMH as a consequence of the status of homeopathy as marginal within the Mexican medical profession, because class schedules did not fit the needs of the population to whom originally this medical training was addressed, or because the support to the school ended once its original sponsor died. Moreover, elite homeopathic physicians who headed or taught at the ENMH did not strive to attract a larger pool of students to the school or make the later endure in front of the attacks of university physicians. While there were attempts to improve the material conditions of the school, the social and professional position of these homeopaths made them prone to seek state support without questioning its decisions. This attitude helped them subsist as a small and marginalized group of regular homeopathic physicians in the 1900 and 10s. However, amongst these, those who endorsed traditional/orthodox/pure homeopathy found venues to offer medical training to the working class at the margins of state regulations through proprietary — or free, as they were labeled in the Mexican context — medical schools. Aligning with the ethos of political organization that the working class experienced after the violent years of the 1910s in Mexico City, graduates from these schools in general, but particularly from the ELHM, used homeopathy as an ideology and their school as their headquarters to resist the efforts of the medical

²⁸ Anne Taylor Kirschman identifies that classic/traditionalist homeopaths usually used high potencies were supported by lay practitioners, were more sectarian, endorsed vitalism, had a tendency to use metaphysical explanations of disease and more importantly were the responsible for the survival of homeopathy in the 20th century. See Kirschmann, *A Vital Force: Women in American Homeopathy.*, particular chapter 1. For the survival of homeopathy as a system that largely relied on metaphysical explanations of disease see Haller, *The History of American Homeopathy: From Rational Medicine to Holistic Health Care.*

profession which used the DSP and the new sanitary regulation to ban the irregular practice of medicine all over the nation, in general, and of these schools and their graduates, in particular.²⁹

Nigenda and Solórzano argue that the corporatist nature of the Mexican state modeled the national medical profession.³⁰ Broadly considered, my dissertation suggests that the institutionalization of homeopathy is one example of how state policies defined the organization of the Mexican medical profession, decentralizing professional power and redistributing it amongst different groups within the profession, such as homeopaths. However, my dissertation shows that the way to the hegemonic state control over the medical profession was not a straightforward process and that homeopaths were a key group used by the state to undermine university physicians' political control. While mentioning the role of university-trained physicians in the new DSP, Nigenda and Solórzano disregarded their role in using their new position within this office and the UNM to unify medical training and practice across the nation. My dissertation shows that the disputes between the Mexican state and medical profession about the control of medical training and licensing took place between the institutions governed by university-trained physicians and the SEP, controlled by revolutionary governments. In this contested negotiation of political and professional power the state used homeopathic medical schools as a counterbalancing element within the medical profession. By supporting these schools, the state symbolically and economically undermined the privileged position of university physicians, and by retaining the control over professional medical training beyond

²⁹ For the political organization of the working class in Mexico City see Lear, Workers, Neighbors, and Citizens: the Revolution in Mexico City.

³⁰ In other words, that the way the state organized its health policies that in turn defined academic curricula in and budget for medical schools, the organization of professional associations around political parties, the approach to medical practice, and the creation of public health institutions. Nigenda and Solorzano, "Doctors and Corporatist Politics: the Case of the Mexican Medical Profession," 76-80. For a similar analysis of the role of the state in the development of professional organization in Mexico see Cleaves, Professions and the State: the Mexican Case.

