# WOMEN, ETHNICITY, AND MEDICAL AUTHORITY: HISTORICAL CASE STUDIES IN REPRODUCTIVE HEALTH IN LATIN AMERICA

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# INTRODUCTION

Charles L. Briggs

It is an honor to contribute a brief introduction to these essays, on the place of maternity in the history of Latin American medicine and public health, authored by three promising young scholars: Tamera Marko, Alexandra Puerto, and Adam Warren. Their papers are graced by commentary by Ann Blum, a leading figure in this area of study. The authors provide a range of foci and perspectives. Marko explores new connections between race and gender that emerged in attacks on the figure of the wet nurse in the period of Brazilian history that marked the abolition of slavery and the transition from monarchy to republic. Puerto shows how high infant, child, and maternal mortality among Mayans in postrevolutionary Yucatán sprung not from cultural difference but from the political economy of the henequen plantations on which so many were forced to work. Warren examines exhortations by priests in late colonial Peru regarding the need to perform postmortem caesarean sections on pregnant women in order to save the souls of fetuses. He argues that this apparent clerical concern for unborn indigenous subjects amounted to retribution for the Tupac Amaru and Tupac Katari rebellions at the same time that it embodied negative constructions of indigenous mothers. Blum places the essays in a broader historical context, highlighting the critical importance of reproductive medicine and maternal-child health in legitimizing Church and State institutions and medical knowledge during profound political and economic upheavals.

Readers who do not focus on the history of medicine and public health may think that this collection is of relevance only to health specialists—and thus bears little relevance for other Latin Americanists. I would like to suggest in this brief intervention why this is not the case. Currently, a number of "big questions"—colonialism, modernity, citizenship and democracy, human rights, violence, globalization, and profound changes in the nature and functions of States and civil societies—dominate many agendas in Latin American studies. Other scholars are centrally interested in contemporary transformations of reproduction, bodies, medicine, and technology. As globalization privileges "flexible subjects" who can rapidly reconfigure their identities, bodies, ideologies, and labor—as demanded by global capitalism—racial and social inequalities create ever wider differences in the ability of individuals, communities, and nations to acquire the symbolic and financial capital needed to flex themselves. Researchers have thus suggested that reproductive medicine, genetics, organ transplants, pharmaceuticals, plastic surgery, and "reemerging" and "newly emerging" infectious diseases are key sites in which individuals get placed in global hierarchies by virtue of what is done to their bodies. Many of these studies seem to imply, however, that the positioning of the bodies of women and children at the heart of debates on States, citizenship, power, and violence dates from the emergence of the current regime of flexible accumulation in the 1970s.

Blum, Marko, Puerto, and Warren demonstrate both the importance of research on medicine and public health to Latin American studies and the long historical trajectory of regimes of control over the racialized bodies of mothers and children in shaping debates regarding the State, citizenship, and inequality. In a widely influential publication, Doris Sommer argues that works of fiction portraying romantic unions between lovers representing different classes, races, and regions provided ideological charters for national projects.[1] These essays suggest that narratives of gender, sexuality, family, and race that imagined pathological domesticities in racialized communities also fundamentally informed both colonial and national charters. Marko argues that constructions of wet nurses and their children helped regulate race and gender just at the time that a republican state was emerging and one racial order was giving way to another, thereby

helping to constitute "modern" political-racial-gender relations in Brazil. Warren's essay points to how maternal-infant constructions served to reinscribe colonial and ecclesiastical power in the face of profound challenges to the political and racial status quo. Puerto shows how health inequities revealed the contradictions in postrevolutionary democratic ideologies in Mexico; revolutionary rhetorics and the emergence of the modern Mexican welfare state went hand in hand with subservience to the demands of export industries and their international markets. Blum outlines the many ways that debates about women's roles in reproduction both shaped and were shaped by moments of social and political crisis and transition. Since the mother-child bond was constructed as the most natural social relation *and* as the key site for reproducing religion, politics, and (with Independence) the State, studying the ideologies and institutions that sought to regulate the bodies of mothers and children is requisite to an adequate understanding of the politics of Latin American pasts and presents alike.

The Center for Iberian and Latin American Studies (CILAS) at the University of California, San Diego is forming deep, creative, and horizontal partnerships with institutions in Latin America and with other research centers in the United States. Medicine and public health constitute one of the principal foci. Through conferences, exchanges of faculty and students, collaborative research projects, and publications, we are exploring how transformations of the State, citizenship, and civil society in Latin America and the global changes associated with neoliberalism are currently intersecting with growing health inequalities and pressing health crises. Such projects are not productive, however, when they turn their back on history. Understanding how States, including institutions of public health, can confront health inequalities and structural violence must be informed by awareness of the role of ideas about health and policies and practices for controlling bodies in shaping definitions of States, citizenship, race, gender, and health itself. We are thus indebted to Blum, Marko, Puerto, and Warren, not simply for advancing scholarship in Latin American studies but also for helping chart the way toward more equitable and less fatal futures.

**Note**

1. Doris Sommer, *Foundational Fictions: The National Romances of Latin America* (Berkeley: University of California Press, 1991).

# PASTORAL ZEAL AND "TREACHEROUS" MOTHERS: ECCLESIASTICAL DEBATES ABOUT CESAREAN SECTIONS, ABORTION, AND INFANTICIDE IN ANDEAN PERU, 1780–1810

Adam Warren

In 1781, Friar Francisco González Laguna developed a treatise in Lima about the moral obligation of priests in the Andean countryside to reform birthing practices, carry out postmortem cesarean sections, and save the souls of the unborn through baptism.[1] A member of the Order of the Buena Muerte and a known and respected natural philosopher with interests as diverse as botany and the healing arts, González Laguna titled his work *El zelo sacerdotal para con los niños no-nacidos* (Priestly Zeal for the Unborn). In it, he presented his thoughts in response to gruesome stories that highland Indians were brutal in their treatment of female outsiders, that they undervalued pregnancy as an experience, and that they showed disregard for the souls of the unborn.[2] Writing with disgust and outrage, he framed his work in particular around news reaching Lima of a gruesome, horrifying battle during the Tupac Katari Rebellion, which swept across Upper Peru (present-day Bolivia) in 1780 and 1781. González Laguna wrote at the beginning of his volume that in March 1781 Indian insurgents in the village of San Pedro de Buenavista, in the Province of Chayanta (Audiencia of Charcas), had attacked Spanish and mestizo residents, forcing them to seek refuge with their priest in the village church for six days. These rebels, according to González Laguna, carried out a final assault on the villagers in a moment of exceptional brutality, "beheading and killing without hesitation. Wishing to reach even the most delicate races among

the residents, they sliced open the wombs of pregnant women, impaled the fetuses on their swords, and raised them up as trophies."[3]

While the allegations of massacre in San Pedro de Buenavista are difficult to confirm outside of González Laguna's text, the massacre was not an isolated tale of female ritual slaughter and infanticide during this period of revolt. Rather, Church documents make mention of other cases that took place in the Tupac Amaru Rebellion, a massive insurrection against colonial abuse of power in the southern Peruvian highlands between Cusco and Puno that inspired and preceded Tupac Katari by several months.[4] But unlike these references to the Tupac Amaru Rebellion, González Laguna alluded to the particular event in San Pedro de Buenavista not just as a tale of horror and indigenous brutality, but also as an example of priestly courage and sacrifice. González Laguna claimed that a heroic priest had triumphed spiritually during this largely Indian attack, taking advantage of the crudely executed incisions that rebels inflicted on their female enemies' wombs. He wrote:

> [The priest,] judging this to be most necessary and without fearing death, made his way into the carnage to baptize the unborn infants, and he continued pouring holy water onto their innocent blood, until by spilling his own blood, he ended his career gloriously. Following his lead were four other priests, who he pushed on as he died.[5]

Admiring and celebrating such altruism, González Laguna argued that priests must teach all Indians to care for pregnant women and the unborn. With no small amount of irony, however, he also ordered that surgeons, midwives, phlebotomists, priests, and all high-ranking village men be trained to carry out postmortem cesarean sections for the purpose of fetal baptism.

In this essay, I use González Laguna's *El zelo sacerdotal* to argue that the events of the Tupac Amaru and Tupac Katari rebellions marked the beginning of a period in which Church officials began to debate new and unprecedented forms of intervention in surgical practice and reproductive health in Peru. Although doctors had advocated cesarean sections in Peru since the

1760s and the practice had been attempted in Lima by surgeons in the 1770s, the practice had never spread to the Andes. Surgery was an art that priests were traditionally forbidden to practice, for a variety of reasons. Yet it was redefined—as the result of such violence and the ensuing debates among the high clergy—as a much needed tool to be implemented and performed by priests, in the absence of a qualified practitioner, throughout the colony. It enabled the Church to counteract medically and spiritually the perceived shortcomings and destructive ways of Andean cultures. This was particularly the case with regard to indigenous mothering intuitions, high maternal mortality rates during childbirth, and perceived maternal and community-wide disinterest in fetal salvation. The ritual slaughter of pregnant women and the unborn led González Laguna and other members of the Church to re-imagine how beliefs about reproduction, maternal behavior, and birthing practices differed among highland and coastal populations. It did not, however, lead to widespread compliance among rural parish priests or other members of the low clergy.

My analysis suggests that news of the Tupac Amaru and Tupac Katari rebellions, which together constituted the largest insurrection in the Spanish colonies since the Conquest, transformed existing medical-ecclesiastical discourses on cesarean sections, priestly intervention, and motherhood in Peru. The debates in the colony and the resulting edict on cesarean sections decreed by Viceroy Agustín de Jáuregui in 1781—posted and read by the town crier in Lima according to the protocol and usage of war "so that everybody sees it, and nobody can claim ignorance"[6]—differed in content and urgency from contemporaneous campaigns for postmortem cesarean sections in New Spain and Puerto Rico.[7] Champions of fetal baptism throughout Spanish America drew on European literature about the use of cesarean sections to save the souls of the unborn. But unlike other texts produced in both the colonies and the metropolis, González Laguna's *El zelo sacerdotal* recast the reproductive habits of Indian women, slave women, and Spanish women within a provocative colonial scientific discourse of civilization versus barbarism. In so doing, González Laguna redefined the authority and the duties of highland priests to inspect invasively and employ surgery to mutilate the postmortem bodies of their "barbaric" and "irrational" female parishioners in the name of spiritual salvation. Surgical intervention thus

became part of a broader series of measures intended not only to increase the number of saved souls delivered to Heaven from the Andes, but also to bolster the power of local parish priests and the Church in the aftermath of rebellion. In this way, González Laguna's work suggests that the events of the Tupac Amaru and Tupac Katari uprisings reshaped religious politics and inspired attempts to restructure power relations between priest and flock, in addition to challenging and partially dismantling traditional boundaries among priests, doctors, surgeons, and birthing midwives. As a result, it divided high and low clergy over pastoral duties, medical authority, and the policing of reproductive practices.

## Church and Rebellion

The Tupac Amaru and Tupac Katari rebellions brought tremendous and widespread strife and violence to much of the Andean highlands, threatening the rule of the Spanish Crown and the hegemony of the Catholic Church. Historians have long discussed these rebellions as transformative events in the Spanish Crown's relations with communities in this overwhelmingly indigenous region.[8] The violence and destructiveness of the uprisings between 1780 and 1782 led the Crown to take measures to limit the abuses and mistreatment of Indians by *corregidores* (tax collectors), principally by establishing the system of intendants. The Tupac Amaru Rebellion, moreover, also led the Spanish to create a much stronger military presence in the Viceroyalty of Peru. In this way, much of the historiography on Tupac Amaru and Tupac Katari has focused on peasant political culture and resentment of Spanish rule, insurrection as a response to an increasingly unjust colonial system, and the Spanish government's efforts to enforce its grip on power.[9]

Rich as it is, this literature has focused very little on changes in the role of the Catholic Church in the countryside. In doing so, historians overlook some of the nuances and changes that took place in secular and ecclesiastical Spanish depictions of Indians at this time. In particular, they neglect the ways in which such depictions acquired gender-based dimensions through the violence of the uprisings, and through preexisting notions of ethnic and cultural difference.[10]

Scholars have found that, in forming such perceptions, Church figures such as González Laguna were often influenced by pastoral texts received from abroad. In the case of postmortem cesarean sections and fetal baptism across Spanish America, Rigau-Pérez found that Puerto Rican clerics in favor of such procedures in the early nineteenth century were strongly influenced by Spanish Friar Antonio José Rodríguez's 1742 publication *Nuevo aspecto de teología médico moral* (New Views on Medical Moral Theology).[11] González Laguna, however, based *El zelo sacerdotal* not on Rodríguez's work, but rather on a Mexican published text that included in translation a significant portion of Monsignor Francesco Cangiamila's *Embriología sacra* (Sacred Embriology), a medical-ecclesiastical treatise on reproductive customs, dishonest mothers, and the need for baptism of the unborn in Sicily. Published in the late 1740s, *Embriología sacra* in several ways attempted to redefine the role of Sicilian priests with regard to women's bodies, pregnancy, and childbirth. A later version in Spanish translation reached Peru from Madrid soon after it was printed in 1774. Although a leading doctor in Lima had advocated the use of cesarean sections for the purposes of fetal baptism in the 1760s, the arrival of this text led to the first attempted postmortem cesarean sections there.[12] In the aftermath of the Tupac Amaru and Tupac Katari uprisings, Cangiamila's work served as a counterpoint around which González Laguna imagined female ritual slaughter, the deviant ways of Andean women, and the spiritual duties of provincial priests.

## Cangiamila, González Laguna, and the Reasoning behind Fetal Baptism

Based on Gerónimo Florentini's *De los hombres dudosos, ó el bautismo de los fetos abortivos* (On Doubtful Men, or the Baptism of Aborted Fetuses), published nearly a century before, Cangiamila's *Embriología sacra* was distributed widely across Europe in the 1750s and 1760s with two different purposes in mind. First, Cangiamila argued that priests must reform popular customs and engage actively in the prevention of miscarriages, voluntary abortions, and infanticide, claiming that such events constituted the tragic loss of a soul to Hell and the work of the Devil

against one of God's creatures.[13] Second, Cangiamila argued that priests were obliged to carry out cesarean sections on women who died during childbirth, as well as on those for whom death was imminent due to birthing complications. By performing a cesarean section, Cangiamila argued, priests could baptize the fetus before it, too, ceased to live. As a being guilty of Original Sin but innocent of all other sins, the fetus thus saved through baptism would go straight to Heaven. It would not, in Cangiamila's interpretation of Catholic doctrine, reside eternally in Limbo, although Cangiamila did not reject Limbo per se.[14]

*Embriología sacra*'s arrival in Peru was the result of a campaign by Cangiamila to turn cesarean sections into an official practice required of priests through papal decree, rather than an informal strategy for saving souls. Endorsed by Pope Benedict XIV in several "Breves" to the author as well as in the papal synod, Cangiamila's text was gradually disseminated across Europe in translation into Italian, French, German, Greek, and Spanish.[15] Beginning in 1761, Charles III sent Italian and French translations of *Embriología sacra* to several American colonies of the Spanish Empire, where they gave rise to new texts. In New Spain it was republished widely in condensed version in 1772.[16] In comparison to González Laguna's Peruvian version, this text is surprising for the mild tone of its social commentary on mothering practices, abortion, and infanticide. Other publications appeared in Guatemala in 1784 and 1807 and in Alta California in 1830.[17]

Unlike other parts of the Spanish Empire, where scholars have found little evidence of cesarean section surgery prior to the royal edict of 1804, in Lima the operation was put into practice soon after the arrival of Cangiamila's text.[18] If González Laguna's accounts are to be believed, nevertheless, the practice was not widely accepted within the Church, among surgeons and other specialists, or among family members of women who died in childbirth. González Laguna made note of only one concrete case of noncompliance in Lima in the 1770s, in which a widower excused himself from viewing the performance of a cesarean section on the body of his wife, telling authorities that he "was not obliged to permit that her body be opened."[19] Nevertheless, González Laguna wrote with sympathy that in Lima operations failed to take place more

generally because "the operation causes repugnance among specialists, families tire of waiting in a state of prolonged agony, those entrusted with the task attend to other duties and fail to return on time, and messengers are not available to advise them."[20] González Laguna claimed it was the duty of priests to distinguish between true repugnance and laziness in these different parties involved.

Hesitation among priests in Lima, however, appears to have flourished on matters of cesarean sections. Reluctance tended to center on convictions growing out of Church teachings about the role of priests with regard to the healing arts, and also from the limitations placed on priestly access to the bodies of women. Priests argued that ecclesiastics were forbidden to practice surgery, that they exposed themselves to grave temptations by handling the bodies of women in such a manner, and that they risked incurring an *ex defectu linitatis* irregularity by mutilating the womb. González Laguna countered such claims by first arguing that Church doctrine allowed priests to perform incisions on the poor and on women giving birth, citing examples of missionaries in Brazil who performed bloodlettings on native populations. Furthermore, he argued that accusations of *ex defectu linitatis* irregularities were only applicable in cases of homicide or mutilation of a living body.[21] Finally, González Laguna argued that the body of a woman ceased to constitute a woman once it was dead, claiming that as the knife penetrated the skin of the cadaver, "one mistakes the body for that of a pig."[22]

González Laguna exhorted priests to cooperate on the practice of cesarean sections, claiming that fetuses and embryos enclosed rational souls. Like Cangiamila, he argued against the existence of Limbo, reasoning instead that Satan would take unbaptized fetuses directly to Hell upon their deaths. This was because "even babies in the maternal womb are as guilty of sin as all those who are born."[23] Limbo, according to González Laguna, did not exist in the Bible. Rather, as a product of "centuries of ignorance" in Europe, Limbo had become a popular false belief that encouraged high rates of abortion and miscarriage in Peru. Citing St. Matthew, St. Mark, and St. Augustine, he argued that in the case of abortion and infanticide, the souls of fetuses "not being children of God, are slaves of the Devil, and being slaves of the Devil, what will this tyrant do

with those who are always in his power?"[24] Fetal death, abortion, and infanticide thus constituted a tremendous loss for both the Church and for God.

## The Devil, Divine Wrath, and Pastoral Zeal

While González Laguna focused on dispelling popular misunderstandings of Catholic teachings and cosmology, his work also gives us some sense of how many members of the Lima clergy perceived the violence of the Tupac Amaru Rebellion and the role of the rebellion within a broader struggle to achieve religious conversion in the Andean highlands. According to González Laguna, the anger of God and the current devastation in the Andean highlands in the aftermath of the rebellions required that the public learn from his book and practice the art of the cesarean section. When followed by baptism, he reasoned, such operations served as a means to appease God and lessen the divine retribution in response to the insurrections. He stated:

> [God] is whipping us still for the clumsy insurrection of the now extinguished Tupac Amaru, and it may soothe Him to consecrate to Him the infant victims, who by custom were delivered to Satan. The Kingdom has suffered and the population suffers greatly, and never before has there been a need to achieve the effects of propagation that together is promoted.[25]

Pastoral zeal to baptize the unborn in the Andes, moreover, became linked to the heroic sacrifices of priests who died in the previous centuries while creating a community of the saved in the Andes. In this way, the role of the priest became elevated to that of martyr.

The practice of cesarean sections with fetal baptism was also useful because it bolstered symbolically the authority and power of the Church over indigenous bodies and indigenous communities. Although Tupac Amaru and Tupac Katari sought different goals, employed distinct tactics, and drew their membership from culturally different ethnic groups, they and their followers became notorious for rebuking the authority and presence of the Church in village life. Ac-

counts by priests at this time confirmed this view, alleging that rebel insurgents in the Andes attacked women and children with equal levels of brutality despite the pleas of local Church officials. In correspondence from Cusco archived in Lima's Cathedral, followers of Tupac Amaru were described as becoming overwhelmed with rage as the rebellion progressed, "finishing up as tyrants, as we have seen in the cruel deaths of the weaker sex, of innocent children, and of priests."[26] Priests feared this would further encourage the wrath of God if measures were not taken to restore the authority of the Church.

## The Creation of a Peruvian Treatise

In Peru, González Laguna removed portions and added significantly to the content of *Embriología sacra* in his *El zelo sacerdotal*. By comparing the structure and content of both texts, it becomes clear that their respective authors shared similar beliefs about the techniques of cesarean sections and fetal baptism, the moral imperative underlying such procedures, and the nature of the fetal soul. The changes made in the creation of the Peruvian volume, however, also suggest divergent ideas in Sicily and Peru about ethnic difference, birthing practices, mothering intuitions, and infanticide.

In pushing for the diligent practice of cesarean sections and fetal baptism, both Cangiamila and González Laguna argued against prevailing notions of the absence of the soul from the fetus, the moment at which life begins, and the definition of birth in their respective societies. They argued that fetuses possess rational souls beginning at the point of conception, and they refuted common beliefs that male fetuses do not acquire life until forty days after conception and female fetuses, until ninety days after conception.[27] For this reason, baptismal instructions included elaborate details and advice on how to find embryonic material and apply holy water to it.[28] Baptism could take place as soon as the placenta had been broken, whether through natural processes or through the efforts of the surgeon. The authors contended that the rupturing of the placenta constituted the act of birth as required for baptism; it enabled holy water to reach the skin of the

fetus, whether by hand, by using a sponge, or through the insertion of a syringe in the birthing canal.[29]

To bury a pregnant woman without performing a cesarean section or carrying out some form of baptism of her fetus by injection, then, was to imprison and kill the fetus inside her and condemn its soul to damnation. It thus became the responsibility of all priests and village folk, according to Cangiamila and González Laguna, to know who was pregnant at any given time so that necessary surgical measures could be taken in the event of maternal death. Women suspected of having been pregnant, moreover, could not be given a Catholic burial until a cesarean section was performed; if not, they were potentially guilty of taking another life to the grave.[30] Surgeons, birthing midwives, and priests were all to be instructed in the art of performing such operations, as well as baptisms. In this way, as Rigau-Pérez has noted for Puerto Rico, the advocates of postmortem cesarean sections attempted to redefine family relations, supplant the authority of the surgeon, and blur the professional boundaries between surgeon, priest, and midwife.[31] Birth itself, meanwhile, focused not on the survival of the mother and fetus, but rather on the spiritual salvation of both souls through surgery.

Instructions for priests prior to and following baptism of the fetus were quite elaborate. Priests were to ensure that holy water was on hand, and they were to warm the holy water to match the body temperature of the fetus. This supposedly ensured that contact with the water would not cause discomfort or death. Fetuses, however, were not expected to survive very long after extraction and baptism. If they were removed alive, the priest was to make sure that they adjusted to being outside the womb following baptism. Priests were then to take the baby to the parish church to undergo the exorcism and receive holy oil as soon as possible. Finally, a wet nurse with suitable milk was to be acquired.[32] The father and the family of the mother thus played no role in González Laguna's instructions. Instead, the priest was to continue religious rituals and direct the care of the child because, "although the Devil is dislodged from the soul [of the fetus] by the grace of God, he can, and often does do much damage to the body of the child."[33]

While Cangiamila and González Laguna concurred on the need for cesarean sections, baptism, and vigilance, they differed on what they understood to be the deviant ways and cultures of "treacherous" women. Writing nearly forty years before González Laguna, Cangiamila explained miscarriages and stillbirths as the results of ignorance, poverty, and moral abandon among Sicilians. In his view, women should be kept from engaging in dance, music, and festive revelry while pregnant; such licentiousness brought on miscarriages. Husbands, moreover, should prevent wives from becoming consumed by feminine passions. Poor women must be made to feed themselves properly while pregnant. Such women, if deemed vulnerable to dying during childbirth, should be given a cesarean section if signs of a difficult birth appeared.[34]

Cangiamila also linked abortions and infanticide to poverty and ignorance. He argued that poor women should be monitored so that they not kill their children through excessive breastfeeding, a supposedly common tactic in Sicily.[35] But Cangiamila also suggested that abortion and infanticide stemmed from the desire of single women of good social standing to preserve their personal and family honor. Cangiamila argued that priests must be vigilant of single women, as well as family members who might push them to abort or destroy the fruit of their illicit relations with men. Confession, in his view, should be used as a means to gain knowledge of the amorous relations that could lead to pregnancies. Priests were to coerce women into making such information public; the infamy of bearing a child out of wedlock, in Cangiamila's view, was preferable to the sin of condemning a soul to damnation through infanticide or abortion.[36] Surgeons, doctors, pharmacists, and deviant priests, moreover, must be prevented from supplying women with herbs and medicines to induce abortions; those who did were to be treated as criminals.[37] In this way, Cangiamila saw women, particularly poor and single Sicilian women, as prone to employ harmful practices in private to undermine the work of the priest and the Catholic Church in saving souls. The priest, on the other hand, carried out a pious and kind act through his careful vigilance of such women and through his willingness to perform a cesarean section.

González Laguna, in comparison, depicted popular attitudes toward birthing practices and infanticide in Peru with greater zeal and urgency than that observed in his Italian colleague's

*Embriología sacra.* This is in part because González Laguna, unlike Cangiamila, believed that priests were fighting against demonic influences and barbaric behaviors that were endemic to all of Indian parish society and had become apparent during the Tupac Amaru and Tupac Katari rebellions. These were widespread behaviors accepted in Indian communities, not anomalous customs limited to a few isolated women. The reform of birthing practices would form the central part of a new "civilizing" project to eliminate such behaviors from Peru's countryside. In the aftermath of the rebellions, it was the responsibility of all village members to save fetal souls.[38]

González Laguna's description of Indians and their customs concerning pregnancy, however, did not end with his condemnation of rebel insurgents and his call for dissemination of knowledge about childbirth. Rather, the author used notions of ethnic and cultural difference to demand greater priestly vigilance of Indian women, who, in his eyes, lacked proper maternal intuition and affection. González Laguna argued that priestly supervision of women was required to instill "civilized" habits, since women lacked reason and continued the spread of "barbarism." He suggested that trained birthing midwives and priests should assist Indian women, since such women clung to "ancient" and pre-Christian customs. He warned that without the vigilance of the Church, such practices could spread and tempt even non-Indians living in their midst. This was particularly true in the case of abortions. González Laguna argued that "the need is greater since, as everyone knows, the ancient barbaric customs haven't disappeared among many castes that include the neophytes of this country; this lack of consideration and disrespect for lives and souls reaches even those who, living among them, were born very distant from pagan thought."[39]

González Laguna likely wrote his discussion of abortive practices with some knowledge that there indeed existed a plethora of indigenous medical treatments for the control of reproduction in the southern Andes. Martin Delgar, a French surgeon and doctor, catalogued an immense variety of indigenous medicinal customs in the 1740s as he traveled through Upper Peru, particularly the Audiencia of Charcas.[40] Practicing medicine and surgery in Potosí and Lima, Delgar catalogued sixteen types of flora and fauna that Indian women used to induce menstruation.[41] In addition, Delgar noted seven treatments that induced childbirth, even when the fetus had died.[42] Indi-

ans, moreover, used the plants *anco* and *guachi*, mixed with various other substances, to kill the fetus inside the mother.[43]

González Laguna either did not know about this sophisticated culture of reproductive medicine, which violated Catholic teachings on female reproductive obligations and the sanctity of life, or he mistook it for an absence of culture, knowledge, and emotional development among Indian women. González Laguna argued that such women were cowardly, promiscuous, and unable to develop emotional attachments. If single, they were particularly prone to abort their children; this was primarily a result of their ignorance and barbaric nature, and not a consequence of concerns about female honor. González Laguna asserted, moreover, that, like abortion, infanticide was common in the Andes. Though this practice is absent from Delgar's observations, González Laguna claimed it was carried out regularly, and with little remorse by mothers. He wrote that a provincial magistrate had "pursued these unhappy souls regarding the dictates of their parish priest; barbaric excesses were witnessed, reaching the extreme of throwing fetuses, born alive and in a fragile state, to the pigs as food."[44] In this way, González Laguna portrayed such women as lacking basic maternal nurturing instincts, as denying the humanity of their offspring, and as engaging in acts that rivaled or exceeded the brutality of their male counterparts.

Spanish women and Afro-Peruvian slave women, in contrast, were discussed in much more humane, sympathetic terms in *El zelo sacerdotal* to reinforce the barbaric nature of Indian mothers. González Laguna criticized Spanish women in much the same way that Cangiamila criticized single Sicilian women. He suggested that their support of Baroque excesses, their participation in dances, their use of tight dresses, their journeys in carriages, and their gluttonous eating and drinking habits brought on miscarriages.[45] But he did not imply that they engaged in these activities to cause miscarriages per se. Slave women, on the other hand, fell victim to the abuse and exploitation of their masters and hence were not at fault for their miscarriages.[46] González Laguna argued, accordingly, that masters should not overwork pregnant slaves, that such slaves should not be made to ride horseback, and that female slaves in general should not be made to get up before dawn. González Laguna reasoned that the dampness and humidity in Peru's coastal

villages and on plantations in the early morning, combined with the imposition of heavy labor burdens, prevented slave women from conceiving and brought on miscarriages among those who did conceive. In an effort to control and reform such abuses, González Laguna argued that priests should reprimand slave masters and supervisors.[47]

González Laguna acknowledged in his writings that doctors, surgeons, and a small group of clergy in Lima had also encountered cases of noncompliance with cesarean section practices. Yet, unlike his descriptions of "irrational" native populations in the Andes, González Laguna characterized resistance and failure to perform cesarean sections among Lima's largely Spanish and mixed-descent populations in far more forgiving ways, which portrayed such individuals as making clear decisions using the faculties of reason. *Limeños* were not portrayed as consumed by emotions. Specialists who avoided the procedure were not depicted as doing so out of malice.

González Laguna further appealed to the reason of *limeño* and highland priests by stressing that the practice of fetal baptism not only offered benefit for the souls of the unborn; it also offered salvation for priests and society overall. According to González Laguna, "to unite with Christ the sad infant in a state of danger is not simply to save the infant, but to save us as well."[48] In Mexico Archbishop Núñez de Haro likewise offered to award eighty days of indulgences to those who performed cesarean sections.[49] In this way, notions of piety and good deeds were used to further the practice of surgery among priests. Officials portrayed surgery as a heroic act inspired by concerns for the benefit of humankind, devotion to God, and concern for the salvation of fetal souls.

## Priest, Surgery, Difference, and Medical Authority

In compiling *El zelo sacerdotal*, González Laguna revised and added to Cangiamila's writings in order to make an argument based on ethnic perceptions of ritual violence and gender roles, especially motherhood, which had become notorious in the context of Peru's late colonial rebellions. His work was thus quite different from Cangiamila's analysis of Sicilian women. Cangiamila

identified some of the same dangers and unfortunate customs among Sicily's single women and its poor, but he offered solutions of a far less alarmist and openly racist nature. For González Laguna, on the other hand, the moral duty of the parish priest in the aftermath of female ritual slaughter made him a zealous interrogator of highland Indians in a way reminiscent of the campaigns to wipe out idolatry in the same region a century before. González Laguna's priests were once again outsiders forcefully extirpating the "barbaric" ways of their flock. Weary of their "irrational" nature, parish priests were to question Indian women extensively about their pregnancies on a regular basis. Moreover, they were ordered to visit and inspect women's homes, and they were to monitor women's movements within and beyond the village to ensure that they did not conceal their pregnancies or secretly carry out infanticide. The Andean parish priest was also to ensure that village healers and midwives did not supply herbs for the purpose of inducing miscarriages. He was thus to become a regulator of medical practice and a surgeon in the provinces, despite traditional professional boundaries that limited the power of the "*cura*" to cure.[50]

As a response to violence and indigenous insurrection, González Laguna's work resulted in numerous decrees ordering that knowledge of cesarean section practices, and information about the moral imperatives to perform such procedures, be spread among priests in the Andean highlands. Lima's Cathedral Archive, an unlikely repository for such legislation, houses four decrees ordering both the practice of cesarean sections and the distribution of cesarean section teaching manuals to the highlands in the 1780s, 1790s, and the first decade of the nineteenth century.[51] Viceroy Agustín de Jáuregui's decree in 1781 included orders that the government send letters "to all the *corregidores*, governors, and judges of the provinces of this viceroyalty, as well as the respective letters of request and charge to the bishops, prelates, and ecclesiastical judges, so that they will have all regular and secular priests in their respective dioceses contribute to its punctual execution and completion."[52] Additional materials in Cusco's Archbishopric Archive suggest that cesarean section instructional manuals did in fact circulate among rural parish priests. Such priests signed letters claiming that they had reviewed the material and agreed to perform such procedures.[53] A similar set of notes and signatures attached to a copy of the 1803 royal decree on

cesarean sections suggests that such materials circulated in towns on the north coast and in the highlands.[54] In these ways, having been instructed that such invasiveness and intrusion was pious and kind, members of the Church agreed to violate notions of bodily privacy among Andean women and their families.

It is unclear how many cesarean sections were in fact performed outside of Lima, since parish records generally give us very few indications. If anything, the lack of data suggests that in the long run many parish priests were reluctant to engage in such practices. Lima's *El Mercurio Peruano,* however, lists one cesarean section in Tucumán (present-day northern Argentina) in December 1794, declared the first formal procedure of its kind in the provinces. According to this report, the operation was performed on a *zamba*[55] who had been struck by lightning the day before. The village priest and mayor carried out the operation "in spite of the repugnance it caused, the formal opposition from the relatives of the deceased, and the fetid state of her head."[56] According to the report, the operation led to the extraction of a male fetus who lived fifteen minutes after receiving baptism. Despite the "success" of finding a live fetus, however, mourners "stayed perniciously silent" while observing the creature move about in his mother's womb.[57] Nevertheless, the article claimed that the operation demonstrated clear value. The priest and mayor, the editors suggested, displayed the sort of vigilance all should have "among those who take little care of a point as important as the health of the soul and the body."[58]

The irony of this attempt to "civilize" reproductive practices, of course, is that the proposed solutions mimicked the actual crime that galvanized the clergy. That is to say, in response to the horrors of female ritual slaughter during the Tupac Amaru and Tupac Katari uprisings, and in an attempt to reduce the prevalence of abortion and infanticide among indigenous populations, the Church argued that priests must cut open pregnant women's abdomens to extract their offspring. They were to do this even if it violated the mother's last wishes. Concern for the souls of the unborn thus formed part of a broader Bourbon campaign of invasive policing and social control in the late colonial highlands. In this way, the legacy of Tupac Amaru and Tupac Katari in the Church includes not just the consolidation of ethnic stereotypes around reproductive practices

and gender. It also includes the formation of Church policies based on those stereotypes, the redefinition of power relations between priest and flock, and the attempt to create new forms of medical authority among priests.

**Notes**

1. Research for this paper was made possible through a generous grant from the Newberry Library. I am grateful to Marcos Cueto for advice during the early research stages of this project.
2. Francisco González Laguna, *El zelo sacerdotal para con los niños no-nacidos.... Se dedica a los II y RR SS Arzobispos y Obispos de estos reynos de la América. Va al fin un apéndice sobre la curación de los ahogados* (Lima: Imp. de los Niños Expósitos, 1781).
3. González Laguna, *El zelo sacerdotal,* "Nota."
4. Archivo del Cabildo Metropolitano de Lima (hereafter ACML), Cédulas Reales y Otros Papeles, vol. 3, ff. 215–18. While we do not know the motives behind such tactics, a likely reason for female ritual slaughter and infanticide was that it kept villages from being able to reproduce.
5. González Laguna, *El zelo sacerdotal,* "Nota."
6. Decree by Viceroy D. Agustín de Jáuregui, October 1, 1781, in González Laguna, *El zelo sacerdotal.*
7. For discussions of the debate, implementation, and practice of cesarean sections in Puerto Rico, see José G. Rigau-Pérez, "Surgery at the Service of Theology: Postmortem Cesarean Sections in Puerto Rico and the Royal Cédula of 1804," *Hispanic American Historical Review* 75:3 (1995): 377–404. For an earlier study of Alta California, see Rosemary Keupper Valle, "The Cesarean Operation in Alta California during the Franciscan Mission Period (1769–1833)," *Bulletin of the History of Medicine* 48 (1974): 265–75.
8. See Alberto Flores Galindo, *Tupac Amaru II, 1780: sociedad colonial y sublevaciones populares* (Lima: Retablo de Papel Ediciones, 1976); Scarlett O'Phelan Godoy, *La gran rebelión en los Andes: de Tupac Amaru a Tupac Catari* (Cusco: Centro de Estudios Regionales Andinos "Bartolomé de Las Casas," 1995); O'Phelan Godoy, *Rebellions and Revolts in Eighteenth-Century Peru and Upper Peru* (Cologne: Bohlau, 1985); Carlos Valcarcel, *La rebelión de Tupac Amaru* (Lima: Peisa, 1973).
9. More recent works on Tupac Amaru have provided thoughtful reassessments of peasant political culture. See Charles Walker, *Smouldering Ashes: Cuzco and the Creation of Republican Peru*

(Durham, N.C.: Duke University Press, 1999); Sinclair Thomson, *We Alone Will Rule: Native Andean Politics in the Age of Insurgency* (Madison: University of Wisconsin Press, 2002).

10. Likewise, literature on Indian parish life and the late colonial Church in the Andean highlands has largely overlooked the study of gender relations and the importance of Tupac Amaru and Tupac Katari in shaping Church policy. Neglect of gender is largely due to the scarcity of available documents dealing with female parishioners and the Church. The lack of studies addressing Tupac Amaru and Tupac Katari is in part a consequence of periodization debates. Most studies of the Church have focused on anti-idolatry campaigns in the early and middle colonial periods, leaving us with little understanding of parish life after 1750. See, among others, Ken Mills, *Idolatry and Its Enemies: Colonial Andean Religion and Extirpation, 1640–1750* (Princeton, N.J.: Princeton University Press, 1997); Pierre Duviols, *Cultura andina y represión: procesos y visitas de idolatrías y hechicerías, Cajatambo, Siglo XVII* (Cusco: Centro de Estudios Regionales Andinos "Bartolomé de Las Casas," 1986).

11. Rigau-Pérez, "Surgery at the Service of Theology."

12. Don Isidro Joseph Ortega y Pimentel, an examiner of the *protomedicato*, professor of the Royal University of San Marcos, and physician for the viceroy and archbishop, lamented the spiritual ruin of fetal souls and called on doctors to eliminate "the ignorance of those who disrupt natural childbearing [abort], and hinder the use of surgical operations in extracting the fetus, even if this leads to the appearance of a cadaver." Ortega y Pimentel added that with regard to fetuses there was "great suspicion around the validity of the sacred baptism, when in fear of some sort of accident they administer the ablution. This doubt does not lack foundation when we examine the little knowledge that some of these women have of Christianity." "Oración comminatoria, que, a fin de corregir los excesos de algunos profesores de las artes subalternas a la medicina, dijo el día cuatro de octubre del presente año de 1784," in Hipólito Bueno de la Rosa, *Causa medico criminal que, en este Real Protomedicato del Perú, han seguido los profesores de la Facultad médica contra los cirujanos, farmaceúticos, flebotómicos, etc. sobre contenerlos en los terminos de sus respectivas profesiones y oración comminatoria, que el día 4 de octubre de 1764 dijo sobre el asunto uno de los conjueves de aquel tribunal, precedido entonces por el Doct. Hipólito Bueno de la Rosa* (Lima: Oficina de la Calle de la Encarnación, 1764).

13. Cangiamila's interactions with the Devil allegedly began while he was still a fetus, according to his friend, Father Luis Crema of Palermo. Crema wrote that Cangiamila's mother "in the time of her pregnancy became tormented by many scruples, and by some terrible hallucinations that asked her to loathe and reject the fruit she carried in her womb. With this the Devil came to know

what he had already feared about the virtues of this boy." Later in life, Cangiamila suffered a demonic vision during an asthma attack. According to Crema, "in the rigors of the suffering, which he feared would suffocate him, the Devil opened up Hell below his feet, causing him extraordinary fear. Such a horrible sight would have taken his life had God not preserved him to purge himself of it." Father Luis Crema, *Elogio histórico de don Francisco Manuel Cangiamila, natural de Palermo, Inquisidor de la Fé en el Reyno de Sicilia e Islas adyacentes,* included in Francesco Cangiamila, *Embriología sagrada, ó tratado de la obligación que tienen los curas, confesores, médicos, comadres, y otras personas, de cooperar á la salvación de los niños que aun no han nacido,* trans. Joaquín Catellot (Madrid: Imprenta de Pantaleón Aznar, 1785).