UNAM and over medical licensing, the state shared the control of professional medical training during the period of liberal medicine in Mexico.³¹

The organization of the Mexican medical working class around homeopathy developed as a form of resistance to sanitary measures that aimed to regulate medical degrees and licenses. The ambivalent role of the state is evident through the analysis of such resistance. On one level, the state aimed to impose public health measures all over the nation to fulfill the constitutional mandate to make health a priority amongst the population. By framing the liberal practice of medicine in general, and homeopathy and its practitioners in particular, as the fifth plague, an epidemic disease which was necessary to attack, university physicians aligned with the state's public health policies. Consequently, the President in turn usually supported actions taken by sanitary authorities to implement and even enforce the medical registry and homeopaths' resistance rarely had any impact on these regulations, which aimed to ban homeopaths' training and practice. However, homeopaths' demands resonated with the state's educational policies. It was through these and the institutions responsible to regulate implement them that the state supported homeopathy, as a currency of exchange in the state's struggle to control the medical profession. In this sense, the effectiveness of homeopathic resistance was subjected to the needs of the state, leaving them almost no space for political action. Such political exchanges and dynamics settle down the professional structures that characterized the homeopathic profession throughout the second half of the 20th century.

³¹ While Nigenda and Solórzano identify the liberal period from 1917 to 1944, I would argue with Hale that the ideologies behind the regulations, as well as the government institutions responsible to implement them, of the medical profession, were initiated in the mid-19th century, initially implemented during the *Porfiriato*, interrupted by the armed conflict of the 1910s and reformulated during the 1920s and 30s. Only in the 1940s onwards, it is possible to identify a stable structural organization of the medical profession and health services that distinguished Mexican medicine during the second half of the 20th century. Hale, *The Transformation of Liberalism in Late Nineteenth-Century Mexico*.

The chapter structure of the dissertation suggests that homeopathy was introduced in the mid-19th century, institutionalized in the *Porfiriato*, and controlled by sanitary authorities in the early 1930s, as if homeopathy's historical development within medical institutions in Mexico followed a normal pattern, flourishing during the late 19th century and fading out during the early 20th century with the triumph of biomedicine. This pattern for the development of homeopathy has been described for other countries such as England and the United States. In contrast to these countries, homeopathy flourished during the second half of the 19th century in Mexico, became a regular profession at the turn of the century, and persisted as an important political component in the structuring of the medical profession throughout the first four decades of the 20th century. Why were homeopaths able to defend and sustain such a position within the medical profession in Mexico when their professional peers could not in other countries? The answer lies in homeopaths' ability as a group of medical practitioners to navigate the elusive boundary between professional and domestic medicine, between regulated and unregulated medical practice, and the role of the state in the configuration of the Mexican medical profession. Particularly, homeopathy thrived as a parallel medical system during 20th century Mexico for several reasons.³² First, homeopathy's doctrinarian corpus was flexible enough to accommodate new ways of understanding medical science while preserving its particular understandings of the body and therapeutics. Mexican homeopathic physicians and domestic healers embraced homeopathy

³² Claudine Herzlich argues that the approach to study medical systems and forms of healing that differ from biomedicine as alternative medicine is misleading, particularly in countries where such systems have been historically present such as in France. She proposes the conceptualization of these practices as "médicines parallèles" whose "constant distance" with mainstream medicine varies through time and in response to social, political, cultural and economic factors. Claudine Herzlich, "Patients, Practitioners, Social Scientists and the Multiple Logics of Caring and Healing," Historical Aspects of Unconventional Medicine. Approaches, Concepts, Case Studies, eds. Robert Jütte, Motzi Eklöf and Marie C. Nelson (Sheffield, UK: European Association for the History of Medicine and Health, 2001).

because it aligned with their own particular understandings of health, disease and medicine whether be it modern/scientific or traditional/domestic. Following the regulatory policies that characterized the medical profession but responding to the social needs of the urban working class, homeopathic physicians opened medical schools where they offered an up-to-date medical curriculum to train urban domestic healers. Second, responding to the social sensibilities and the structural changes that took place after 1917, homeopaths used their medical schools as centers of political and professional organization and homeopathy as an ideology that congregated the medical working class. With this professional and labor identity, homeopaths resisted university physicians' educational and sanitary regulatory policies aimed to ban homeopathic medical degrees and licenses. And third, responding to the social demands that resulted from the revolution, the Mexican state persistently supported homeopathic medical schools as a means to fulfill the demands of the working class for professional medical training, undermine the power of university physicians and retain the control of the medical profession.