14. Interestingly, the two texts published in the viceregal capitals take different positions on the question of Limbo. González Laguna argues emphatically that it does not exist, while the Mexican translation by Josef Manuel Rodríguez seems to claim that it does exist. Rodríguez writes that "the parish priest should have in his house for these unexpected accidents a blade, so that the birthing midwife or someone else capable of performing the operation in the absence of a surgeon may make use of it. In the case of pure and unavoidable necessity, in order not to send the miserable soul to Limbo, the priest himself in the name of God should extract the creature, and he will receive a duplicated reward for the duplicated fatigue and charity of extracting and baptizing the poor little creature." Francesco Cangiamila, *La caridad del sacerdote para con los niños encerrados en el vientre de sus madres difuntas*, trans. Josef Manuel Rodríguez (Mexico City: Felipe de Zúñiga y Ontiveros, 1772).
15. Cangiamila, *Embriología sagrada.* Except where otherwise noted, this 1785 Spanish-language edition will be used as the basis for all citations of Cangiamila's work in this essay. Cangiamila's treatise was written and first published in Latin and Italian under the title *Embriología sacra*.
16. Cangiamila, *La caridad del sacerdote,* trans. Josef Manuel Rodríguez. This is a short, abridged version of Cangiamila's original text.
17. For Guatemala, see Pedro José de Arrese, *Rudimentos físico canónico morales ... sobre el bautismo de fetos abortivos y operación cesárea de las mujeres embarazadas* (Guatemala: Imp. de la Viuda de Arévalo, 1784; Nueva Guatemala: Imp. de Manuel José Arévalo, 1807). For California, see Father Vicente Francisco de Sarria, *Descripción de la operación cesárea.* A translation is available in Sherburne F. Cook, "Sarria's Treatise on the Cesarean Section, 1830," *California and Western Medicine* 37 (1937), part I, 107–109; part II, 187–89; and part III, 248–50.
18. John Tate Lanning found no evidence to suggest that cesarean sections were practiced anywhere in Mexico during the first years following the publication of a decree calling for the implementa-

tion of the procedure in the viceroyalty in 1772. Instead, "twenty-three years elapsed before any sure evidence of the performance of the operation appeared." John Tate Lanning, *The Royal Protomedicato: The Regulation of the Medical Professions in the Spanish Empire* (Durham, N.C.: Duke University Press, 1985), 312.

19. González Laguna, *El zelo sacerdotal,* 69.
20. Ibid., 80–81.
21. A series of measures to verify that the woman was dead would prevent cases of death resulting from surgical intervention. González Laguna listed three main signs of death in females, which included disfigurement of the face, rigor mortis, and loss of transparency in the cornea. He added that one could verify a woman's deceased state by checking for pulse and breath, as well as by placing a needle under a fingernail; *El zelo sacerdotal*, 103–104.
22. González Laguna, *El zelo sacerdotal*, 91, 93.
23. Ibid., 195.
24. Ibid., 23.
25. Ibid., "Prólogo al lector."
26. ACML, Cédulas Reales y Otros Papeles, vol. 3, ff. 215–18.
27. Cangiamila, *Embriología sagrada,* 20, 25; González Laguna, *El zelo sacerdotal,* "Introducción" and 137–40.
28. These included detailed instructions for how to distinguish between an embryo, blood clots, and other material shed from the womb. Like Cangiamila, González Laguna argued that aborted embryos usually came out alive and that "although it may not give signs of life by means of movement, one should not omit baptizing it conditionally, supposing that its organs are so weak that they are not apt for perceptible forms of movement." González Laguna, *El zelo sacerdotal,* 130.
29. Cangiamila, *Embriología sagrada,* 170–71; González Laguna, *El zelo sacerdotal,* 130–31. Baptism by syringe was advocated in cases where the mother had not yet died in birth but had experienced problems in labor and had not dilated sufficiently to push out the baby.
30. Cangiamila, *Embriología sagrada,* 117.
31. Rigau-Pérez, "Surgery at the Service of Theology."
32. González Laguna, *El zelo sacerdotal,* 212–13.
33. Ibid., 215–16.
34. Cangiamila, *Embriología sagrada,* 2–3, 6.
35. Ibid., 18–19.
36. Ibid., 52–53.

37. Ibid., 9.

38. See González Laguna, *El zelo sacerdotal,* "Nota": "What parish priest, what priest, what father of a family, in his home and in his village, cannot become an apostle, if he applies himself to this genre of easy and interesting conquest recommended by God? The only hindrance is that the village be enlightened by its parish priest."

39. Ibid., "Prólogo al lector." For studies of more recent efforts to characterize indigenous, mixed-descent, and poor mothers in this manner in Latin America, see Charles Briggs and Clara Mantini-Briggs, *Stories in the Time of Cholera: Racial Profiling during a Medical Nightmare*, especially chapter 13 (Berkeley: University of California Press, 2003); Nancy Scheper-Hughes, *Death without Weeping: The Violence of Everyday Life in Brazil* (Berkeley: University of California Press, 1992).

40. Martin Delgar compiled two known catalogues, the "Libro de medicina y cirugía para el uso de los pobres con su recetario al final," and "Nuevo thesoro de pobres. Economía de la salud del cuerpo humano. Prontuario de las naturalezas, calidades, y grados de árboles, frutos, flores y otras exquisítas y raras del nuevo orbe del Perú." Exact dates for these unpublished manuscripts are unknown.

41. The sixteen ingredients for inducing menstruation are *ancocate, chichira, chaucha chaucha, choque canlla, guachi, guayacan, haca guaguani, muña, mutuy alcaparilla, ocororo, paycco, quina quina, sillicas, villca villca, hierba del Paraguay, and ytupallo*; Delgar, *Libro de medicina y cirugía para el uso de los pobres.* All names are in Quechua or Aymara.

42. The ingredients for inducing labor were *cuca cuca, chamilco, chucapaca, guayacan, olluco, tinia tinia,* and *raíz de la China*; Delgar, *Libro de medicina y cirugía para el uso de los pobres.*

43. The juice of *anco* was to be drunk with milk, while *guachi* root was to be cooked with pepper, myrrh, and honey. One was then to place the resulting concoction on the mother; Delgar, *Libro de medicina y cirugía para el uso de los pobres.*

44. González Laguna, *El zelo sacerdotal,* 184.

45. Ibid., 176–77.

46. Interestingly, this contradicts beliefs about abortion and infanticide among slaves in the United States and Brazil during this same time period.

47. González Laguna, *El zelo sacerdotal,* 179–81.

48. Ibid., 14.

49. Decree by Archbishop Núñez de Haro, included in Cangiamila, *La caridad del sacerdote*, trans. Josef Manuel Rodríguez.

50. This stands in contrast to the role expected of priests in Lima. González Laguna argued that urban priests should rely on the talents of surgeons, phlebotomists, and other healers before attempting to perform a cesarean section themselves. Priests thus were considered to be a last resort option in Lima and other cities.
51. ACML, Cédulas Reales y Otros Papeles, vol. 3, ff. 215–18; ff. 317–18; ff. 319–20; f. 337. See also Archivo Arzobispal de Cusco, Constituciones, XXXII, 3, 56, f. 4, 1804, "Copia autorizada de la Real Cédula sobre la operación cesárea, prohibiendo sepultura eclesiástica a la mujer que fallesca estando embarazada."
52. Decree by Viceroy D. Agustín de Jáuregui, October 1, 1781; in González Laguna, *El zelo sacerdotal.*
53. Archivo Arzobispal de Cusco, Correspondencia-Comunicaciones, XVII, 5, 90. 1805, "Manuel Mariano Álvarez, Vicario del Partido de Aymaraes, remite al Obispo, los acojes de recibo de la carta circular—con una copia de la Real Cédula sobre la obligación de practicar la operación cesárea a las mujeres que mueran embarazadas, firmados por cada uno de los curas de Partido."
54. BNP D8900, *Real cédula y reglamento sobre el modo de practicar la operación cesárea una vez muerta la madre*, Madrid, April 13, 1803.
55. A *zamba* at this time was considered to be a woman of indigenous, African, and Spanish ancestry.
56. *El Mercurio Peruano,* Núm 595, 1795, "Operación cesárea. Tucumán 8 de enero de 1795."
57. Ibid.
58. Ibid.

# HENEQUEN MONOCULTURE, MAYA LABOR, AND INFANT MORTALITY IN POSTREVOLUTIONARY YUCATÁN

Alexandra Puerto

## Toward a Political Economy of Health in the Henequen Zone

In the countries where the Maya are concentrated—Belize, El Salvador, Guatemala, Honduras, and Mexico—they exist as a marginalized society struggling to survive. Historically the Maya have received little government assistance, and they suffer from markedly high rates of ill health, death from preventable diseases, and child mortality. Children are most vulnerable to the life-threatening effects of this unequal treatment. Among the nearly five million children in Maya-populated countries, Maya infant mortality rates are twice as high as those of non-Maya children. In the Mexican state of Yucatán, home to the largest Maya population, Maya infant mortality rates are 11 percent higher than those for non-Maya infants.[1] In effect, infant death has been a central experience for modern Maya families.

This study examines the roots of this health inequality among the Maya within the context of the henequen zone of northwestern Yucatán during the postrevolutionary era. Since the mid-nineteenth century, henequen had been at the center of Yucatán's economic and social life.[2] From the industry's golden age during the Porfiriato to its collapse in the 1930s, henequen monoculture shaped campesinos' livelihoods. As first pointed out by the anthropologist Arnold Strickon, who challenged Robert Redfield's "folk-urban continuum," the henequen plantation and the needs of the global economy conditioned the social and cultural development of modern Yucatán.[3] Since

Strickon made his claims, the effect of monocrop production on Yucatecan economy and society has received significant scholarly attention. However, a historical understanding of the relation between Maya health and the socioeconomic condition of the henequen zone remains limited.

The social origins of disease and structural constraints on health in Yucatán have been well recognized by the Mexican anthropologist Eduardo Menéndez. In *Poder, estratificación y salud: análisis de las condiciones sociales y económicas de la enfermedad en Yucatán,* Menéndez outlines the economic evolution and political manifestations of Yucatán in the longue durée and describes changes in the state's health conditions.[4] Menéndez argues for a close yet paradoxical interaction between health and development. Although infant mortality has declined and life expectancy has increased in Yucatán in the last century, general living standards and environmental health conditions did not improve for most Yucatecans as economic production and political power became more stable. Furthermore, Menéndez stresses the historical and contemporary imbalance in the geographical distribution of hospitals and medical doctors. Although Yucatán has come to have one of the highest levels of medical care provision in Mexico, a maldistribution of medical resources has persisted, with hospitals and medical doctors based in urban areas where political and economic power is centralized. Menéndez's main critique, however, is not aimed at the economic, political, or medical system he describes, but rather at the anthropological approach to the study of health and medicine. Thus the links between political economy and the health of Maya families in rural history remain largely unexplored.

Labor studies focused on henequen regimes, however, are abundant. The exploitation of Yucatán's hacienda workers during the henequen boom has produced a great debate both politically and academically ever since the publication of John Kenneth Turner's *Barbarous Mexico* in 1910.[5] Turner, a North American journalist posing as a would-be investor, visited many of the largest henequen plantations in Yucatán in 1908. His sensationalistic depiction of brutal labor conditions on henequen haciendas "appropriated a Black Legend for Yucatán during the Porfiriato."[6] Turner depicted an oppressive labor system based upon the perpetual exploitation of a subjugated indigenous majority and likened Maya debt peonage to slavery. His description of

cruel and coercive labor relations left an enduring legacy. As a response, apologists for henequen planters and critics of the Porfiriato entered an endless and emotional debate over the nature of plantation society, and to this day the era is remembered as the "Age of Slavery" in Yucatán.[7]

The so-called labor question has also caught the attention of contemporary scholars. In an effort to depart from the inflammatory tone of political debates, regional specialists have offered systematic investigations into labor conditions on Yucatán's henequen estates.[8] Few have appropriated as gospel the "black legend" found in Turner's muckraking classic, but modern scholars have found the Turner opinion more plausible than that of the Old Regime apologists.[9] Friedrich Katz convincingly argues that social relations on Yucatán's henequen plantations were among the most repressive in the tropical southeast, a region that maintained among the worst labor regimes in Mexico due to the development of export plantations.[10] In addition, researchers have found that labor relations were generally poor and got worse as market demand intensified throughout the henequen boom. According to Gilbert Joseph, "as the local economy became more engaged by and ultimately subordinated to the demands of international capitalism, labor conditions became involuted with the traditional system of peonage transformed by degrees into a neo-slave regime."[11] This essay expands upon this premise by showing how international markets, hunger, and health have been inextricably linked in Yucatán, producing persistent, dismal health conditions for Maya families and, as a result, high rates of infant mortality. In effect, the livelihoods of Yucatán's campesinos suffered a deep deterioration as they became dependent on the fluctuations of the world market.[12]

Aside from debates over labor conditions on haciendas, regional historiography on modern Yucatán has tended to focus on the relationship between land, labor, and capital or revolution.[13] These contributions have illuminated important issues of labor, modernity, rebellion, and international relations, but they have less successfully demonstrated how political and economic forces encroached on the everyday lives of common people. In other words, the "agrarian question" constitutes a cornerstone in the historiography of modern Yucatán, but the exact nature of the adversities faced by the peasantry still escapes us. Peasant health has either been mentioned only

in passing or has been strikingly absent from the accounts. In fact, what creates illness and disease and what structures health inequity have gone largely unexplored in Mexican agrarian historiography. The omission of health as a category of analysis in rural history derives from a certain assumption by researchers that health conditions are something separate from the sociology of the agrarian economy.[14] However, as Vicente Navarro has pointed out, in order to understand the relation between health and power, health has to be understood within the overall social relations of production of a specific society or social formation.[15]

This paper is particularly concerned with the connection between health, labor, and agrarian economy or, to put it more directly, the health of campesinos.[16] Agrarian change linked to both local and global socioeconomic processes created a Maya health gap rooted historically in an unequal distribution of resources—and thus the consequence of socioeconomic manipulations. The idea that social, political, and economic forces impinge on health status is nothing new; but with few exceptions, these linkages have been painted with broad strokes and lack specificity in terms of the historical development of specific health problems.[17] A consideration of the link between Yucatán's political economy and the well-being of Maya henequen workers will add a new dimension to our understanding of rural Yucatán and reflect the history of rural health in much of modern Mexico. Although agrarian transformation and health development unfolded in regionally specific ways, events in the henequen zone are broadly representative of dynamics within export communities of southeastern Mexico as a whole.[18] The pervasiveness of plantation economies and the reach of export industries in rural areas meant that campesinos everywhere struggled within similar structural conditions that threatened the survival of their families.

## Agrarian Change and Campesino Dependency in Porfirian Yucatán

The rise of the henequen economy in the mid-nineteenth century transformed Yucatán from a relatively isolated, somewhat productive backwater to a vibrant commodity-exporting state connected to the world market. The regional planter oligarchy, consisting of about three hundred

families, made a fundamental change in the agricultural unit of production by converting self-sufficient cattle and maize haciendas into agroindustrial henequen plantations[19] that sought to meet the increasing world demand for binder twine used with mechanized harvesting. An even smaller group of about twenty to thirty families controlled up to 90 percent of total fiber production through ownership of both land and distribution and marketing mechanisms.[20] Yucatán's larger henequen plantations sustained independent communities with their own chapels, stores, and schools, and hacienda residents had little contact with neighboring towns and villages. *Hacendados* (hacienda owners) used paternalistic loans and gifts, along with the social bond of god-parentage, to foster loyalty and dependence among the "workers" who formed a local core of estate communities.[21] Consequently, as the monocrop economy flourished, planters prospered and their home base, the state capital of Mérida, took on the façade of modernity.[22]

The Maya population in the countryside, however, received few if any benefits from the henequen boom. The international demand for henequen exports held the potential to revitalize the regional economy after decades of civil warfare,[23] but the climate of Yucatán's monocrop culture and economy alienated campesinos from subsistence agriculture and created their utter dependence upon hacendados. The aggressive expansion of henequen estates expropriated and destroyed many Maya communities. A.J. Graham Knox claims that, "between 1856 and 1910 at least sixty-six Indian communities in the state had their village lands, amounting to some 134,000 hectares, alienated by the expanding haciendas. As a result, many of the previously independent Mayan villagers had little choice but to move to the estates and accept employment offered by the hacendados."[24] Henequen municipalities were divided between the villages and towns inhabited by "*trabajadores eventuales*" (seasonal workers) and the nearly autonomous hacienda communities made up mainly of Maya-speaking "*acasillados*" (workers housed on hacienda land).

The percentage of free villagers living in northwestern pueblos shrank significantly as the *henequeneros* (henequen growers) appropriated their ejidos with the aid of an intensive legislative and judicial offensive mounted by the state and federal governments.[25] In 1930 Frank Tan-

nenbaum estimated that by 1910 at least 75 percent of all rural dwellers in Yucatán lived on large estates. Seven years earlier, in 1923, George McBride claimed that 96.4 percent of all family heads had no land of their own by 1910. More recently, Friedrich Katz concluded that the expansion of the large estate and the influence of henequen monoculture were so pervasive during the late nineteenth and early twentieth centuries as to discount the notion of a "free peasantry" throughout the region.[26] According to John Tutino, during the Porfiriato, "the boom profits of export production, the new efficiency of police forces, and the readiness of the state to serve elite economic interests combined to make more effective the enforcement of indebted workers' labor obligations."[27] By the early twentieth century, loss of campesino autonomy was complete.

## Maya Health on Hacienda Sacapuc

As it entered the revolutionary period, the plantation economy was at the peak of its expansion, but it experienced a crisis shortly thereafter. By the end of the 1930s, the henequen industry was in serious decline.[28] The Great Depression and the invention of the combine, which did not use twine, as well as the development of synthetic fibers, contributed to the industry's problems. Raw fiber prices, which had plummeted to US$.065 a pound in 1919, remained at $.06 a pound or less throughout the postrevolutionary era. Production fell significantly and exports reached an all-time low in 1940, when they were less than a fourth of the 201,990 tons that had been shipped in 1916.[29]

The decrease in production created widespread unemployment and unrest among the henequen workers. In 1910 almost 100,000 Maya-speaking henequen workers labored on haciendas.[30] By 1940, the number of henequen workers had dropped to between 30,000 and 35,000, and most workers labored only one or two days a week. Field wages, which reached a high of 20 to 25 pesos a week during the boom period, fell to 5 pesos or less.[31]

Amidst these socioeconomic changes, sickness plagued the Maya in the henequen zone. The state of campesino health depended not only on disease immunities and susceptibilities but also on living and working conditions dictated by Yucatecan elites. Provisions such as sanitation,

housing, food, and clothing, as well as labor requirements set by hacendados, had a major impact on the health of the Maya workforce. What was considered a personal illness in the secluded, hacendado family dwelling became a matter of public health and group concern in the crowded and unsanitary workers' quarters. However, the henequen zone had remained marginalized from state public health efforts as hacendados assumed responsibility for the health of their workers. More sympathetic *patrones* (bosses) allowed *curanderos* (healers) and *parteras* (midwives) to practice healing on plantations, or they would take the critically ill to Mérida to receive medical attention. Generally, however, Maya workers had no access to medical care.

By 1934, about 30,000 adult male campesinos and their families lived on hacienda estates.[32] Six hundred and twenty-six of them lived on the hacienda of Sacapuc, near the town of Motul. The hacienda had among the most favorable living conditions for Maya families in the henequen zone in the postrevolutionary period. Alonso Patrón Espada, owner of the hacienda, maintained an affiliation with the Partido Socialista del Sureste (Socialist Party of the Southeast) and supported the revolutionary political order in Yucatán beginning with the "proletariat martyr" Felipe Carrillo Puerto, who had claimed that henequen was "a link in the chain of Maya slavery." Due to Patrón Espada's relatively sympathetic disposition, his hacienda paid higher wages, offered more social services, and provided better housing than other plantations. Sacapuc even boasted a school founded prior to 1917, the year that the revolutionary government legislated the establishment of rural schools through Article 123 of the new Constitution. For this reason, the national Public Education Ministry often hailed Sacapuc as a leader in rural education during its campaigns in Yucatán.[33]

In 1935, Sacapuc sprawled over 2,775 hectares, and its population of 626 campesinos included 338 men and 288 women. Two hundred and twelve men were ensured steady, fixed wages regardless of the production levels of henequen, a rare benefit on henequen haciendas. The average salary of a worker at Sacapuc was 5 pesos and 75 cents per week, compared to between 2 and 4 pesos at other haciendas. The family housing at Sacapuc, which consisted of one-room houses built with stone rubble and thatched roofs, were much more spacious than the huts and

sheds on other haciendas. The Sacapuc homes were relatively solid and measured 8 x 4.5 meters, the walls were 38 cm. thick and 2 meters wide, and the ceiling was 5 meters high[34]—modest measurements, but palatial compared to housing on other haciendas. Visits by Yucatán's Department of Public Health to haciendas were rare, but when they occurred, reports, such as those for the Haciendas Xtepen, Mulsay, and Mulchachén, stated that housing was in a "ruinous state."[35]

Despite higher wages and better housing, Sacapuc, like all haciendas, had sanitation problems. Unprotected wells and the lack of a sewage system created a contaminated water supply, which contributed to the high incidence of gastrointestinal disease and dysentery, the two main causes of death on the hacienda.[36] The mortality rate on the hacienda was 33.24 deaths per thousand inhabitants, which was much higher than the national average of 26.72 per thousand but lower than the state average of 34.39 per thousand. Between 1920 and 1934, gastrointestinal disease, dysentery, malaria, tuberculosis, and pellagra figured as the most common causes of death in the henequen zone.[37]

At Sacapuc, the mortality rate for children under the age of five was a shocking 532 per thousand, and for children under the age of one, 318 per thousand. Only three other communities surveyed in Mexico—Colima, Apatzingán, and Agua Prieta—surpassed Sacapuc's rates.[38] As mentioned above, hygiene and sanitation problems plagued the hacienda, so gastrointestinal infections surely played a role in the elevated child mortality rate. The cause for infant mortality—deaths before the age of one year—is less obvious however. Due to a lack of resources, mothers at Sacapuc typically breast-fed their children for up to 24 months of age before introducing condensed milk, bean broth, and tortillas—foods that could become contaminated.[39] More than likely, Sacapuc infants were born underdeveloped because they were typically born to malnourished and very young mothers, often between 14 and 16 years of age. Only the strongest babies could survive the first year, and even then they often succumbed to a cold, the measles, or a gastrointestinal infection in the toddler years. So while gastrointestinal infections probably accounted for the 53 percent child mortality rate, chronic hunger accounted for the 32 percent infant mortality rate.[40]

## Hunger, Health, and Infant Mortality in Yucatán in the 1930s and 1940s

Despite the relatively privileged position of Maya workers at Sacapuc, the high cost of living in Yucatán meant that their salaries could not cover their subsistence costs. Basic items such as corn, beans, and rice were generally imported into Yucatán from other states in Mexico or from the United States. Annually, approximately 40,000 tons of corn were imported. In Mexico City, this corn cost 7 cents a kilo. Its price in Yucatán was double, at 13 to 14 cents a kilo. Beans sold at 8 cents per kilo in Mexico City but at 19 cents in Yucatán. Rice cost 40 cents per kilo in Yucatán instead of the 16.5 cents quoted on the mainland.[41]

Consequently, families at Sacapuc struggled to feed themselves. The case of the Pech family offers a clear example. Francisco Pech, a 47-year-old leaf cutter at Sacapuc, lived on the hacienda with his wife and six children. He was among the highest-paid workers, with an ensured salary of 8 pesos per week. His two eldest sons—aged 12 and 13—assisted him in the henequen factory and also with his *milpa* (cornfield). The milpa produced 448 kilos of corn annually, with a value of 60 pesos, 48 cents. Francisco's weekly expenses—which included corn, beans, sugar, coffee, chocolate, lard, salt, meat, rice, bread, onions, soap, and candles—were 8 pesos. In addition, every two months he purchased 10 meters of cotton for 2 pesos, 50 cents; every four months, a pair of sandals at 1 peso, 50 cents; and every three months, a straw hat for 25 cents, for a total of 19 pesos. Francisco purchased these items during the months that he did not purchase corn and with his remaining 41 pesos and 48 cents from the milpa he bought miscellaneous items such as clothing for his wife and children or a rare entertainment. In effect, even the Pech family, who received 2 pesos, 25 cents above the weekly average salary at Sacapuc and had its own milpa, could barely make ends meet. The average hacienda families in rural Yucatán fared much worse. They faced chronic hunger.[42]

More typical was the case of Máximo Mena, a 35-year-old leaf cutter who lived with his wife and three children. He made about 4 or 4.5 pesos a week and had a milpa that produced 252 kilos of corn per year, at a value of 34 pesos, 2 cents. Máximo's weekly expenses, which included the same items as those on Francisco Pech's list, came to 3 pesos, 94 cents. He would

save the extra 5 to 50 cents to buy 10 meters of cotton for 2 pesos and 53 cents every four months, and a pair of sandals at 1 peso, 50 cents and a straw hat at 25 cents once a year. In order to buy clothing for his wife and children or any necessary miscellaneous items, Máximo had to resort to the difficult task of catching and selling a deer in his rare free time.[43]

The plight of hunger and child and infant mortality rates were inextricably linked in the henequen zone during the postrevolutionary era. At the time, the national rate of child mortality was an average of 300 deaths per thousand children under the age of five and 100 per thousand children under the age of one year. At the national level, the minister of health considered child and infant mortality to be "one of the gravest of the many problems facing the nation."[44] Addressing the problem of child mortality, he claimed that "constructing a great country is meaningless if we give her to malnourished and diseased generations who would be unable to value the efforts of those who preceded them."[45]

At the local level, Yucatecan officials and doctors cast the problem in less nationalist terms in order to focus on defending Yucatán against accusations of tropical and racial degeneration. At the Second Peninsular Medical Congress in 1944, Dr. Francisco Solís Aznar expressed a particular concern with the state's mortality rates:

> Anyone who reviews our mortality statistics will be surprised. Is it not alarming that in Mérida, a city with more than 400 years of culture in which talents of history, literature, and medicine flowered, had coefficients of infant mortality up to 379.47 in 1935, comparable only to those of savage tribes? Keep in mind that a coefficient of 379.47 of infant mortality signifies that in that year, 379 of every one thousand children below the age of one died. Almost one of every two![46]

Solís Aznar's worries were only exacerbated by his study of children's health the following year. In 1945, he surveyed the Hospital del Niño in Mérida to find that 90 percent of the registered children had parasites. Many of these children had been transferred from rural communities in the henequen zone. In horror, he exclaimed, "For the first time, I felt the pain of belonging to a

people who could, with hard work and good habits, become stronger each day, but in reality lived in a process of decline."[47] According to Solís Aznar, children's illness in Yucatán was not due to the climate, the tropics, a degenerate race, or other alleged fallacies, but rather to a lack of hygiene. His writings represented a desperate plea for increased public health measures. While he underscored the critical need for hygiene education and reform, he, like most of his contemporaries, overlooked the structural problem beneath infant morbidity and mortality in Yucatán.

Historians of slavery in the Americas have examined the role of the work regime and the severity of field labor as determinants of slave mortality and fertility.[48] Year-round and seasonal work intensity, as well as labor demands coupled with inadequate nutrition or endemic disease, often depressed libido and decreased chances of conception. The impact of work, however, is presumed to be the main factor in the frequency of infant and maternal mortality. In other words, harsh field duties during and after pregnancy heightened the potential for infant and mother mortality.[49]

The sexual division of labor on Mexican haciendas and plantations differed, however, from that of slavery in the Americas. Although virtually no written records exist regarding Maya campesinas from this era, the accounts of two Yaqui women who were deported to Yucatán to work on haciendas in the early twentieth century suggest that Maya women did not participate in fieldwork.[50] Around 1906, Chepa Moreno, a young bride, was deported to Mexico City with her husband Pedro Álvarez, to be "sold like so many goats" to a Yucatecan hacendado.[51] Manuel Peón bought Pedro and five other Yaqui men and took them and their families back to Hacienda Nokak in Yucatán. All the Yaqui men and some Yaqui women worked in the fields, but due to her pregnancy Chepa was employed in the communal kitchen, where she prepared black beans and corn tortillas for the male workers who had no wives or female relatives to cook for them at home. Most of her time was devoted to "grinding a 'mountain' of corn *masa* and making tortillas."[52] Chepa bore seven children while in Yucatán, all of whom died as infants. For Chepa, "the births and deaths at Hacienda Nokak became part of a blurred, repetitive picture."[53]

Chepa Moreno's cousin, Dominga Ramírez, was also deported to Yucatán in 1904. Dominga recalls that the Hacienda Tanihl in Yucatán bought her as a young child, along with her single mother, older sister, Concepción, and baby brother, José. At Tanihl, each family was appointed to a small thatched house and issued hammocks. Each household had to supply at least one adult field hand. Dominga's mother, Augustina, "had to work in the henequen fields like a man, leaving the children to run the household."[54] The overseer encouraged Augustina to marry a local Maya "so that she could stop doing such hard labor," but she held contempt for the Maya and scorned intermarriage as a strategy to improve her fate.[55] Concepción, who was about ten years old, had to grind corn, prepare meals, and wash and iron clothing. Dominga initially tended the fire when she was about four or five years old; she ground corn as she grew older.[56]

These accounts make clear that Maya women received preferential treatment over Yaqui women on the henequen haciendas. Given the gendered roles assigned to Yaqui women, it is safe to assume that Maya women managed campesino households, with oversight of cooking, cleaning, and childrearing, and they generally did not engage in fieldwork. Thus the theories about labor, fertility, and mortality proposed by historians of slavery are not applicable to the case of Yucatecan haciendas and plantations.

More plausible is the effect of chronic hunger on both parent and infant health. Generally, parents on the hacienda were unable to transfer immune factors to their infants. Indeed, they passed on the disastrous consequences of serious vitamin deficiencies that resulted from the poor nutritional value of their main staple, corn, and its insignificant quantity of vitamin P, also known as bioflavonoids.[57] Bioflavonoids cannot be manufactured by the body and must be supplied in the diet. They aid in the absorption of vitamins and minerals and help maintain capillary walls, promote circulation and bile production, and have antibacterial effects. In addition, bioflavonoids prevent pellagra, a disease caused by a dietary deficiency that renders people unable to absorb niacin, one of the B-complex vitamins or an amino acid. Scaly skin sores, diarrhea, mucosal changes, and mental symptoms—especially a schizophrenia-like dementia—characterize the

disease. Of the 365 adult deaths at Sacapuc between 1915 and 1935, the Civil Registry recorded 25 as due to pellagra.[58]

Vitamin A deficiencies probably also contributed to infant mortality. Yucatán's Department of Health holds no statistics for the period under consideration. However, Dr. Alvar Carrillo Gil presented a study at the First Peninsular Medical Congress in Mérida in 1933, that concluded that the symptoms of vitamin A deficiency could be found among all children of what he termed "our poor classes" in Yucatán.[59] Vitamin A deficiency is the leading cause of preventable blindness in children and also raises the risk of disease and death from severe infections. In pregnant women, vitamin A deficiency causes night blindness and may increase the risk of maternal mortality. Providing an adequate supply of vitamin A, which is crucial for maternal and child survival, can significantly reduce mortality in high-risk areas. Conversely, its absence causes a needlessly high risk of disease and death.

## Agrarian Reform and Ejido Health

Chronic hunger continued to exacerbate the social unrest of the henequen zone after the 1930s. In response to deepening economic and social crisis, President Lázaro Cárdenas instituted radical agrarian reform in Yucatán's henequen zone. His actions brought to completion over two decades of largely thwarted attempts by postrevolutionary administrations to achieve real economic and political reform in the state. In August 1937, President Cárdenas implemented the largest single instance of agrarian reform ever carried out in Mexico, aimed at redistributing most of the henequen fields to Maya campesinos.[60] Cárdenas held a romanticized view of the Maya "as a proud, stoic folk requiring his government's paternalistic guidance for salvation," and he believed the Maya retained virtues of their ancient civilization that could resurface only if the Maya were rescued from the oppressive and provincial social order of Yucatán.[61] Many members of the agrocommercial elite weathered the land redistribution well and skillfully adapted to the new

regional order.[62] Nevertheless, the plight of Maya campesinos continued to deepen as they went from bad to worse with the decline of the henequen industry.

On August 20, 1939, the ejido commissioner of Sinanché wrote to Governor Canto Echeverría of Yucatán to complain of the worsening situation. He argued that basic necessities for daily sustenance were sold at exorbitant prices, far beyond what campesinos could afford, and consequently many families were headed toward starvation.[63] When the commissioner got no response, he joined forces with the Ejidos of Santa Cruz and Xitibancul for an extended strike.

On October 4, 1939, Pedro Pablo Chi (president of the ejido commission of Sinanché), Pablo Barea (president of the ejido commission of Santa Cruz), and Marcelino Pech (president of the ejido commission of Xitibancul), on behalf of over 500 *ejidatarios* (communal farmers) from their districts, wrote to President Cárdenas to explain their reasons for the strike and to seek his assistance. They accused Governor Canto Echeverría and the henequen planters of deceit, and they expressed frustration over their subjugated position in the henequen economy:

> We ask you, once and for all, to put an end to this battle with hunger that has been unfairly imposed upon us. We say "unfairly" because we are sure that our product is sold at a golden price, but we, those who make the product, are paid miserably despite the harsh requirements placed upon us in order to meet the demands of the foreign market.
>
> We believe we have the right to more reasonable salaries that would permit us to bring to our homes at least the essentials, such as bread for our children, to nurture their health and strength so that they may be useful to the Nation in the future. Tell us how we can sustain our families with the 3 pesos we make weekly, despite working the land, which you claimed should benefit us and not a few who know nothing of the hard work of cutting 1,000 leaves. By denying each of us a few cents, they monopolize profits to live idly in grand mansions, to drive luxurious cars, and to host great feasts. All of this at our expense, without a care to the misfortune and neglect in our lives.[64]

The ejidatarios had a clear understanding of the henequen industry's exploitative nature and shrewdly pointed out the failure of agrarian reform to alleviate their troubles. Following the agrarian reform, ejidatarios fared no better than the campesinos on private plantations.

Local doctors and the federal government did finally take note, however, of the ejidatarios' abysmal health conditions. In order to deal with the alarming morbidity and mortality rates among campesinos in Yucatán, an ejido medical system was developed, coincident with Cárdenas's establishment of the Gran Ejido Yucateco after 1937. The federal Office of Social Medicine and Rural Hygiene (Oficina de Medicina Social e Higiene Rural), of Mexico's Health Ministry (Secretaría de Salubridad y Asistencia), implemented and managed ejido medical systems in several regions of the nation. Yucatán's system, however, was managed by a local organization, Henequeneros de Yucatán, with federal funds from the National Ejido Credit Bank (Banco Nacional de Crédito Ejidal) until 1955. Thereafter, rural medical services in Yucatán came under a new federal unit, the Health Ministry's Cooperative Rural Medical Services (Servicios Medico Rurales Cooperativos, Secretaría de Salubridad y Asistencia).

In the early years, ejido health services focused primarily on curative health care. Experience in the field, however, turned the attention of health officials and doctors to preventive health measures. In 1944, Dr. E. Farfán López of Henequeneros de Yucatán sought support at the Second Peninsular Medical Congress in Mérida for new proposals to alleviate malnutrition among ejidatarios. Dr. Farfán López suggested that all necessary steps be taken to implement in each district, hacienda, or village in the henequen zone:

> a stable with cows, goats, and donkeys, whose milk could supply nourishment for the infant population. In these same places, good lands should be set aside for gardens with the aim of producing vegetables for a varied and nutritious diet. In addition, fruit trees could be planted, which would bear vitamin-rich fruit appropriate for a well-balanced diet.[65]

Recognition of the significant role of hunger in the campesinos' plight and the impossibility of adequately feeding a family with typical ejidatario earnings marked a watershed in the understanding of Maya health problems in Yucatán. Unfortunately, this more perceptive approach to combating morbidity and mortality in the henequen zone would be continually hampered by bureaucratic stratification and a lack of financial resources.

## Conclusion

Infant mortality statistics between 1923 and 1943 reveal a slow but steady decline in infant mortality, especially after 1937, which reflects the expansion of public health programs and the positive influence of ejido health services in rural Yucatán (see table 1). It would take another two decades for rural health services in Yucatán to make a substantial impact on Maya health, but these initial efforts were significant in that they established social medicine as an appropriate professional and federal-level response to social problems in the henequen zone.

The interaction of labor, hunger, and infant survival in the henequen zone cannot speak for all of Mexico or other Maya regions, but presumably a similar confluence of conditions existed in other agricultural export-producing zones. The way in which structures of ownership, production, and distribution of Yucatan's wealth was systematically changed from the late nineteenth to mid-twentieth centuries to accommodate a new export crop developed into a suffocating monoculture, with a far-reaching impact on the everyday lives of Maya campesinos. The story of agrarian change in Yucatán is not only one of land, labor, and capital, but also one of hunger, illness, and death. The endemic social disease of chronic hunger, alongside poor hygiene and sanitation in rural Yucatán, resulted from the systematic marginalization of the Maya from land, labor, and social services. The increased opportunities for health—like wealth—were distributed highly unequally in Yucatán, and the way in which those changes impinged upon the health and well-being of Maya families, and particularly Maya children, was deadly.

**Table 1. Child Deaths under One Year of Age and Infant Mortality per Thousand Born in Mexico, the Federal District, and the Southern States**

| | Number of Infant Deaths / Infant Deaths per 1,000 Births | | |
|---|---|---|---|
| | 1923 | 1933 | 1943 |
| National total | 104,689 / 222.40 | 102,642 / 139.26 | 112,855 / 117.15 |
| Federal District | 8,905 / 640.87 | 9,353 / 193.75 | 11,351 / 156.72 |
| Campeche | 271 / 104.07 | 313 / 105.95 | 372 / 86.63 |
| Chiapas | 1,888 / 186.91 | 1,918 / 103.00 | 2,755 / 91.94 |
| Guerrero | 3,187 / 165.78 | 2,181 / 78.74 | 2,776 / 79.54 |
| Oaxaca | 5,647 / 149.28 | 5,475 / 119.77 | 6,742 / 120.64 |
| Quintana Roo | 48 / 177.12 | NA | 62 / 85.51 |
| Tabasco | 644 / 106.87 | 642 / 71.76 | 1,013 / 80.67 |
| Veracruz | 4,808 / 144.02 | 4,733 / 101.80 | 4,644 / 71.03 |
| Yucatán | 2,287 / 155.44 | 2,455 / 141.51 | 2,083 / 106.32 |

*Source:* José Álvarez Amezquita, Miguel E. Bustamante, Antonio López Picazos, and Francisco Fernández Del Castillo, eds., *Historia de la salubridad y de la asistencia en Mexico,* vol. 4 (Mexico City: Secretaría de Salubridad y Asistencia, 1960), 276–82.

NA = Not available.

## Notes

1. U.S. Fund for Unicef, "Unicef ProMaya Program: Overcoming Centuries of Hardship," http://www.unicefusa.org/promaya, 2000, accessed March 10, 2003.
2. Henequen (*agave fourcroydes)*, native to northwest Yucatán, is commonly called sisal, although true sisal (*agave sisalena*) is indigenous to Africa. Fiber is extracted from henequen's long, spiny leaves primarily for twine, rugs, and baskets.
3. Arnold Strickon, "Hacienda and Plantation in Yucatán: An Historical-Ecological Consideration of the Folk-Urban Continuum in Yucatán," *América Indígena* 25 (January 1965): 35–63. Several historians such as Robert Patch, Lawrence Remmers, Allen Wells, and Gilbert Joseph followed in the conceptual tradition blazed by Strickon.
4. Eduardo Menéndez, *Poder, estratificación y salud: análisis de las condiciones sociales y económicas de la enfermedad en Yucatán* (Mexico City: Centro de Investigaciones y Estudios Superiores en Antropología Social, 1981). For an analysis of the contemporary context, see Judith Ortega Canto, *Henequen y salud* (Mérida: Universidad Autónoma de Yucatán, 1987).