Acronyms used in the main text and notes

Institutions

IHM	Instituto Homeopático Mexicano
ENM	Escuela Nacional de Medicina
ENMH	Escuela Nacional de Medicina Homeopática
ELHM	Escuela Libre de Homeopatía de México
DSP	Departamento de Salubridad Pública
SEP	Secretaría de Educación Pública
UNM	Universidad Nacional de México (1910–1933)
UNAM	Universidad Nacional Autónoma de México (1933–)
ELMP	Escuela Libre de Medicina de Puebla
SCJN	Suprema Corte de Justicia de la Nación

Archives

AHSS	Archivo Historico de la Secretaría de Salud
SP	Salubridad Pública
P	Presidencia
S	Secretaría
SJ	Servicio Jurídico
EM	Ejercicio de la Medicina
BP	Beneficencia pública
EH	Establecimientos hospitalarios
HNH	Hospital Nacional Homeopático
SSA	Secretaría de Salubridad y Asistencia
DGAJ	Dirección General de Asuntos Jurídicos

AHUNAM	Archivo Histórico de la Universidad Nacional Autónoma de México
EACH	Ezequiel Adeato Chávez
ENAE	Escuela Nacional de Altos Estudios
UN	Fondo Universidad Nacional
R	Rectoría
DU	Departamento Universitario
CU	Consejo Universitario 1910–1930
ENM	Escuela Nacional de Medicina
ENMH	Escuela Nacional de Medicina Homeopática
AHELHM	Archivo Histórico de la Escuela Libre de Homeopatía de México
AHENM	Archivo Histórico de la Escuela Nacional de Medicina
CSS	Consejo Superior de Salubridad
ENMyA	Escuela Nacional de Medicina y Alumnos
AGN	Archivo General de la Nación
OC	Obregón-Calles
POR	Pascual Ortiz Rubio
ALR	Abelardo L. Rodríguez
ASHCP	Archivo de la Secretaría de Hacienda y Crédito Público
FHFIM	Fondo Histórico Francisco I. Madero
AHCM	Archivo Histórico de la Cd. De México
AGDF	Ayuntamiento del Gobierno del Distrito Federal
P	Panteones
AV	Asuntos varios
PD	Panteón Dolores

	T	Tacubaya
	M	Minutas
M		Municipalidades
	SA	San Ángel
	A	Ayuntamiento

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Appendices

Appendix 1. Código Sanitario de los Estados Unidos Mexicanos. Libro 2°. Título 1°. Capítulo 7°. Ejercicio de la medicina en sus diferentes ramos. 1891¹.

Art. 220. Todas las personas que ejercen la medicina, la cirugía, la veterinaria, la obstetricia ó el arte del dentista en todas ó en algunas de sus partes, están obligadas á participarlo al Consejo Superior de Salubridad en la capital y á los prefectos políticos en los Distritos, quedando obligadas á dar aviso del punto donde establezcan sus oficinas ó despachos.

Art. 221. Un reglamento especial detallará la manera cómo los dentistas y las parteras ejercerán sus respectivas profesiones.

Art. 222. Los certificados de defunción de las personas que fallezcan sin haber sido asistidas por médico titulado serán expedidos por los médicos de comisaría, quienes después de examinar el cadáver, se procurarán todos los datos que les sean precisos para conocer las verdaderas causas de la muerte.

Art. 223. Todos los médicos legalmente titulados están obligados á expedir al fallecimiento de alguna persona á quien haya asistido, un certificado de defunción conforme al modelo que dé el Consejo.

Art. 224. Solo podrán eximirse de dar la certificación dicha cuando, de darla, tengan que descubrir algún delito del que hayan tenido conocimiento en el ejercicio de su profesión.