5. For a thorough summary of debates over the labor conditions on Porfirian haciendas in Yucatán, see Gilbert Joseph, *Rediscovering the Past at Mexico's Periphery: Essays on the History of Modern Yucatan* (Tuscaloosa: University of Alabama Press, 1986), 59–81; Gilbert Joseph and Allen Wells, "Violence and Social Control: Yucatan's Henequen Plantations," in T. Benjamin and W. McNellie, eds., *Other Mexicos: Essays on Regional Mexican History, 1876–1911* (Albuquerque: University of New Mexico Press, 1984), 213–41; John Kenneth Turner, *Barbarous Mexico* (Chicago: C.H. Kerr, 1914). Other foreign observers who added to the development of a Black Legend in Yucatán include Channing Arnold and Frederick J. Tabor Frost, *The American Egypt: A Record of Travel in Yucatan* (New York: Doubleday, 1909).
6. Allen Wells, *Yucatan's Gilded Age: Haciendas, Henequen, and International Harvester, 1860–1915* (Albuquerque: University of New Mexico Press, 1985), 1. The Porfiriato refers to the regime of President Porfirio Díaz, who ruled from 1876 to 1910. His administration brought peace and stability to the nation, but his economic policies and dictatorial control proved devastating to the working class, campesinos, and indigenous peoples.
7. Wells, *Yucatan's Gilded Age*, 2.
8. Marco Bellingeri, "Proyecto de investigación: la hacienda y sociedad yucateca en el Siglo XIX," *YHE* 1 (November–December 1977): 3–13; Robert Patch, "Apuntes acerca de los orígenes y las características de la hacienda henequenera," *YHE* 2 (September–October 1978): 3–15; Wells, *Yucatan's Gilded Age,* 151–82; Gilbert Joseph, *Revolution from Without: Yucatan, Mexico, and the United States*, *1880–1924* (Cambridge: Cambridge University Press, 1982), 71–75; Friedrich Katz, "Labor Conditions on Haciendas in Porfirian Mexico: Some Trends and Tendencies," *Hispanic American Historical Review* 54 (February 1974): 1–47.
9. Joseph, *Rediscovering the Past,* 60.
10. Katz, "Labor Conditions," 14–23.
11. Joseph**,** *Rediscovering the Past,* 60.
12. Wells, *Yucatan's Gilded Age,* 174.
13. Some notable examples include: Eric N. Baklanoff and Jeffery Brannon, *Agrarian Reform and Public Enterprise in Mexico: The Political Economy of Yucatan's Henequen Industry* (Tuscaloosa: University of Alabama Press, 1987); Jeffery Brannon and Gilbert M. Joseph, eds., *Land, Labor and Capital in Modern Yucatan: Essays in Regional History and Political Economy* (Tuscaloosa: University of Alabama Press, 1991); Luis Millet Camara et al., *Hacienda y cambio social en Yucatán* (Mérida: Maldonado Editores, Centro Regional Sureste, Instituto Nacional de Antropología e Historia, 1984); Ramón Chacón, "Yucatán and the Mexican Revolution: The Pre-

constitutional Years, 1910–1918" (PhD dissertation, Stanford University, 1982); James C. Carey, *The Mexican Revolution in Yucatan, 1915–1924* (Boulder, Colo.: Westview, 1984); Ben Fallaw, *Cardenas Compromised: The Failure of Reform in Postrevolutionary Yucatan* (Durham, N.C.: Duke University Press, 2001); Gilbert Joseph, *Revolution from Without*; Othón Baños Ramírez, ed., *Sociedad, estructura agraria, y Estado en Yucatán* (Mérida: Ediciones de la Universidad Autónoma de Yucatán, 1990); Eric Villanueva Mukul et al., *El henequén en Yucatán: industria, mercado y campesinos* (Mérida: Maldonado Editores/Instituto Nacional de Antropología e Historia/Centro Regional de Yucatán/CEDRAC, 1990); Wells, *Yucatan's Gilded Age*; Allen Wells and Gilbert M. Joseph, *Summer of Discontent, Seasons of Upheaval: Elite Politics and Rural Insurgency in Yucatan, 1876–1915* (Stanford, Calif.: Stanford University Press, 1996).

14. I borrow the definition of "rural history" put forth by Eric Van Young in "Mexican Rural History since Chevalier: The Historiography of the Colonial Hacienda," *Latin American Research Review* 18:6 (1983): 6, which describes the field as "the economic and social relationships of settled farming people living outside cities, specifically with regard to the production of goods from the land."

15. Vicente Navarro, *Crisis, Health, and Medicine*: *A Social Critique* (New York: Tavistock, 1986), 239. For a discussion of the three main theoretical paradigms in the political economy of health, see Lynn M. Morgan, "Dependency Theory in the Political Economy of Health: An Anthropological Critique," *Medical Anthropology Quarterly*, New Series, 1:2 (June 1987): 131–54.

16. Given the loss of connotation in translation and complex typologies of rural laborers, I use the term campesino to loosely mean rural, poor agriculturalists.

17. A rare exception in the field of history is Randall M. Packard, *White Plague, Black Labor: Tuberculosis and the Political Economy of Health and Disease in South Africa* (Berkeley: University of California Press, 1989). Seminal theoretical works on the political economy of health include Lesley Doyal, *The Political Economy of Health* (London: Pluto Press, 1979); Vicente Navarro, *Medicine under Capitalism* (New York: Prodist, 1976); Vicente Navarro, ed., *The Political Economy of Social Inequalities: Consequences for Health and Quality of Life* (Amityville, N.Y.: Baywood, 2002); *Social Science and Medicine*, Special Issue on the Political Economy of Health, 28 (1989): 475–96.

18. See John Tutino, *From Insurrection to Revolution in Mexico: The Social Bases of Agrarian Violence, 1750–1940* (Princeton, N.J.: Princeton University Press, 1986), 288–297, for an examination of export production, labor coercion, and agrarian stability in the southern coastal lowlands of Mexico.

19. Porfirian Yucatán has been described as a "hybrid" plantation society due to a fusion of the modernizing influences produced by a new export trade and the legacy of Yucatán's socioeconomic past. Thus henequen haciendas, while capitalist in many respects, were not the "truly modernized plantation" identified by Eric Wolf and Sidney Mintz in their classic typology. Instead, Yucatán's haciendas embodied a contradiction with capitalist modes of production and a slavelike system of social relations. See Wells, *Yucatan's Gilded Age,* 114–15, and Joseph, *Rediscovering the Past,* 64. See also Sydney Mintz and Eric Wolf, "Haciendas and Plantations in Middle America and the Antilles," *Social and Economic Studies* 6:3 (1957): 380–412.
20. Baklanof and Brannon, *Agrarian Reform and Public Enterprise in Mexico*, 40.
21. Alan Knight describes the complex relationship in which market and paternalistic relations combined to bind peons to the estate through economic, physical, and ideological factors that gave Yucatecan peonage internal strength. See Alan Knight, "Mexican Peonage: What Was It and Why Was It?" *Journal of Latin American Studies* 18:1 (May 1986): 60–68.
22. Fallaw, *Cardenas Compromised,* 10.
23. The Caste War was a Maya insurrection against regional elites which began in 1847. The political and economic consequences of the conflict were severe. The insurgents almost reconquered the peninsula, but nearly a decade of fighting and substantial help from central Mexico forced the Maya rebels into retreat.
24. A.J. Graham Knox, "Henequen Haciendas, Maya Peones, and the Mexican Revolution Promises of 1910: Reform and Reaction in Yucatán, 1910–1940," *Caribbean Studies* 17 (April–July, 1977): 54.
25. Joseph, *Rediscovering the Past,* 55. Henequen hacendados benefited from the Díaz administration's liberal interpretation of the Ley Lerdo, a law formulated in 1856 which prohibited religious foundations and civic communities from owning real property. The Díaz regime used this law to dispossess Mexico's Indians of their communally held lands, which benefited the interests of hacendados.
26. Joseph, *Rediscovering the Past,* 55. Frank Tannenbaum, *The Mexican Agrarian Revolution* (New York: Macmillan, 1929), 33; George M. McBride, *The Land Systems of Mexico* (New York: American Geographical Society, 1923), 154; Katz, "El sistema de plantación y la esclavitud," *Ciencias Políticas y Sociales* 8 (January–March 1962): 130.
27. Tutino, *From Insurrection to Revolution in Mexico*, 289.
28. Joseph, *Rediscovering the Past,* 94.
29. Baklanoff and Brannon, *Agrarian Reform and Public Enterprise in Mexico*, 43.

30. To increase the local supply of Maya labor, state and federally sponsored immigration began during the 1880s and continued into the early decades of the twentieth century. In addition to the nearly 100,000 Maya workers, an estimated 15,000 laborers were brought to Yucatán during this period, some voluntarily and others, like the Yaqui of Sonora, by force.
31. Baklannof and Brannon, *Agrarian Reform and Public Enterprise in Mexico*, 43.
32. Siegfried Askinasy, *El problema agrario en Yucatán* (Mexico City: Ediciones Botas, 1936), 18.
33. Ibid.
34. Ibid.
35. From José Hernández Delgado to Depto. de Salubridad Pública, 6 Oct. 1936, AGN LC 425.5/42; AGEY PE JSS 147, 1935, Oficio no. 340; AGEY PE JSS 163, 1939, Oficio no. 5105-0459.
36. Askinasy, *El problema agrario en Yucatán*, 27.
37. Ibid., 25.
38. Ibid., 23.
39. Dr. J.C. Villamil, "La alimentación del niño después del destete, en el medio rural de Yucatán," *La Revista Médica de Yucatán*, August 31, 1935.
40. Askinasy, *El problema agrario en Yucatán*, 24.
41. Ibid., 31.
42. Ibid., 36–37.
43. Ibid., 35.
44. Memoria de la Secretaría de Salubridad y Asistencia, 1945–46 (Mexico City: SSA, 1947), 146.
45. Ibid.
46. Dr. Francisco Solís Aznar, "En pro de la higiene de nuestras poblaciones," in *Memoria del Segundo Congreso Médico Peninsular* (Mérida: Diaz Massa, 1945), 289.
47. Dr. Francisco Solís Aznar, "¿Se puede ser feliz sin salud?" *Rumbo* 4 (June 1947): 14–18.
48. On the relationships between overwork, malnutrition, disease, miscarriage, and infant mortality, see David Barry Gaspar and Darlene Clark Hine, eds., *More than Chattel: Black Women and Slavery in the Americas* (Bloomington: Indiana University Press, 1996).
49. See Herbert S. Klein and Stanley L. Engerman, "Fertility Differentials between Slaves in the U.S. and the British West Indies: A Note on Lactation Practices and their Possible Implications," *William and Mary Quarterly* 35 (1978): 357–75; Richard S. Dunn, "A Tale of Two Plantations: Slave Life at Mesopotamia in Jamaica and Mount Airy in Virginia, 1799 to 1828," *William and Mary Quarterly* 34 (1977): 55, 61–62; Barry W. Higman, *Slave Population and Economy in Jamaica, 1807–1834* (Cambridge: Cambridge University Press, 1976), 124; Michael Craton, "Hob-

besian or Panglossian? The Two Extremes of Slave Conditions in the British Caribbean, 1781–1834," *William and Mary Quarterly* 35 (1978): 324–56; Michael P. Johnson, "Smothered Slave Infants: Were Slave Mothers at Fault?" *Journal of Southern History* 47 (1981): 510–15; John Campbell, "Work, Pregnancy, and Infant Mortality among Southern Slaves," *Journal of Interdisciplinary History* 14:4 (Spring 1984): 793–812.

50. On the deportation of Yaquis to the haciendas of southern Mexico, see Evelyn Hu-Dehart, "Development and Rural Rebellion: Pacification of the Yaquis in the Late Porfiriato," *Hispanic American Historical Review* 54:1 (1974): 72–93.
51. Testimony of Chepa Moreno in Jane Holden Kelley, *Yaqui Women: Contemporary Life Histories* (Lincoln: University of Nebraska Press, 1978), 136.
52. Ibid., 136.
53. Ibid., 138.
54. "Dominga Ramírez," in Jane Holden Kelley, *Yaqui Women*, 160.
55. Ibid., 160.
56. Ibid., 161.
57. Dr. Alfredo Ramos Espinos, "La tortilla de maíz, alimento popular, sus ventajas y sus inconvenientes," *La Revista Médica de Yucatán*, August 31, 1935.
58. Askinasy, *El problema agrario en Yucatán*, 24.
59. Dr. Alvar Carrillo Gil, "Notas clínicas sobre la xeroftalmia en Yucatán," Primer Congreso Médico Peninsular (Mérida, 1933).
60. Joseph, *Rediscovering the Past,* 125.
61. Fallaw, *Cardenas Compromised*, 13–14.
62. Joseph, *Rediscovering the Past,* 94.
63. From Pedro Pablo Chi to Gov. Canto Echeverría, 20 Aug. 1939, AGN LC 404.1/12.
64. From Pedro Pablo Chi et al. to President Cárdenas, 4 Oct. 1939, AGN LC 404.1/12.
65. Dr. E. Farfán López, "Problemas asistenciales de los ejidatarios de Yucatán," *Memorias del Segundo Congreso Médico Peninsular* (Mérida: Diaz Massa, 1945), 33.

# A WET NURSE, HER MASTERS, A FOLKHEALER, A PEDIATRICIAN, AND TWO BABIES

*Negotiation of a "Raceless" Motherhood Ideal and Cultural Legacies of Slavery in 1880 Rio de Janeiro*

Tamera Marko

> My Senhora, my daughter did not die. Soon after she was born they left me for a while with her; there was a big party in my master's house and I assumed they would not pay any attention to me. I almost died of exhaustion [*um frouxo*], but unfortunately this didn't happen and I had to suffer even more because they snatched my daughter away, despite my asking so many times that they leave her with me. What happened after that I don't know because I lost my senses. My milk not having dried up despite everything that I suffered, they rented me to the mistress and I give thanks to God to have come to the house of the Senhora who has treated me so well.[1]
>
> *–Clara, mother and wet nurse*

## "A Mãi Escrava" / "The Slave Mother" (1879–1880)

A few days after she gives birth, Clara is rented out by her mistress, Sra. (Mrs.) T, to wet nurse the newborn baby of the white, wealthy Sra. C and Sr. (Mr.) C. On her first day at the "C" household, Clara is informed she is to breast-feed not one baby but two. The other baby is a

newborn black girl Sr. C had decided to adopt from the foundling home that same day. The minute Clara sees the black baby, her eyes fill with tears; she is so moved that she is unable to speak. She feels an innate maternal pull toward the little one. This pull only grows stronger over the next few weeks. Clara, being "well fed" and "well treated," not only has no problem nursing two babies, but her milk becomes more plentiful. Seeing Clara's grief, Sra. C questions the wet nurse (*ama de leite*), who tells her that, contrary to what Sra. T told Sra. C, Clara's own baby had not died but had been taken from her just after birth. Sr. C then discovers that Clara's owners had deposited Clara's baby in the foundling home. Thus, unbeknownst to him, through his "philanthropic" adoption, his wet nurse and her baby daughter "are reunited under the same roof." Sra. C, worrying that the wet nurse will favor the black child over the white one, decides not to tell Clara that she is nursing her own child. One day Clara learns the truth and begins to favor the black baby even more. Perturbed by this favoritism, Sra. C decides to take Clara's daughter away from her. Sra. C secretly places the black baby girl with Sra. C's relatives and rents another woman to nurse the baby.

Clara, discovering the next day that her daughter has again been taken from her, falls into despair. Eventually Clara devises a plan—with information she overhears from the maids in the kitchen—to ask Juca Rosa, a nearby folkhealer and free black man infamous for his magical powers, to help find her baby. After days of agonizing and strategizing, one night Clara leaves the C household as the clock strikes 2:00 a.m. Sr. C (who happens to be awake) quietly follows her. He sees Clara on the corner join what he describes as a shadowy figure of a man wrapped in a cloak. Clara and the man continue on together. Sr. C follows at a distance. Suddenly, afraid he might be discovered and worried about what is happening at home, Sr. C leaves the "two blacks to their mysterious nocturnal journey" and asks for help from the police commander at a nearby station. The commander, accompanied by two other police, follows in the blacks' footsteps.

Sr. C returns home. Soon after, police appear at the C household and bring Sr. C to the house where Clara had gone with the cloaked man. Sr. C passes through the group of people assembled outside the house. Two policemen who are keeping the crowd away from the door

allow Sr. C alone to enter. There Sr. C sees Clara, laid out on a bed, dead, the corpse of her baby, strangled, at her side. A policeman in the room where Clara and the baby lie tells Sr. C that the police had entered and found Clara, dead, with her hands still around the baby. This policeman then narrates to Sr. C the testimony the police had elicited from the black man after arresting him. According to this police narration, Clara, seeing she had no hope of ever being able to raise her child by her side, was convinced by this black man to strangle the baby and then drink poison. The story ends with two sentences that pronounce the moral of the story:

> What should we learn from this everyday occurrence [*a esta historia de todos os dias*]? It is that the black cloud blocking the rays of our *pátria* [homeland] will only dissipate with the blessed gust of wind of *Emancipation of the slaves!*[2]

"A Mãi Escrava," published as part of a pediatric campaign (one of many) to teach mothers "how to mother," exemplifies ways in which—in the context of domestic servants—antislavery propaganda in late-nineteenth-century Brazil was inextricably linked with pro-motherhood propaganda. Since at least 1808, when Rio de Janeiro became the country's capital, and until 1888, when Brazil became the last country in the Americas to abolish slavery, elites in positions of political, economic, social, and religious power argued that abolition and the ideals of motherhood were fundamentally linked to building a homeland and later a nation. During the century after Brazil became a republic in 1889—formally ending four hundred years of some form of rule under members of the Portuguese monarchical empire[3]—political, medical, legal, criminal, and religious authorities developed multiple approaches to this motherhood/nation issue. Yet one main element persisted into the early twenty-first century: motherhood and childhood are still considered fundamental cornerstones of the well-being of nations. Clara's story represents one version of an early elite imagining of the terms under which free servants of color and their employers in Brazil should/could ideally negotiate their own and their babies' place and freedom, not only in the post-abolition future household but in the future homeland.

This essay examines ways in which this story depicts men and women—within the *same* household—applying and negotiating the *same* notions of maternal instincts and ideals of motherhood *differently*. How and why did these applications and negotiations differ depending on, among other things, gender, race, class, citizenship, religion, and free/slave/marital status? How did this story's pro-motherhood arguments promote the abolition of slavery while at the same time maintaining fundamentally traditional gendered and racialized relationships of power and patronage between master and servant? How and why did the master (and moral) of this story—through the rhetoric of "freedom"—simultaneously push the black female domestic servant further within the confines of her employers' household and the free black male into the confines of jail, while extending the wealthy white master's surveillance power beyond his household and further into the domain of the street? This essay explores answers to these questions. I first place "A Mãi Escrava" within historiographical contexts. I then analyze two key literary themes within the story itself.[4] One focuses on ways in which motherhood ideals were applied to mothers who were slaves and to mothers who enslaved them. The other focuses on how and why the application of these ideals to the white male master versus the free black man provides the starkest contrast of all. Finally, I propose potential categories of primary sources for future research about lived experiences and representations of wet nurses in Brazil.[5]

## Why *This* Story?

This essay is based on a microanalysis of a fictional story. My deeper historiographical and archival primary research reveals that all of the essential elements of the story analyzed here parallel information included in the few published accounts of wet nurses in nineteenth-century Brazil. These accounts tend to fall into four main (sometimes overlapping) categories: historiography of lived experiences, autobiographical memories (of one's own wet nurse), literary representations, and collections of visual representations.[6] Historiographical accounts—gleaned from primary sources—offer fragmentary glimpses into the lived experiences of wet nurses. Taken to-

gether, we do know for certain that, throughout the nineteenth century and as late as the 1930s, wet nurses were a fundamental part of the intimate life of the households in Rio de Janeiro wealthy enough to have servants. Wet nurses were also a fundamental part of Rio de Janeiro's urban labor force, and of working slave and free women in particular. Historiographies that focus on family, medicine, slavery, labor, public health, women, and gender in urban areas of nineteenth-century Brazil (particularly Rio de Janeiro and Salvador) almost always mention the existence of wet nurses.[7] Deeper studies of institutions such as the Santa Casas—religious brotherhoods that provided foundling homes and orphanages, as well as other social services, to the public—make explicitly clear the dependence on the wet nurses hired to feed two, three, or more abandoned children.[8] The most in-depth study of nineteenth-century Rio de Janeiro domestic servants is Sandra Lauderdale Graham's *House and Street: The Domestic World of Servants and Masters in Nineteenth-Century Rio de Janeiro*.[9] This work—which inspired much of this essay—makes the fundamental importance of wet nurses in nineteenth-century Rio de Janeiro society undeniable.

At least until about 1950, the wet nurse seems to have remained firmly within the nostalgic public memory of family life. This is most notable in the autobiographical accounts of adults remembering (usually with devoted fondness) their own wet nurse, and in the literary productions of writers and political activists intending to promote political, social, and ideological changes that would revolutionize what for nearly four hundred years in Brazil had been traditional institutions and justifications for social order. While these memories are personal reflections of specific *individual* experience, the writers usually place them within the context of an assumed *general experience*. Perhaps one of the most powerful examples of such autobiographical details appears in Gilberto Freyre's *The Masters and the Slaves*.[10] In the opening sentence of his chapter "The Negro Slave in the Sexual and Family Life of the Brazilian," Freyre writes, "Every Brazilian, even the light-skinned fair-haired one, carries about with him on his soul … [t]he influence of the African." Freyre continues:

> In our affections, our excessive mimicry, our Catholicism, which so delights the senses, our music, our gait, our speech, our cradle songs—in everything that is a sincere expression of our lives, we almost all of us bear the mark of that influence. Of the female slave or "mammy" who rocked us to sleep. Who suckled us. Who fed us, mashing our food with her own hands.[11]

Since its original publication in Portuguese in 1933, this work and the two volumes that followed it[12] have become famous for their anti-eugenics argument (especially significant on the eve of World War II) that Brazil, rather than being a country of irreparably racially inferior citizens, was instead privileged to be populated by a "superior race." Freyre argued that the Brazilian population's widespread biological and cultural miscegenation among Portuguese (white), Africans, and indigenous peoples since the first Portuguese traders and colonizers arrived in the region in the early 1500s was *not* a source of shame. On the contrary, this "selective" mixing had combined "the best" of the three races.