Art. 225. Los médicos titulados que ejerzan su profesión en esta capital están obligados á presentar sus títulos al Consejo, para que éste tome razón de ellos en un libro especial y publique en enero de cada año y en el Diario Oficial una lista con expresión de los nombres de los médicos, domicilios de los mismos, y lugar y fecha de la expedición de los títulos. Con iguales circunstancias se publicará la lista de parteras, veterinarios y farmacéuticos titulados.

Art. 226. Los Tribunales admitirán como medio de prueba estas listas en todo caso de reclamación judicial por honorarios.

Art. 227. Los médicos que ejerzan su profesión fuera de la capital tienen derecho de hacer registrar sus títulos en el Consejo, al que serán remitidos por conducto de la Junta ó agente de sanidad del respectivo Estado ó Territorio.

Art. 228. No se podrán practicar las autopsias ni los embalsamamientos de cadáveres sino con autorización expresa del Gobierno del Distrito y previa la presentación del certificado médico de defunción.

¹ "Ejercicio de la medicina en sus diferentes ramos." Sanitary Code of the Mexican United States. Second book, Title 1, Chapter VII. Cited in Álvarez Amézquita, Bustamante and Fernández del Castillo, Historia de la salubridad y de la asistencia en Mexico 373-79.

Appendix 2. Código Sanitario de los Estados Unidos Mexicanos. Título 2°. Capítulo 4°.- Ejercicio de la medicina. 1926².

"Artículo 155.- Todas las personas que ejerzan en la República la medicina, la cirugía, la obstetricia, la odontología, la veterinaria, o cualquiera otra rama de la medicina, están obligadas a participarlo al Departamento de Salubridad, directamente, o por medio de sus Delegados, dando aviso del lugar donde establezcan sus oficinas, despachos o consultorios, y de los cambios de ubicación de los mismos.

"Artículo 156.- Toda persona legalmente titulada que ejerza alguna de las profesiones a que se refiere el artículo anterior, deberá presentar directamente al DSP o remitir por medio de sus Delegaciones, el título que acredite su carácter profesional, a fin de que sea debidamente inscrito en los registros especiales que el citado Departamento llevará.

"Los títulos deberán remitirse con las copias, documentos y demás datos que el Departamento de Salubridad estime necesarios.

"Artículo 157.- El DSP sólo procederá a las inscripciones o registro de los títulos siguientes:

"I.- Los expedidos por la UNM, de acuerdo con las leyes o reglamentos y disposiciones que rijan sobre la materia.

"II.- Los expedidos por instituciones oficiales reconocidas, dependientes del Gobierno Federal, de acuerdo con las leyes, reglamentos y disposiciones que rijan sobre la materia;

"III.- Los expedidos en los Estados, mediante estudios hechos en sus escuelas oficiales, por las autoridades facultadas para hacerlo y de acuerdo con las leyes que en ellos rijan sobre la materia.

"IV.- Los expedidos en el extranjero y que la UNM reconozca con la misma validez que los expedidos por ella, de acuerdo con los tratados de reciprocidad que obliguen a México y las disposiciones que sobre el particular dicte;

"V.- Los expedidos por las escuelas libres que reúnan las siguientes condiciones:

"a).- que hubieren sido reconocidas previamente por la UNM.

"b).- que los planes de estudios seguidos en ellas, sean aprobados por la misma Universidad.

"c).- las demás que la propia UNM determine para garantizar los intereses de la Sociedad y del Estado.

"Artículo 158.- Las personas que ejerzan la medicina en cualquiera de sus ramas, careciendo de título legalmente reconocido, harán constar en todos sus anuncios esta circunstancia o sea que ejercen la medicina o alguna de sus ramas sin título legalmente reconocido. Las mismas personas se deberán abstener de anunciarse como profesionistas en cualquier medio de publicidad que utilicen.

"Artículo 159.- Las disposiciones del artículo anterior regirán en los Estados en que, al reglamentarse el artículo 4o. Constitucional, no se hubiere prohibido el ejercicio de la medicina o de alguna de sus ramas sin el título legal y mientras aquella reglamentación no se expida con la misma prohibición.

² Taken from "Circular 470", a notification that Roberto Medellín, head of the fifth section, apparently the DSP's Office of Legal Affairs, addressed to sanitary agents in July 9th, 1926. AHSS, SP, S, 11, 1, pp. 33-35.

"Artículo 160.- Con las excepciones que en cada Estado determinen las leyes, sólo se aceptarán como válidos en la República los certificados de defunción y, en general, los que deban surtir sus efectos ante las autoridades judiciales y administrativas, que hubieren sido expedidos por médicos cuyo título haya sido previamente registrado por el DSP en los términos de este capítulo.

"Artículo 161.- Los mismos médicos están obligados a expedir, al fallecimiento de alguna persona a quien hayan asistido, un certificado de defunción, conforme al modelo que determine el DSP.

"Sólo podrán eximirse de dar la certificación dicha, cuando, de darla, tengan que descubrir algún delito del que hayan tenido conocimiento en el ejercicio de su profesión.

"Artículo 162.- Con las mismas excepciones señaladas en el artículo 160, solamente los médicos cuyo título haya sido registrado por el DSP en los términos de este Capítulo podrán:

"I.- Practicar peritajes médicos, autopsias, y embalsamamientos de cadáveres;

"II.- Expedir certificados de defunción;

"III.- Prescribir drogas enervantes en los términos de este Código y sus reglamentos;

"IV.- Extender responsivas médicas;

"V.- Prestar servicios profesionales en algún ramo sanitario y desempeñar las funciones que expresamente determinen este Código y sus reglamentos.

"VI.- Prestar igualmente servicios profesionales en los ramos de higiene escolar, medicina legal y encargarse de la dirección de hospitales, sanatorios o instituciones de beneficencia públicos o privados.

"Artículo 163.- El DSP negará o nulificará los registros de aquellos títulos que hubieren sido expedidos en contravención a lo dispuesto por este Capítulo.

"Artículo 164.- Periódicamente el DSP publicará los nombres de las personas cuyo título haya sido debidamente inscrito en los registros respectivos, con los demás datos que estime pertinentes.

"Artículo 165.- Las prevenciones de este Capítulo se entienden sin perjuicio de las restricciones que, para el Distrito y Territorios Federales, determine el Congreso de la Unión al reglamentar el artículo 4o. Constitucional."

Appendix 3.- Código Sanitario de los Estados Unidos Mexicanos. Capítulo XIV. Ejercicio de las ciencias médicas y actividades conexas³

Art. 442.- Sin perjuicio de lo que determine la ley en cada Estado acerca de las profesiones que necesiten título para su ejercicio, las condiciones que deben llenarse para obtenerlo y las autoridades que han de expedirlo, corresponde al Departamento dictar resoluciones gubernativas sobre cómo se deben ejercer las ciencias médicas y actividades conexas para no ofender los derechos de la sociedad en cuanto a salubridad general.

Art. 443.- Todas las personas que ejercen en la República la medicina, la cirugía, la obstetricia, la odontología, la veterinaria o cualquiera otra rama de las ciencias médicas o actividades conexas, a juicio del Departamento, están obligadas a participárselo directamente, o por medio de sus Delegados, dando aviso del lugar donde establezcan sus oficinas, despachos o consultorios, y de los cambios de ubicación de los mismos.

Art. 444.- Toda persona legalmente titulada que ejerza alguna de las profesiones relacionadas con las ciencias médicas y actividades conexas, deberá desde luego, presentar directamente al Departamento de Salubridad o remitir por medio de sus Delegaciones el título que la acredite con carácter profesional, a fin de que sea debidamente inscrito en los registros especiales que el propio Departamento llevará. Los títulos deberán remitirse con las copias, documentos y demás datos que el Departamento de Salubridad estime convenientes y en todo caso con los relativos a la comprobación de estudios. Periódicamente se harán publicaciones donde consten los nombres de las personas cuyos títulos hayan sido debidamente inscritos. Tales publicaciones pueden ser ilustradas con las anotaciones que el mismo Departamento juzgue pertinentes.