In the context of this argument, often said to have forever "changed the way Brazilians thought about themselves" with regard to race and national identity, Freyre more than once romanticizes his fondness for his own wet nurse with a passion similar to his descriptions of the sumptuous sweets, music, landscape, and language of "his" childhood Brazil. This could support an incorporation of the black female servant into a future imagining of the Brazilian race. However, Freyre's memories of his wet nurse, and the significance of those memories for the Brazilian nation, quickly switch from suckling as a source of infant sustenance to suckling as an adult sexual fetish. He writes,

> There have been others who have hinted at the possibility that the inclination to colored women to be observed in the son of the family in slave-holding countries is a development out of the intimate relations of the white child with its Negro wet nurse.[13]

This, it seems, is meant to apply only to men. Yet, assuming black slave wet nurses also suckled female infants, there remains the question of why it is not widely assumed that white women are especially sexually inclined toward black men and/or women.[14] In fact, all of the autobiographical sources I have found regarding wet nurses in Brazil are produced by men. Freyre's reflections on wet nurses are recorded completely devoid of the implications that the wet nurse's (and his own ) relative position within the household held in terms of hierarchies of power relations based on race, gender, and class. The place of the wet nurse in Freyre's published vision does not change. Such memories of one's own wet nurse—publicly expressed to an assembly of one's peers who are assumed to personally relate—seem not to have been uncommon in nineteenth-century Rio de Janeiro. Lauderdale Graham notes that a famous national artist publicly recalls having seven wet nurses. Robert Edgar Conrad cites a medical student who, before members of the Academy of Medicine, exalted his past experiences with his own wet nurse, and a government deputy did the same before fellow members of Parliament.[15]

Among literary representations of black female domestic servants within the context of imaginings of a Brazilian nation, Jose Renato Monteiro Lobato's seventeen volumes of stories (part of his series *O Sítio do Picapau Amarelo* [Yellow Woodpecker's Place]) are significant. First published between 1921 and 1947, these stories were developed into a very popular television series in the 1980s. To this day, children read these stories, watch reruns of the television version, and visit a "Picapau Amarelo" themepark in São Paulo. The main characters in the original stories are children. They are never shown with their parents, going to school, or attending church (highly unusual in the officially Catholic country). Instead, they spend summers with their grandmother on the farm. Yet through books, magical space travel, and parties with everyone from Greek gods to Disneyland characters on their grandmother's farm, they examine possible solutions toward "modernizing" Brazil without sacrificing the most treasured parts of the nation's environmental and cultural identity. All the characters—humans, animals (including a rhinoceros), and inanimate objects such as a corncob and rag doll who magically come to life—question and learn to imagine solutions for economic, political, and social tensions present in

Brazil at the time. One character—Tia ("Aunt") Nastácia—is consistently shown, however, to be confused and so overwhelmed by the family's projects of personal and national progress and modernity that she usually throws up her hands and returns to her household tasks. Tia Nastácia was the black female domestic servant.

Bibliography regarding wet nurses is perhaps most abundant in the form of collections of visual representations created by painters, sculptors, photographers, editorial cartoonists, and journal illustrators. One of the most (in)famous images, one that appears frequently in historiographies of Brazil—whether or not the focus is family or slavery—is a color sketch by Jean-Baptiste Debret called "Empregado do governo saindo com sua familia." It depicts a wealthy family in 1820s Rio de Janeiro and their servants, dressed in fine clothing, walking in a line as they leave their house to enter the street.[16] Each person's place in the line represents "his or her place" in the family (and societal) hierarchy based on race, class, gender, and slave/free status. In the latter third of the line walks an elegant black wet nurse carrying in her arms a baby draped in white finery. Several of Debret's images—depicting Brazilian families inside their luxurious homes, walking to church, riding in horse-drawn carriages—include wet nurses holding and/or nursing white infants.

*Negro de corpo e alma* (Black in Body and Soul) provides the most extensive collection of Afro-Brazilian[17] history ever published. It was produced as part of the largest exhibition on the subject ever held in Brazil or anywhere in the Americas. *Mostra do redescobrimento* (The Rediscovery Exhibition), which encompassed "everything from great precolonial cultures to contemporary production," took place as part of Brazil's quincentenary.[18] The exhibition—where I spent two full days and was able to view less than a fourth of the collections—was held in Ibirapuera Park in São Paulo between April 23 and September 7, 2000. Hundreds of the items exhibited there depicted images of Afro-Brazilian wet nurses. Of the more than one thousand pieces printed in *Negro de corpo e alma*, at least twelve sculptures and full-color images depict Afro-Brazilian wet nurses breast-feeding babies. Foreign visiting artists, Brazilian "white" artists, and Brazilian artists of color created these works. There are also a few images of Afro-Brazilian

women nursing infants who appear to be their own. These images seem to be the most intimate published source of wet nurse–related evidence produced *by* people of color *about* people of color.

Finally, "A Mãi Escrava" is especially intriguing because it is representative of the logic—to varying degrees—among pediatricians and promoters of hygiene campaigns throughout Brazil between 1874 and 1939, with three fundamental exceptions. First, this story not only includes the private perspectives of the mother and family members who employed the wet nurse's services and doctors' commentaries about the practice, but readers are also privy to the private thoughts and feelings of the wet nurse herself. Thus this story is intended not only to educate (largely middle- and upper-class readers) about why maternal breast-feeding is superior to wet nursing, but also *to create sympathy for the wet nurse.* Second, this story is a rare inclusion of representations of *relationships between* a free black man, the wet nurse, and staff in the household of the family employing nursing services. Third, another complex dimension of the wet-nursing system included the fate of yet another life: the wet nurse's own baby. Despite their general support for the 1871 Law of the Free Womb and arguments to protect the health of newborn infants *and* their mothers who must nurse them, Brazil's first pediatricians rarely mentioned in their published critiques the infants of the amas, let alone the fate of the amas themselves as mothers. Since pediatricians generally emphasized that raising healthy babies was fundamental to building a healthy country, this relative absence of discourse about the infants of wet nurses and about wet nurses as mothers implies an absence of these women and children in the pediatricians' imagining of an ideal future nation. At the very least, pediatricians' discourses about these black, largely poor women tended to treat them only as *wet nurses*, only in terms of *their labor*. This lack of emphasis on the wet nurse as mother has the capacity to render the wet nurse's child invisible.

It is precisely because of the fragmentary nature of historical evidence regarding wet nurses in Brazil that analysis of this particular story is so compelling. This story about Clara's life and death provides a "portrait"[19] with a narrative thread—of extremely rare coherence—depicting a multiplicity of lived experiences of household members involved in the complex web of master/

wet nurse relationships. This story also widens the focus beyond master/wet nurse to include the inner workings of wealthy family life that also involved negotiations between other domestic servants inside the household as well as interactions outside the household with members of the free black community, the heads of upper-class families, pediatricians, politicians, and police authorities.[20] It also reveals ways in which a wet nurse could have used the same motherhood ideals to negotiate the terms and conditions of her lived experiences as a servant, as a wet nurse, as a mother, and as a woman. Through a reading of "A Mãi Escrava" we can consider deeper theoretical questions, related historiographical issues, and potential historical evidence. Because the fiction is *plausible*, this analysis of it is intended less to provide definitive answers and more to inspire provocative questions.

## Who Were Wet Nurses in Nineteenth-Century Rio de Janeiro?

Wet nurses were women, usually working in the capacity of a slave or employed servant, who, recently having given birth and still "wet" (producing milk), were responsible for breast-feeding a child born to another woman. Wet nurses in Rio de Janeiro were slaves and free women of color as well as immigrants from other countries, especially Portugal and France (French wet nurses were the most expensive). Some wet nurses in Rio de Janeiro were white; these women were usually immigrants. In some cases the infants of wet nurses were stillborn or did not survive long after birth, and their mothers were then rented out to suckle other infants. In other cases, slave and free servant mothers were allowed to raise their own babies within the household where they were working as a live-in servant. Masters could also send servants' infants to be wet nursed outside the home. If a servant "slept out" and maintained her own residence, she might raise her child there. If possible, the wet nurse breast-fed her own baby. According to obligations to her master, however, she was to nurse her own baby only with milk remaining *after* she had nursed her charge. Family members and/or friends might also help nurse her baby. She could supplement her own baby's feeding with cow's milk or feed her infant mostly with a kind of pap

made from manioc paste and water. Impoverished women used wet nursing as a strategy to ensure the care and feeding of their own babies. Shortly after giving birth, women would deposit their infant at what was called the *roda*, or foundling wheel, which provided a way to anonymously turn a child over to a Catholic-run foundling home instead of abandoning it—"exposed"—in the street. These same women then rented themselves to the foundling home in hopes that one of the four or five babies they were hired to feed would be their own. In the more extreme cases—like Clara's—a baby would be taken away from the mother shortly after birth. Without her own child to feed, her masters could rent her out as a wet nurse at a higher price, given that none of her milk—or, in theory, her attention and affections—would be diverted to her own child. Her baby was placed in a foundling home, with another family, or in some cases killed.

In late-nineteenth-century Rio de Janeiro, most women—slave and free—worked.[21] Sandra Lauderdale Graham's *House and Street*, with its painstaking compilation from a variety of primary and secondary sources on the occupations and numbers of working women in Rio de Janeiro between 1870 and 1906, is the key historiographical work that makes this abundantly clear.[22] According to census figures, in 1870, 63 percent of free women and 88 percent of slave women worked. In the 1870s, between 61 and 65 percent of free working women and 87 to 90 percent of slave women were counted as servants. Thus in 1880, out of a total of 42,884 women documented as working in Rio de Janeiro, 71 percent worked as domestics. These domestics—slave and free—represented 15 percent of the 1880s population. Finally, as Lauderdale Graham points out, by 1906 the proportion of working women employed as domestics in the population at large had declined slightly, to about 13 percent. Yet, as 76 percent of all women who worked, they still represented the largest single occupational group. These figures for the 1880s and 1906 are also interesting for the purposes of this essay's emphasis on relationships between pro-motherhood campaigns and antislavery campaigns because, even with the rise of manufacturing jobs and the substantial numbers of women working in them, domestic servants remained by far the largest occupational group among working women. In the 1880s, 31 percent of all free

women who worked and 9 percent of slave women were employed in manufacturing. In 1906, 19 percent of working women labored in manufacturing. Since the rise of manufacturing industries has been hailed as part of the phasing out of manual slave labor, it is significant that in the 1880s, eight years *before* abolition, and in 1906, nearly two decades *after* abolition, the workforce employed in manufacturing was the *second* largest occupational group, behind the first-place category of domestic servants. Furthermore, female domestic servants as an occupational group were *twice* as numerous as the manufacturing workforce in the 1880s and *four times* as numerous as manufacturing in 1906.

Even scarcer than evidence regarding wet nurses and their infants are historiographical accounts that mention the presence and lived experiences of the *men* who had been the lover, boyfriend, husband, and/or rapist of the wet nurse and father of the baby.

## From Master's Slaves to Nation's Children?

In terms of "A Mãi Escrava," two laws regarding the legal phasing out of slavery in Brazil are most notable: the 1869 law that prohibited the separation of slave children from their mothers, and the 1871 Law of the Free Womb, which mandated that all children of slave mothers were henceforth to be born free. Both of these laws had been in effect for nearly ten years by the time that "A Mãi Escrava" was published, a story that the author warned in the 1880s reflected an "everyday" kind of occurrence. According to the Law of the Free Womb, the child, who was now "free," was required to serve the mother's master until the age of 21. Among the Brazilian population, which then included more than 1.5 million slaves and a free population of 8.6 million, the provision allowing the government to buy the freedom of the newborn child was seldom practiced.[23] Clara's personal tragedy, then, is the result of the complicity of two sets of masters in blatantly breaking two laws meant to regulate—and protect—the motherhood of slaves.

During the nearly four decades in Brazil when legal institutions of slavery were being phased out, another web of institutions—relating to pediatric medicine—was being phased in.

These two institutions intersected most intensely within the most intimate spaces of private family life: a master's relations with a slave domestic servant, especially relations directed toward the feeding and rearing of children. Pro-motherhood propaganda in Rio de Janeiro was the central focus and concern of the foundation of a new—and at the time revolutionary—socio-medical discipline: pediatrics. The establishment of pediatrics as a medical discipline in Rio de Janeiro began in the early 1870s and had become an established institution and widely accepted social practice by at least 1930. The approaches involved in establishing this medical discipline were varied; many medical authorities disagreed strongly with one another's ideas and practices; and clearly children received medical care well before the advent of this medical specialization. Yet one issue was consistent. What is significantly different about post-1870s medicine in Rio de Janeiro is the fact that the development of pediatrics as a medical discipline and as a specialized profession created an intense medical focus on the child within the specific context of nation building. In the interest of preserving future citizens, this focus attempted to compartmentalize within a well-defined discipline everything believed to be specific to children. Physicians and medical students had been writing medical treatises advising readers about the virtues of maternal nursing, as contrasted to the vices of wet nursing, for at least a few decades before 1871. Since the mid-1870s, however, such treatises were presented in the context of *pediatric* anti–wet nursing campaigns and placed within the context of abolition.

Several pediatricians argued persistently for, at minimum, the medical regulation of wet nurses, if it proved impossible to completely eradicate what these doctors saw as a "dangerous," "unhygienic," and "backward" practice, one that would lead not only to the downfall of the health of the child being nursed but also to the downfall of the Brazilian nation as a whole. Pediatric arguments against wet nursing were part of a larger pediatric project to construct a "modern," "rational," and "civilized" nation by building strong families, especially ideal mothers and healthy children. For nearly seventy years, the issue of infant feeding remained a central focus of pediatric pro-motherhood campaigns. Anti–wet nurse campaigns were fierce. Campaigns against

using impoverished immigrant women or women of color—whether slave or free—as wet nurses were particularly intense.

Read in the context of pediatric campaigns, "A Mãi Escrava" suggests that, between 1870 and at least 1930, pro-motherhood campaigns helped perpetuate *cultural ideals* of master/servant relations of power and patronage within the most intimate spaces of domestic life, long after the national economy's dependence on plantation slave labor and legal systems of slavery had been abolished. Beginning nearly two decades before and persisting nearly thirty years after formal abolition, these pro-motherhood campaigns and their enduring consequences could be termed a cultural legacy of slavery.

## The Publication Context of "A Mãi Escrava"

"A Mãi Escrava" was published in Rio de Janeiro in installments in a journal titled *A Mãi de Familia* (Mother of the Family) between December 1879 and June 1880.[24] The author is given as "Solrac," apparently a pseudonym. The journal in which this story appeared is particularly revealing in terms of its readership. Medical doctor and pediatrician Carlos Costa (who may be the author of "A Mãi Escrava") founded and edited *A Mãi de Familia* as part of a campaign to educate mostly middle- and upper-class mothers in the "scientific art" of childbearing and child rearing. The journal, issued biweekly (with a few exceptions) from January 1879 to December 1884, employed a range of "educational tools" to teach women how best to raise their children and tend to their homes—and thus care for their homeland. The journal included editorials by Dr. Costa on household hygiene, the importance of breast-feeding one's own child, the dangers of using a pacifier, and treatments for infant and childhood illnesses—from the common cold to often fatal diseases such as tuberculosis, diphtheria, and whooping cough. The journal also included advertisements for children's clothing and toys; poetry in the romantic genre of the day praising the glories of motherhood and lamenting the death of newborns and parents, especially fathers. Through discussions of the medical-scientific ideals of motherhood and family as a service to the homeland, the journal also addressed political and economic issues that were being fiercely de-

bated among elites in business, religious, educational, and government arenas. One issue in particular stood out throughout the 1880s: abolition. Editorials, poems, and stories addressed several dimensions of slavery and abolition in the context of the domestic realm in general and child rearing in particular. A most popular theme was that of the wet nurse.

The risk of evidentiary "slippage" between conclusions based on a story about a fictional wet nurse named Clara and the lived experiences of a flesh-and-blood wet nurse named Clara becomes most precarious when we analyze the narrator's constructions of her private thoughts. However, if we remain attuned to the way in which the author *intended* us to understand them, an analysis of the fictional constructions of Clara's thoughts and feelings can be revealing. Most important here, it helps us understand the elite imaginings of the future terms of power and place within which women and men of color were expected to exercise their post-abolition freedom. It also helps illustrate the continuation of a preexisting complicity—among women, children, and the men who held elite positions of power in key societal institutions—regarding these imagined boundaries of freedom. A significant portion of the journal was dedicated to fictional stories with an explicit message or moral. In "A Mãi Escrava," we know what is intended because at the beginning, the end, and several points in between, the narrator directly tells us the moral of the story.[25] Investigating the social and economic interests involved in the construction of such a moral tells us what the pediatrician needed the *master* to need Clara to think and feel if he was to simultaneously argue for her freedom, reinforce her "place" as wet nurse to his child, and maintain his moral authority and social power over her conditions of employment.

### Sr. C as "Hero"

In "A Mãi Escrava," the ideals of motherhood produce and reinforce both a confidence in and fear of male power (accorded, respectively, to the white master and the black folkhealer). The white, upper-class master of the house is, at all turns, represented as rational, moral, just, in control of his emotions, decisive, and, ultimately, the hero of the story. With the exception of the

final paragraphs, in which the narrator calls for emancipation, every scene begins and ends with a reference to Sr. C, even when he is not present. At the beginning of a scene, Sr. C often "interrupts" a conversation the narrator is relating. Other scenes end with Sr. C pondering events about which he knows little except that they will be "ominous." Sr. C is also presented as the only character in the story who is an authority on the ideals of motherhood, to the point that he must explain to his wife the existence and importance of her own maternal instincts. When Clara first meets the two babies she is employed to feed, Sr. C (not his wife) instructs her how to feed them. The black girl child, who is not a biological member of the family but an orphan, is to be fed four times fewer per day than the white baby, the son of the family. Both the senhora and the slave wet nurse are expected to uphold the *same* maternal instincts and ideals of motherhood. Yet the contexts within which the two mothers are allowed to practice such ideals parallel societal hierarchies of place and power based on race and class. Later, when Sra. C explains that Clara is in despair because Sra. C had taken away her infant daughter, Sr. C yells at his wife:

> But you are crazy, my child!… Are you not a mother? Do you not understand that you can't suffocate feelings of this order? Do you not understand that in doing this you have also sacrificed our peace and the health of our child? And now what will we do?

Sra. C responds:

> Blacks are always blacks.… I don't doubt that she feels for her child, but also they [her feelings] are exaggerated [she is being melodramatic]; maybe she is waiting for some favor.… The best thing to do is to speak with this woman, who is ungrateful, and make her shape up [*fará chegar à ordem*].

When Sr. C tells his wife that Clara is "crazy," Sra. C replies:

> I do not think so. She will think only of the little black baby; she will forget the [white] boy.

Sr. C accuses his wife of being “crazy,” irrational for not exhibiting a “moral” and (what should be) instinctive maternal response to Clara’s plight. The master of the house admonishes his wife, *not* in the context of her treatment of Clara as “mistress to slave” but as “mother to mother.” In fact, it is Sra. C who expressed the situation in the most blatant terms of racism and racial hierarchies, making explicit Clara’s “place” as black female slave. Clara is not a permanent member of the C household but rather hired only as long as her wet-nursing services are needed. In this context, Sra. C has even less economic reason to invest in Clara’s feelings. Sr. C disagrees but eventually acquiesces to his wife’s demands and “counsels Clara,” not out of subservience to his wife or because he thinks she is right, but rather to “maintain domestic tranquility.”[26] Yet Sr. C, with so much authority and justification, could have demanded that Clara be allowed to raise her own child. By framing his decision to do nothing in the context of preserving “domestic tranquility,” the white male head of the household is absolved from responsibility in the matter. This maintains Sr. C’s “hero image” and places the burden of indirect guilt on Sra. C when Clara eventually kills herself and her baby daughter. In the larger context of linking motherhood to loyalty to nationhood, the construction of Sra. C as “crazy” at best—and as malevolently ignoring her “maternal instincts” at worst—has strong implications. The place of the white, wealthy mistress of the house as a rational, responsible citizen within the nation-building process is at best questioned and at worst subjected to close supervision by the master of the house and, by extension, of medical and state authorities. Her authority as mistress, mother, wife, and even woman within the household is also questioned and placed under the master’s supervision.

## Black Male Folkhealer as “To Blame”

The folkhealer is the only black male explicitly mentioned in this tale. He appears only near the end of the multiple-installment story. And after all the other characters precipitate the series of

watershed events, he is the only character who is explicitly blamed for the death of Clara and her baby. In fact, the folkhealer is blamed for attempting to instigate three murders. After Clara secretly arranges to meet him, the narrator tells us:

> What happened next will be of no surprise to those familiar with the stupid perverseness and the fanatic simple-mindedness of the Africans. The first advice of the *Pai Quibombo* [healer] was to give a drink to Sr. C's child to put him to sleep and not have to nurse him any more. Clara rejected this idea and only wanted to know where they had hidden her daughter. Finally, after having ceded to all the demands of the sensual *feiticeiro* ["witch doctor"] who, as you already know, had relations with people employed at the house of Sr. C, could she learn where her daughter was hidden and enact a plan to kidnap her.[27]

When the police knock on Sr. C's door to take him to see Clara later that night, the narrator tells us we "will follow" Sr. C. Thus we see what *he*—the white upper-class slave owner—sees.

> On one of the narrow and windy streets of the new city, in a small house where one enters through a low archway, the protagonist [not Clara?] of the story [Sr. C] found himself. At the entrance, having found many people gathered there [and] prevented from entering the house by two police soldiers, Sr. C soon perceived that something very grave had happened. Sr. C was led to one of the two rooms of the miserable dwelling [*miseravel habitação*].[28]

Unlike moments when we are privy to Clara's thoughts and feelings, we *never* receive communication directly from the folkhealer himself. All of the information about the black folkhealer and Clara's relations with him is recounted by the narrator and later by the police. In fact, the only time that we "follow" Clara on her journey to find her baby, the story is framed from the angle of the police authorities who extracted this information during their interrogation of the black man after his arrest. The (interrogation-derived) "black man's story" is then *re*told

by yet another police authority to Sr. C. Thus the information is at least *twice removed* from the black folkhealer and *three times removed* from Clara's own thoughts, actions, and intentions. This maintains the image of the folkhealer as separate, in an exoticized way, from the upper classes *and* from Clara—and the image remains firmly within the authorities' control. In the guise of "following Clara"—with whom we by now (supposedly) sympathize—we are carefully guided in terms of how we are supposed to "see" who the black folkhealer *is*—through descriptions of his actions and where he lives. The folkhealer's "criminality," constructed through use of the ideals of motherhood to inspire sympathy for the female wet nurse, serves to separate alliances between the *female* slave of color and the free *male* of color. This separation becomes even stronger when we consider that Clara was constructed as "crazy," thus eroding the solidity and meaningful intentionality of a relationship between Clara and "Juca Rosa."

On the contrary, the fundamental relationship that the reader is intended to see here hinges on Sr. C, the white master. Clara, the black wet nurse, was constructed as naive and innocent and thus in need of protection (provided by the white male master). Juca Rosa, the free black male folkhealer, was constructed as conniving in his "criminality" and thus in need of police surveillance and incarceration. Clara's "place," then, is not only maintained but anchored more tightly within the household. Her "susceptibility" to the "tricks" of people like Juca Rosa justifies restrictions on her freedom of movement—now as a slave woman and later, implicitly, as a free woman. In contrast, the free black man is pushed farther from the household, off the public streets and into prison.

Clara is treated as an individual slave mother who represents *motherhood* as a whole, while Juca Rosa is treated as an individual free black male, representative of a larger community of the "perverse and simple-minded African race." By implication then, black women, on a carefully supervised individual basis, could be "protected" and trusted as wet nurses in the household, while free black men were suspect as a group. Furthermore, this is not just a random free black man, but one who represents a locus of Afro-Brazilian spiritual and cultural traditions and power. We are told that Clara learns not just of a folkhealer but of a black man who reads fortunes, a

type of "Juca Rosa."[29] Juca Rosa, a famous black folkhealer in Rio de Janeiro at the time, was widely trusted and consulted, especially by the local black population, both slave and free. Medical authorities, as part of larger campaigns against folkhealing, were constantly at odds with him.[30] For many of these police and medical authorities, Juca Rosa embodied all that was dangerous and terrifying about powerful, "magical" black leaders. Furthermore, we are told that the folkhealer succeeded in convincing Clara through his special art of magical seduction. Thus his sensuality is conflated with evil. Framing this seduction as "magic" heightens the sense of exotic mystery and the inability to "grasp" or control one's actions—intensifying the sense of evil and danger, not only of this "Juca Rosa" but of "Africans" as a whole.

In the context of a pro-abolition argument, infanticide and suicide illustrate that the more power that "Juca Rosas" have within their communities, the more ominous is the threat they pose to the white elite authority. Freedom outside the socially understood confines of the master-servant relationship and the physical confines of the household is constructed as dangerous to social order in general. Through the "protection" of his "dependent property," the white master's authority is extended from the physical space of his household to the public street. Thus this pro-abolition story strongly reproduces and reinforces systems of hierarchical, patriarchal power relations in which those who have the most access to power and resources—those at the top—remain white, upper class, married, and *male*. Furthermore, ideals of motherhood, and even mothers' *own maternal instincts*, are narrowly defined within particular attitudes and actions of mother toward child described by the "rational" and expert male head of household.

This story itself was published in a magazine founded and edited by male pediatricians as part of a larger project of child rearing as nation building. Thus crimes against a child are crimes against the country. Furthermore, Sr. C, the "hero" of the story, has strong links with a larger network of friends of similar status (who, we are told at the beginning of the story, will speak for his integrity) and collaborates with the police, who "discover" Clara and uncover the series of events that led to the crime, thanks to Sr. C.

### Clara as "Forgiven"

Clara's character is intended to inspire sympathy and forgiveness for her "disobedience" by framing all violations of her duties as a wet nurse—and thus violations of the larger master-slave relationship—in terms of her fierce loyalty to her natural maternal instincts. Clara, the narrator tells us, was a "good slave" until:

> the powerful voice of maternity screamed in her soul and who, however suffocated since she was born by the injustice of the usurpers of liberty, shook off the chains and, for the first time in her life, rebelled.[31]

As her transgressions increase in number and intensity, so does our access to Clara's private thoughts and actions, thus creating the likelihood that sympathy for her transgressions will also increase. Once Clara initiates a relationship with the black folkhealer, however, access to her viewpoint through explicit renderings of her private (usually unspoken) thoughts is supplemented with the narrator's descriptions of her motivations and feelings about her actions.

When her actions reach their most transgressive, Clara is described as (temporarily) hypnotized and crazy. In the last paragraphs of the story, the narrator—based on the testimony the police have elicited from the black folkhealer—tells us:

> But in all the scenes that had taken place since she gave birth, the struggles she had endured, her morale and her weak spirit finally beaten down, a *medico-legista* [a medical doctor who also confers on legal matters][32] would not be in error if he were to consider Clara crazy on the night she left the house of Sr. C.[33]

In this final scene, the themes of "sympathy" and "insanity" come together to help solidify the possibility—even here, in the face of suicide—that the reader will forgive Clara, not condemn her. The story ends here by explicitly stating its moral: "Emancipation of the slaves!" Yet

this sympathy is *not* for Clara as a slave and not even for Clara as a woman, but for Clara as a *mother*. The focus is on the maternal instincts that have driven her, by nature, to uphold the ideals of motherhood at all cost. The focus is *not* on the *context* of oppression—upheld by Sr. and Sra. T and Sr. and Sra. C—that make it impossible at every turn for Clara to satisfy these instincts. Based on the logic of motherhood ideals, the white, upper-class *female* slave owners might be seen as *more* blameworthy than Clara. Clara is "crazy" because she is driven to follow her maternal instincts; Sra. C is "crazy" because she does *not* follow them. Sra. C's and Sra. T's judgments are directly challenged and discredited. Their actions (and inactions) are denounced by the husband but go unpunished by the law and even by the narrator. Responsibility for Clara's "temporary insanity" is deflected from the white slave owners; blame is reflected directly onto the black male folkhealer. Sr. C is also absolved from guilt because the story, we are told, "proves Sr. C's suspicions correct." He is absolved for not acting upon his earlier suspicions because, we are reminded, he respected his wife's decisions in the interest of preserving family harmony. In this way, the logic of slavery overrides the logic of motherhood, leaving the power relations within which this story unfolds (between master and slave) firmly in place. By characterizing Clara's actions as "crazy," displacing "blame," and reinforcing "sympathy," the narrator also prohibits a vision of Clara's empowerment, agency, and strategy.

Clara's story illustrates ways in which power relations between master and servant could be maintained during and after Brazil's transition from slavery to abolition, not just through explicit arguments based on *race* but also through arguments based on *gender*. Motherhood ideals were argued to apply to *all women,* regardless of race. Furthermore, all men were to uphold this ideal of motherhood, in their status as head of family and household, a fundamental pillar for the maintenance of social order. This story illustrates an overlapping shift from justifications for the forced migration of men, women, and children from Africa to Brazil to work as slaves that were mainly (if not solely) based on ideas of racial and religious inferiority. In pediatric pro-motherhood campaigns, women who failed to uphold these ideals were criticized not only as "irresponsible and feeble-minded" women. Women—white and black, slave and free—were

criticized because they committed the immoral act of going against *human nature* (maternal instinct). When men were accused of jeopardizing motherhood ideals, they were criticized (and beaten and incarcerated) both because of assumptions about the generalized links between criminality and their race and because of sympathy for the injury done to child, mother, and social order. Since most of the people who were criticized were women of color and/or poor immigrants, this criticism based on gender and class conflated (often implicitly) with race.

In this story, one of the few that is sympathetic to wet nurses, Clara's contexts, actions, and even private thoughts are framed so as to present a black woman—and her baby daughter, part of the future generation of free black women—in the most extreme form of disempowerment and harmlessness: dead.[34] Furthermore, the responsibility for their deaths is literally placed in the hands of a black female slave in a moment of temporary insanity instigated by the criminal seductions of a free black male folkhealer. The white masters are left relatively free of blame and responsibility in the deaths. Absent throughout this entire story, of course, is another actor fundamental to the issue of wet nursing: the father of Clara's baby.

Given these constructions, we would never have to negotiate the complex process of implementing emancipation for the three characters with whom, by the end of the story, we have become so well acquainted. What, then, does "emancipation" mean in this context? Emancipation of whom and for whom? Neither the folkhealer, Clara, nor Clara's baby would be part of the picture—except in abstract memory.

## Final Thoughts: Silences and Sources for Future Research

Almost a century of intense anti–wet nursing propaganda has revealed substantial and persistent resistance on the part of both masters and women working as wet nurses—servant slaves and free women. Masters continued to employ them. Wet nursing continued on a large enough scale to prompt leaders in medicine, the law, and education to criticize and even forbid it. The persisting support suggests a form of cultural resistance. Not only did wet nurses and masters ignore the

advice coming from medical and legal officials, but they also blatantly disobeyed the law (as when they refused to submit to examination by a wet-nurse official). Masters and servants, it seems, successfully thwarted public agencies' intense efforts to wrest private authority over some of the most intimate practices of family life—childbirth and infant care. The strength of households to uphold family traditions is especially important in the specific context of wet nursing because it involved more than biological functions and social practices. It literally carried what continued to be seen as the natural *re*production of such functions and practices into the next generation of Brazilian masters and servants. Through the practices of everyday life in the household, wet nurse/master relationships helped perpetuate cultural legacies of slavery in Brazilian society as a whole.

Given the gradual fading of criticism of wet nursing from the 1940s onward in Brazil—combined with the standard of hospital birthing, professional neonatal care, and breast-feeding by the biological mother (not in lieu of wet nurses but in lieu of infant formula)—it appears that wet nursing specifically is no longer a crucial issue. Yet domestic servants who clean, cook, and care for children and elders within the household are still viewed as the norm by most upper- and middle-class families in Brazil's large cities. Many of these servants are mothers of color, often from neighborhoods where residents fall well below the poverty line. Thus the lived experiences—within the same household—of two mothers and two sets of children are drastically differentiated by racial, gender, and class hierarchies. Given these continuities of a servant culture, the ways in which masters and servants negotiated pro-motherhood campaigns in the context of campaigns against slavery could shed important light on legacies that have helped reproduce and reinforce such intersections of power, labor, gender, and race relations.

Primary sources regarding wet nurses in nineteenth-century Brazil seem to fall into seven main categories: household and government records of domestic labor; medical and charitable institutions that hired wet nurses; records from agencies that rented out wet nurses; medical treatises, primarily against wet nursing and wet nurses; newspapers advertising medical exams for wet nurses or wet nurses advertising their proof of medical examination; stories and poetry; and

visual representations. The first five categories provide glimpses of the lived experiences of wet nurses and their babies. The final two offer rich representations of wet nursing.

The work of Lauderdale Graham reveals that, while we can calculate the number of women who worked as domestic servants, the number of those employed specifically as wet nurses is elusive. This is because official data list domestic servants as a group, which includes laundresses, cooks, cleaners, chambermaids, nannies, and wet nurses. Determining the precise number of wet nurses is further complicated by the fact that masters often put the babies born to their female servants in orphanages or with another wet nurse, or sold them, or failed to mention them among their property accounts when they remained in the household. Finally, wet nurses sometimes maintained their own residences where they might sleep a few nights a month, and their infant might have been cared for there and thus not appear as a household dependent. Deducing the number of wet nurses by seeking households with two infants—one born to the mistress and one to a domestic servant around the same time—might provide important but still underrepresentative results.

Many historiographical works on wet nursing or childhood in Rio de Janeiro include passing references, often in footnotes, to sources by pediatricians. Reflecting the interrelatedness between the foundations of childhood medicine and slave labor, it is perhaps revealing that I came upon "A Mãi Escrava" while doing archival research on the foundation of pediatrics; Sandra Lauderdale Graham's discussion of wet nurses in her larger work on domestic servants refers several times to pediatric sources, including "A Mãi Escrava." Institutions developed since the mid-nineteenth century to provide examinations and licenses to wet nurses in Rio de Janeiro were, on the whole, highly unsuccessful, often closing within a few months for want of clients. The richest source of recorded numbers of women working or intending to work as wet nurses in Rio de Janeiro seems to be records of agencies who rented out wet nurses, charitable institutions and hospitals that employed them, and pediatric clinics who examined, treated, and "certified" them. Cross-referencing these three main sources would provide a clearer picture of lived experi-

ences and representations of wet nurses throughout their history in Brazil, possibly since at least the early seventeenth century.

**Notes**

1.”A Mãi Escrava,” *A Mãi de Familia*, February 1880, pp. 22–23.

2. “A Mãi Escrava,” *A Mãi de Familia*, January 1880, p. 79. Author’s translation from Portuguese. The author also constructed this summary from the multiple journal installments, which included narration from at least three viewpoints—with varying degrees of “first-hand authenticity” on the part of the narrator, the master, and the slave—on a story that spans several weeks and moves backward and forward in time.

3. Brazil declared independence from Portugal in 1822. Members of the Portuguese royal court who had fled to Brazil in 1808 to escape Napoleon’s attacks, however, remained in power under a form of constitutional monarchy.

4. I selected these two themes for treatment in this essay. For a more comprehensive analysis of these and additional themes, please see Tamera Marko, “When They Became *The Nation’s* Children: Pediatrics and (Re)Inventions of Childhood, Rio de Janeiro, Brazil, 1870–1943,” PhD dissertation, University of California, San Diego, in process.

5. I first presented these ideas at the international congress of the Latin American Studies Association in Dallas, Texas, March 2003 and at the European Social Science History Conference in Berlin, March 2004. The present treatment reflects additional development stimulated by questions from panelists and attendees at these events, especially Ann Blum, Dain Borges, Christine Hünefeldt, Adam Warren, Elena Shtromberg, Kim Clark, Katherine Bliss, Jadwiga Pieper, and Alexandra Puerto. Additional revisions resulted from extensive written critiques by Charles Briggs and an anonymous reviewer. I am immensely grateful for everyone’s comments; any errors are my own.

6. For a more extensive bibliographic review, see Marko, “When They Became *The Nation’s* Children.”

7. See for example, Dain Borges, *The Family in Bahia, Brazil, 1870–1945* (Stanford, Calif.: Stanford University Press, 1992); Glauco Carneiro, *Um Compromisso Com A Esperança: História da Sociedade Brasileira de Pediatria, 1910–2000* (Rio de Janeiro: Expressão e Cultura, 2000); Alvaro Aguiar and Reinaldo Menezes Martins, eds., *História da Pediatria Brasileira: Coletânea de Textos e Depoimentos* (Rio de Janeiro: Sociedade Brasileira de Pediatria, 1996); Mary de Priore, *Ao Sul do Corpo: Condição feminina, maternidades e mentalidades no Brasil Colônia* (Rio de Ja-

neiro: José Olympio, 1995); Jurandir Freire Costa, *Ordem Médica e Norma Familiar* (Rio de Janeiro: Edições Graal, 1983).

8. A.J.R. Russell-Wood, *Fidalgos and Philanthropists. The Santa Casa da Misericórdia, 1550–1755* (Berkeley: University of California Press, 1968); Maria Luiza Marcílio, "A Irmandade da Santa Casa de Misericórdia e a assistência à criança abandonada na história do Brasil," in Maria Luiza Marcílio, ed., *Familia, Mulher, Sexualidade E Igreja Na História Do Brasil* (São Paulo: Edições Loyola, 1993), 149–56; and Maria Luiza Marcílio, "A roda dos expostos e a criança abandonada na História no Brasil, 1726–1950," in Marcos Cezar de Freitas, ed., *História Social da Infância no Brasil* (São Paulo: Cortez Editora, 1997), 51–76.
9. New York: Cambridge University Press, 1988.
10. Originally published in Portuguese as *Casa-grande & senzala; formação da familia brasileira sob o regimen de economia patriarcal* (Rio de Janeiro, 1933). All citations here are from the English version, entitled *The Masters and the Slaves* (New York: Alfred A. Knopf, 1968).
11. Freyre, *The Masters and the Slaves*, 255.
12. The other two parts of Gilberto Freyre's "trilogy" are *Sobrados e Mucambos: The Making of Modern Brazil* and *Ordem e Progresso*.
13. Freyre, *The Masters and the Slaves*, 255–56.
14. A Freudian analysis might dismiss this question by noting his "penis envy" vs. "Oedipus complex." Perhaps this example serves to question the applicability of both Freyre and Freud in understanding women's experiences.
15. Lauderdale Graham, *House and Street*, 35; Robert Edgar Conrad, *Children of God's Fire: A Documentary History of Black Slavery in Brazil* (University Park: Pennsylvania State University Press, 1995), 124–37, 320.
16. Jean-Baptiste Debret, *Voyage pittoresque et historique au Brésil, ou Séjour d'un artiste français au Brésil*, vol. 1I, Planche 5 (Paris: Firmin Didot Fréres, Imprimeurs de L'Institut de France, 1834–1839), 131–32. Cited in Lauderdale Graham, *House and Street*, 142, fn 1.
17. I use "Afro-Brazilian" in the context of the *Mostra do Redescobrimento* piece because that is the term the founders used in the exhibit and resulting publications.
18. *Mostra do Redescobrimento: Negro de corpo e alma = Black in Body and Soul* (São Paulo: Fundação Bienal de São Paulo: Brasil 500 Anos Artes Visuais, C 2000).
19. I am grateful to Charles Briggs and an anonymous reviewer for cautioning me against "slippage" in conclusions regarding lived experiences of wet nurses based on fiction versus those based on primary documents. I borrowed the term "portrait" from the reviewer.