Art. 445.- El Departamento de Salubridad sólo procederá a la inscripción o registro de los títulos siguientes:

I.- Los expedidos por la Universidad Nacional de México, de acuerdo con las leyes, reglamentos y disposiciones respectivas⁷

II.- Los expedidos por instituciones oficiales dependientes del Gobierno Federal, de acuerdo con las leyes, reglamentos y disposiciones vigentes sobre la materia;

III.- Los expedidos por los Estados, mediante estudios hechos en sus escuelas oficiales, o en establecimientos de la misma índole, dependientes de las otras Entidades Federativas, siempre que las autoridades que los expidan se encuentren facultadas para hacerlo y que se cumplan todos los requisitos fijados por las leyes que en la localidad rijan;

IV.- Los expedidos en virtud de estudios hechos, total o parcialmente, en el extranjero, siempre que tales estudios hayan sido revalidados por la Universidad Nacional de México y completados en el segundo caso, de acuerdo con las leyes;

V.- Los expedidos en el extranjero y que la Universidad Nacional de México reconozca con la misma validez que los expedidos por ella, de acuerdo con los tratados de reciprocidad o las disposiciones que sobre el particular se dicten;

VI.- Los expedidos por las escuelas libres, que reúnan las siguientes condiciones:

Que hayan sido reconocidas y autorizadas previamente por la Autoridad Federal que tenga competencia para hacerlo;

³ Taken from "Un dique al ejercicio de la medicina por charlatanes", *El Universal*, September 2, 1934, reprinted in "Los Charlatanes y el Nuevo Código Sanitario."

Que los planes de estudios seguidos en ellas sean iguales a los seguidos, para la carrera de que se trate, en la Universidad Nacional de México;

Que los diplomas se encuentren revalidados por la Autoridad Federal competente, la que en cada caso deberá informar sobre la validez del título profesional respectivo;

Las demás que la propia Autoridad Federal o el Departamento determinen para garantizar los intereses de la sociedad y del Estado.

Art. 446.- Las personas que ejerzan cualquiera rama de las ciencias médicas o actividades conexas, poseyendo título registrado en el Departamento de Salubridad, están obligadas a poner a la vista del público un anuncio en que conste, sin abreviaturas, la facultad legítimamente autorizada que les expidió su título.

Art. 447.- Las personas que ejerzan cualquiera de las ramas de más ciencias médicas o actividades conexas, careciendo de título registrado en el Departamento, deberán usar anuncios en que conste esa circunstancia, por medio de una anotación concebida en los siguientes términos: "Se ejerce sin título." Quienes ejerzan las ciencias médicas o actividades conexas, con título registrado, usando una terapéutica distinta de aquella a que se refiere su título, deberán advertir en sus anuncios que tal ejercicio lo practican sin título. Las anotaciones a que se alude en este artículo, no deberán ser escritas en caracteres menos legibles que la leyenda más visible de los anuncios que posean los interesados, y en ellas no se emplearán abreviaturas.

Art. 448.- Las personas que se encuentren en las condiciones a que se refiere el artículo anterior, deberán abstenerse de anunciarse como profesionales o como especialistas en cualquier medio de publicidad que utilicen. Esta disposición y las contenidas en el artículo anterior regirán en los Estados en donde no esté prohibido el ejercicio de las ciencias médicas o actividades conexas, careciendo de título.

Art. 449.- Los propietarios y empresarios de periódicos, de estaciones radiodifusoras o radioexperimentales de propaganda hablada, proyectada o de cualquiera otra clase de medios de publicidad, serán responsables de las faltas que se cometan a lo dispuesto en los dos artículos precedentes, cuando las infracciones se cometan usando tales medios de publicidad a que ellos se refieren.

Art. 450.- Sólo los médicos que posean títulos registrados en el Departamento de Salubridad Pública en los términos del presente capítulo, podrán expedir certificados de difusión [sic, it means defunción] o de cualquier otra especie, cuando éstos tengan que surtir sus efectos ante las autoridades judiciales o administrativas de la República, y siempre que las leyes locales no determinen otra cosa.

Art. 451.- Los mismos médicos están obligados a expedir, al fallecimiento de toda persona a quien hayan asistido, un certificado de defunción, conforme al modelo que determine el Departamento. Esta obligación recaerá preferentemente en el último médico encargado o director del tratamiento.

Cuando varios médicos hayan asistido a un enfermo dará el certificado el último que lo haya atendido.

Art. 452.- Sin perjuicio de lo que dispongan las leyes locales en los Estados, los certificados de defunción de las personas que fallezcan sin haber sido asistidas por médicos con título registrado en el Departamento de Salubridad, serán expedidos por médicos o peritos oficiales, si los hubiere que correspondan, quienes después de examinar el cadáver, se procurarán todos los datos que les sean precisos para conocer la verdadera causa de la defunción.

Art. 453.- Solamente los médicos cuyos títulos hayan sido registrados por el Departamento de Salubridad Pública en los términos de este capítulo, podrán:

I.- Practicar peritajes médicos, autopsias y embalsamamiento de cadáveres;

II.- Expedir certificados de defunción;

III.- Prescribir drogas enervantes, en los términos de este Código y sus reglamentos. Esta facultad también corresponde a los cirujanos dentistas, veterinarios y parteras, en lo que concierne a sus actividades;

IV.- Extender responsivas médicas;

V.- Prestar servicios profesionales en algún ramo sanitario y desempeñar las funciones que expresamente determinen este Código y sus reglamentos;

VI.- Prestar servicios profesionales en el ramo de Medicina Legal y encargarse de la dirección de los hospitales, sanatorios e instituciones de Beneficencia Pública o Privada.

La facultad a que se refiere la fracción III, podrá ser suspendida por el Departamento durante el tiempo que lo estime conveniente, cuando el médico o los cirujanos dentistas, los veterinarios y las parteras no puedan acreditar respecto de casos concretos, la necesidad imprescindible del uso de narcóticos por ellos prescritos.

Lo dispuesto por las fracciones I, II, IV y V, se aplicará, salvo disposiciones en contrario, contenida en las leyes locales.

Art. 454.- El Consejo determinará en qué casos y mediante qué requisitos, podrán cancelarse los registros de aquellos títulos que hubieren sido expedidos o revalidados en contravención de las leyes correspondientes, inscritos en el Departamento.

Art. 455.- Cometan faltas contra la Federación y ofenden los derechos de la sociedad en materia de salubridad general:

I.- El médico que en tiempo de epidemia no preste su cooperación a las autoridades sanitarias cuando para ello sea requerido;

II.- El farmacéutico que substituya una medicina por otra, si tal hecho no está previsto como delito;

III.- El farmacéutico que surta prescripciones suscritas por personas legalmente incapacitadas para ejercer la medicina;

IV.- El profesionista que tolera que en su consultorio o de otra manera subrepticia ejerza como médico alguna persona que contravenga lo dispuesto en este capítulo y las demás disposiciones concernientes al ejercicio profesional;

V.- El funcionario o corporación que expida títulos profesionales relacionados con las ciencias médicas, sin estar autorizado por la ley y sin ajustarse a ella.

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A handwritten signature in black ink, appearing to read "Felicia Lopez", is written over a diagonal line that extends from the top left towards the bottom right. The signature is written in a cursive style.

Author Signature _____ Date July 9, 2014