20. Interestingly, Catholic leaders, who at that time would have been (and in many cases still are) a central part of family life in Rio de Janeiro, do not appear in the story. Religion appears in the abstract with references to "God" and to descriptions of Clara praying. This would coincide with pediatric discussions which, while often using "spiritual" language (thanking God and referring to a doctor's "angelic or saintly dedication"), tended not to incorporate direct discussions of religious doctrine or institutions in their socio-medical treatises.
21. The phrase "most women worked" is borrowed from Lauderdale Graham, *House and Street*, 5.
22. Lauderdale Graham, *House and Street*, 5–6, table 2, 186. For more statistical information regarding legal conditions, marital status, working conditions, birthplace, and nationality of working women in general and women working as servants, see Lauderdale Graham, tables 1–10, 185–92.
23. E. Bradford Burns, *A History of Brazil*, 3d ed. (New York: Columbia University Press, 1993), 213. Numbers are drawn from the 1872 census.
24. All installments of the story come from a microfilm copy of *A Mãi de Familia* held at the Biblioteca Nacional in Rio de Janeiro. Based on the sequence of journal publication numbers, the first segment appeared in the latter third of 1879. The first segment I was able to locate seems to be the fourth in the series.
25. For an analysis of "A Mãi Escrava" from multiple viewpoints that incorporate notions of strategy, resistance, and empowerment, see Marko, "When They Became *The Nation's* Children."
26. "A Mãi Escrava," *A Mãi de* Familia, March 1880, pp. 46–47.
27. "A Mãi Escrava," *A Mãi de Familia*, June 1880, p. 79.
28. Ibid., 78.
29. Ibid., 79.
30. Gabriela dos Reis Sampaio, "Nas trincheiras da cura: as diferentes medicinas no Rio de Janeiro Imperial," PhD dissertation., Universidade Estadual de Campinas, Brasil, 1995.
31. "A Mãi Escrava," *A Mãi de Familia*, March 1880, p. 47.
32. A *medico-legista,* common in late-nineteenth and early-twentieth-century Brazil—and much of Latin America—denotes a medical doctor (with rare exception, a man) who helped propose, draft, and even implement laws intended to influence and enforce control of social and biological relations in the name of modernity, order, and progress.
33. "A Mãi Escrava," *A Mãi de Familia*, June 1880, p. 79.
34. See similar metaphors of death and suicide in Toni Morrison, *Beloved* (New York: Penguin, 2000), a novel in which the narrator/main character, who is a mother and an escaped slave, sees slave owners coming for her and her four children. She gathers her children into a woodshed and begins attacking them with a hatchet, ultimately killing the youngest. The mother expresses her

intent as trying to save herself and her children from slavery. For a more detailed analysis of this subject in Morrison's *Beloved*, see Ruby C. Tapia, "Conceiving Images: Racialized Visions of the Maternal," PhD dissertation, University of California, San Diego, 2002.

# REPRODUCTIVE HEALTH IN LATIN AMERICAN TRANSITIONS: LATE COLONIALISM, ABOLITION, AND REVOLUTION

Ann S. Blum

In their essays in this volume, Adam Warren, Tamera Marko, and Alexandra Puerto examine the role of medicine in the production of maternal identities founded on race and ethnicity at key junctures in Latin American history: the aftermath of indigenous challenges to political and religious authority in late colonial Peru; Brazil's destabilizing transition from slavery and monarchy to abolition and republic; and the impact of Mexico's nationalistic revolutionary reform on regional economies and rural indigenous communities. Although widely separated in time and space, these studies of medical authority, reproductive health, and maternity frame closely related questions. Asking what roles medicine has played in discourses of and interventions into maternity and how changing ideas about maternity reflect the construction and ordering of bodies politic, the authors engage with multiple strands of historical inquiry, drawing on analytical frameworks of family, the social history of medicine, and gender history to highlight the role of reproductive medicine during conflicted historical transitions.

While pointing to persistent themes in medical discourses of maternity over time, these essays also document three distinct moments in the institutionalization of medicine in Latin America. The case studies mark points on the trajectory from medicine's affiliation with the Catholic Church—then the dominant institution of knowledge production, socialization, and social services—to the liberal era, when private physicians, often trained abroad, were crucial in establish-

ing medical specialties, to the successful institutionalization of public health within state structures by the mid-twentieth century.[1] With their focus on the interplay between reproductive medicine and maternal-child health, on the one hand, and institutions as central as religion, historical constructions of race and ethnicity, and agrarian political economy on the other, these working papers represent the burgeoning literature that examines medical practices in Latin America within the larger frameworks and transitional moments of national histories.[2]

Medicine has become, moreover, an important dimension in historical analysis of the constellation of factors shaping Latin American family forms and practices.[3] Medical knowledge and practice interact with family at multiple levels: as a political-economic structure like land tenure and trade; as a normative institution like religion, law, and education; and as a font of concepts influencing the construction of gender roles, identities, and sexualities. Warren, Marko, and Puerto's contributions reinforce our understanding of maternity as a highly politicized, constructed, and contested social and cultural terrain. While spokesmen of the Church, State, and medical profession used a single moral standard of sexual and maternal behavior to evaluate the worthiness of women to enjoy reproductive health, medical practices and discourses simultaneously naturalized ethnic and racial hierarchies and legitimated inequality. The studies presented here expose ways that medical discourses of maternity have also been fundamentally about paternity and power, with the family as the microcosm for state and society. Building on the solid foundation of studies that wield a gender analysis to illuminate the history of medicine and the family,[4] these three papers center their inquiries on gender to explore how the dead bodies of racially marked mothers and infants served as the foundation for restoring, perpetuating, or repositioning the equilibrium of the social, economic, political, and gender order. This commentary will focus on the ways that these three studies reveal local rearticulations of transnational discourses and practices constructing ideas of reproductive health and on the ways that they illustrate the deployment of concepts of maternity to exclude or include specific social groups at moments of national transition.

## Politics of Maternity in Late Colonial Contexts

Adam Warren examines the doctrinal and political motives behind the promulgation of a policy of ecclesiastical cesarean section for fetal baptism in the wake of the Tupac Amaru and Tupac Katari rebellions in late colonial Peru. Father González Laguna's civilizing mission to save the souls of the indigenous unborn was also, Warren observes, retaliation in kind against the rumored barbaric slaughter of pregnant mothers and their fetuses by the indigenous rebels. The principal justification that González Laguna invoked for clerical vigilance and intervention into the pregnancies and deliveries of village women, however, was the purported prevalence of abortion and infanticide in Lima's indigenous hinterland. Warren demonstrates that the Peruvian treatise on cesarean section for fetal baptism diverged from its widely circulated European source in targeting indigenous reproductive practices, which the clerical author believed were the repository of pre-Hispanic beliefs and rituals posing a threat to the colonial order of Crown and Church. González Laguna's depiction of alien reproductive and maternal practices dehumanized indigenous women and portrayed them as more brutal than their rebellious male counterparts.

The treatise further yoked ecclesiastical to medical authority, coinciding with the early phases of the trend in Europe, England, and North and Latin America that replaced midwifery with medical oversight of pregnancy and childbirth.[5] Rural parish priests were enjoined to become pregnancy inspectors from conception to delivery, were instructed in surgical procedures, and were urged to prevent village healers or midwives from providing treatment. Since priests already had access to intimate details of sexual behavior through the confessional, cesarean section for fetal baptism extended the reach of clerical interventions into reproduction, not in the name of reproductive health but in the name of salvation of the fetal soul.

The rumors of infanticide and dehumanized representations of Andean indigenous women resembled similar depictions of the maternal pathologies of the lower orders that circulated widely throughout the late Spanish colonies and legitimated other clerical interventions between mother and child in the name of salvation. Although foundling homes had long existed in both Spain and the American colonies, the impetus for the 1767 establishment of a foundling home in

Mexico City, like clerical cesarean section for fetal baptism, invoked rationales of salvation to justify separating infants from their mothers, whose sin in conceiving outside of marriage not only made them unworthy of motherhood but also threatened to corrupt their offspring. According to the origin story of the Mexico City foundling home, the house opened on the very spot where only a year before a young woman of good family had fled from her home and the witness of her relatives to give birth to her illegitimate baby on a rubbish heap. The next day, horrified passersby witnessed a pack of dogs devouring the infant, which still gave signs of life.[6] The image of dogs—or pigs—devouring infants drew on time-worn European lore, echoed in the story of the 1604 foundation of the Hospital de San Cristóbal in Puebla de los Ángeles and again in González Laguna's accusations of infanticide among indigenous Andean women.[7] Archbishop Lorenzana, founder of the Mexico City hospice, depicted such mothers as "brutes, and even lower than the beasts of burden, who care for the preservation and upbringing of their kind."[8] The foundling home provided baptism for all its inmates, and although the majority died, their souls were saved. Beyond reviving the same fables and tropes for depicting maternal pathologies, the link between and timing of the late colonial promulgation of the decrees on cesarean for fetal baptism and the establishment of the Mexico City foundling hospice was more than coincidental: Archibishop Alfonso Núñez de Haro followed Lorenzana as the clerical patron of the Mexico City foundling home and also ordered the practice of cesarean section for fetal baptism in New Spain.[9]

Father González Laguna's treatise on cesarean section for fetal baptism in post-rebellion Peru, in tandem with the rationales for the foundation of the Mexico City foundling home, provides an example of transnational discourses and practices rearticulated in different temporal and social contexts to produce distinct meanings of maternity and reproductive health. Warren's case study also exposes ways that maternity is an entitlement that has been mediated, sometimes violently, to naturalize the power relations that maintained social hierarchies based on gendered constructions of ethnic difference. Both surgery and abandonment for salvation represented radical interventions into reproduction of supposedly deviant women, altering the meaning of repro-

ductive outcomes and of the mother-child relationship. One hundred years later, medicine would play a central role in closing the regime of abandonment founded on unequal access to the status of maternity.

## Abolition, Wet Nursing, and Pediatrics

For Brazil's white society, the prospect of the abolition of slavery raised fears of instability and violence similar to reactions among Peruvian colonialists to the indigenous uprisings of the 1780s. Anticipating the inevitability of abolition, lawmakers forged a transitional measure that focused both the promise and the problem of slavery's end on maternity. The Rio Branco Law of 1871 freed the slave womb and its products but not the slave mother, and it kept both mother and child under the tutelage of the white owner. Excluding black men, slave and free, the law delineated the structure of the foundational family in post-abolition society.

Asking who has been allowed to be the mother to her own children in the construction and ordering of bodies politic and what roles medicine has played in discourses and interventions into maternity, Tamera Marko gives a close reading to the fictional allegory of Clara, slave and wet nurse. The tale, "A Mãi Escrava" (1881), published by one of Brazil's pioneering pediatricians, Dr. Carlos Costa, proposes that thwarted maternity led to the deaths of both Clara and her child, but it also points to abolition's potential to resolve disturbing contradictions in ideas of family and nation. The story's moral offers a critique not only of slavery but of wet nursing as well, and—by extension—of the abandonment system, closely related to wet nursing and a recurring theme in the tale.

Indeed, the publication by a pediatrician of "A Mãi Escrava" in a magazine promoting modern maternal practices points to the influence of pediatrics in discrediting child abandonment and related practices like wet nursing. Analyzing changing attitudes toward infant abandonment from the perspective of medicine provides important insights. Participants in a 1991 symposium on the history of infant and child abandonment in Europe, for example, focused largely on the economic

rationales of abandonment and argued that changing economic roles for women, poverty, and the desire to limit family size drove the nineteenth-century rise in abandonment to urban foundling homes.[10]

Arguably, however, even as abandonment and foundling mortality spiked, the institutionalization of pediatric medicine exerted an important influence in discrediting infant abandonment as an acceptable method of limiting family size. By the late 1800s European and Anglo-American pediatricians, as well as cosmopolitan Latin American child specialists, universally condemned wet nursing, a practice inextricably tied to abandonment. Many women abandoned their infants in order to seek wages as wet nurses, not only in foundling homes but also in homes of families of means; in "A Mãi Escrava," Clara was forced to do so. David Ransel's study of foundling hospices in Moscow and St. Petersburg illustrates the tight link between the economies of abandonment and wet nursing. Nursing foundlings and their pay books circulated at cash value in nearby rural communities until an 1891 policy reform subsidized women who kept and nursed their own babies, producing a drop in abandonments.[11]

Charity hospitals and foundling hospices were, in turn, the cradle of pediatric medicine. In many European and Latin American urban centers, the institutions of the abandonment/wet-nursing system not only fostered the specialty of pediatrics but also laid the foundation for twentieth-century institutions of maternal-child health and social welfare. In Mexico City, a generation of pediatricians specializing in infant feeding techniques trained in the public foundling home during the late 1890s and early years of the twentieth century, as admissions reached historic highs. The Mexico City foundling home pediatricians were vocal critics of wet nursing. And after the Mexican Revolution, many emerged as leaders in pediatrics and puericulture, and in the high-profile national campaign to reduce infant mortality that was influential in establishing networks of maternal-child clinics.[12]

Like Warren's analysis, Marko's reading of Clara's story as an allegory of maternity and abolition illustrates the way that national context rearticulates international medical discourses and practices to lend distinctive meanings to the status of maternity. Even though the establish-

ment of pediatrics validated the mother-child relationship in medical terms, national political concerns produced a range of rationales condemning the abandonment/wet-nursing complex that were only partially based on medical science.

In France, for example, concern over the declining birthrate prompted the Roussel Law of 1874, requiring that all children nursed away from home be registered and inspected regularly, along with their wet nurses. In Argentina, regulation of wet nursing began between 1880 and 1905, a period marked by rising and then declining European immigration. With the drop in European immigration and an increased flow of rural migrants of mixed race into Buenos Aires, concerns about race brought wet nursing into disfavor, and artificial feeding preoccupied *porteños*. In New York, primary destination of Mediterranean and Eastern European immigrants during the 1880s and 1890s, physicians began to call for inspection of wet nurses at the turn of the century. In Brazil, the legal end of slavery in 1888 and the fear of urban epidemics combined with pediatricians' strictures against wet nursing to influence the introduction of wet nurse regulation and inspection in Rio de Janeiro in the 1890s.[13] In each of these distinct national contexts, anxieties about race, immigration, and falling native or elite birthrates shaped the timing of legislated medical intervention into established infant feeding practices.

While the goal may have been the successful reproduction of white, native elites, critiques of wet nursing emphasizing the biological bond between mother and infant and the importance of the mother for infant survival also served to discredit public support for institutions of abandonment and to prefigure the development of alternative state supports for mothers and children. In turn, as in the tale of Clara, pediatric affirmations of maternity also underwrote a gendered citizenship and promise of social inclusion.

Marko's reading of the tale of Clara demonstrates that the parallel developments of a rise in pediatric medicine that militated against wet nursing and anxieties about race and social control require a linked analysis to determine the meanings these transnational discourses of reproductive health and identities could acquire in different contexts. Marko's interpretation of the story focuses on depictions of a primal mother-child bond transcending racial constructs, male ration-

ality, and the tragic reproductive dead end of slavery. Her reading posits that abolition promised to validate the maternity of Clara and other emancipated mothers. Additionally, the mediation of the rational white father prefigures the tutelage of science and medicine over families, black and white, in Brazil's emerging social and political order.

## Revolution and Public Health

In 1939, three representatives of Yucatecan Maya communities, recipients of ejido land grants under Mexico's agrarian reform, invoked the health consequences of their weak position in local labor markets and the international henequen economy when they petitioned President Lázaro Cárdenas for redress: "We believe we have the right to more reasonable salaries that would permit us to bring to our homes at least the essentials, such as bread for our children, to nurture their health and strength so that they may be useful to the Nation in the future."[14] The Maya spokesmen, drawing on their identity as citizens, insisted on the right to health for themselves and their families, and in return they dedicated their children to serve the Mexican nation.

In postrevolutionary Mexico, public health became a central piece in the edifice of social programs legitimating the exchange of rights and obligations between citizens and nation-state. Following the extended civil conflict, a population loss of over one million from war, epidemics, and emigration ranked lowering the country's infant mortality and improving maternal and child health among the federal government's highest priorities, along with universal secular public primary education and nationalization of crucial resources. Federal agencies of public health explicitly justified their programs as key to the modernization and improvement of Mexico's economic competitiveness. By 1939, this ambitious project of social, economic, and political change included indigenous campesinos.

Alexandra Puerto's study of maternal, infant, and child mortality among Maya campesino families in the henequen zone of Yucatán examines the production of ill health under the extractive pre- and postrevolutionary regimes of export agriculture in Mexico. Illustrating the local and

personal impact of global forces, Puerto links successive processes and scales, from the wheat fields of the U.S. Midwest to the dwellings of Maya leaf cutters and their families. Her analysis demonstrates the urgency of providing access to twentieth-century maternal-child medicine to rural indigenous communities, where social marginalization and labor exploitation had perpetuated malnutrition and disease, and where infant and child mortality levels outstripped those in the rest of the country.[15]

Puerto's case study and analysis point to both the promise and the limits of public health in Mexico's revolutionary reform agenda. The Constitution of 1917 had validated state agency in the social sphere, promised land reform and social services, valorized the political participation of Mexico's popular classes, and created a new definition of the national collectivity, later affirmed by the transfer of cultural patrimony from Church to State and the expropriation of strategic resources such as oil. Beginning in the early 1920s, optimistic reformers focused their energies on the nation's children, now defined as a crucial resource for national development, and implemented a rapid expansion of public education and public health to improve the skills and health of the rising generation.[16]

Puerto's discussion highlights the importance of this massive campaign of science and medicine in favor of Mexican mothers and children. Chronic ill health, the consequences of structural inequalities, had produced the supposedly "racial" characteristics that marked the Maya as "degenerate." New scientific understandings of nutrition and the effects of parasites, however, allowed physicians to discount outdated constructs of indigenous inferiority based on the supposed influences of the tropical climate or on supposed racial degeneracy, and instead attribute Maya ill health to "lack of hygiene."[17] While still projecting derogatory depictions of the Maya, these new formulations at least suggested that improved diet, sanitation, and education of indigenous communities were all concrete, realizable projects for which the state apparatus possessed the personnel and technology, fortified by an emergent ideology of inclusive national development.

Puerto also raises the important point that "[w]hat is considered a personal illness in the secluded, *hacendado* family dwelling became a matter of public health and group concern in the crowded and unsanitary workers' quarters."[18] After the Mexican Revolution, the Maya workforce's chronic hunger, susceptibility to gastrointestinal and respiratory diseases, and high infant and child mortality became matters of national concern. State authority in public health displaced the disciplinary authority of landowners and employers over their workers, and facilitated Maya *ejidatarios*' articulation of their right to health for their children, explicitly associated with their right to a fairer share in the profits of their own labor.

Yet Puerto observes that when federal land reform and public health programs reached Yucatecan Maya communities, these national interventions neither addressed nor corrected the persistent inequalities that underlay the chronic health deficits that resulted in the death of Maya infants and children from preventable diseases. This case study points to important ways that technocratic interventions like public health leave intact existing structures of production and labor. While attempting to improve group outcomes—in this case, improved maternal-child health—top-down medical interventions are rarely designed to alter structural inequalities of gender, class, race, or region. Indeed, they often consolidate and reinforce such inequalities by introducing technologies that will be distributed according to existing hierarchies or by opening to state intervention—and granting the state enforcement powers in—new areas of social behavior.

Nevertheless, despite Puerto's closing caution that the structural factors producing Maya ill health and infant mortality remained uncorrected, she offers a note of optimism. Making maternal-child health a national policy priority opened a space for negotiation in claiming access to health and to medical services as a right. Mexican public maternal-child health programs, moreover, resembled similar campaigns closely associated with Latin American state-building and import-substitution projects of the 1920s through the 1940s.[19] The letter to President Cárdenas from the three Maya community leaders voiced an assertiveness over defining maternal-child health that contrasts markedly with the fictional Brazilian slave wet nurse's vacillation between obedience and desperation, ending in murder-suicide.

## Conclusion

"'Reproduction' is a slippery concept, connoting parturition, Marxist notions of household sustenance and constitution of a labor force, and ideologies that support the continuity of social systems," observed Faye Ginsburg and Rayna Rapp in their 1991 essay reviewing social science documentation and analysis of historical and cultural understandings and practices of biological and social reproduction.[20] As the studies gathered here explore, concentric and overlapping meanings attached to women's sexuality and socially ascribed reproductive roles have prompted a complex history of legal, religious, and medical interventions across the problematic boundaries distinguishing political and economic institutions and ideologies legitimating the social order from bodily privacy, domestic intimacy, and family authority. A stable complementarity between masculine public and feminine private spheres remains problematic, however, in part because, as Jean Franco has observed, "Women do not simply fulfill a reproductive function but also represent the 'mothering' … which the state cannot provide."[21]

These essays illustrate how conflicts over women's reproductive roles reflect crises in the political order: as public priorities shift, disciplinary and exclusionary rationales supporting sexual divisions of labor and gender inequality—as well as concepts of maternity—require renovation. Moreover, as Diane Nelson has argued in her analysis of gender and politics in Guatemala since the peace accords, mainstream discourses of race, nation, and culture converge on the reproductive bodies of indigenous women as the vehicle for imposing *mestizaje*, an observation that applies equally to black women in societies shaped by African slavery and its legacies.[22] The papers by Marko, Puerto, and Warren, and the larger research projects of which they are a part, illuminate the diverse and powerful ways that ideas about maternity, reinforced by medical authority, have been attached to ethnicity and constructs of race, and deployed both to exclude social groups from the national and social entitlements of sanctioned family formations and to include social groups in the national political mainstream. Studies of reproductive health, as these authors amply demonstrate, cannot be confined to a single historical subdiscipline. Indeed, they broadly enrich our understanding of the political and national in fundamental ways.

**Notes**

1. For a discussion of recent historiography in the social history of medicine in Latin America, see Diego Armus, "Disease in the Historiography of Modern Latin America," in Diego Armus, ed., *Disease in the History of Modern Latin America: From Malaria to AIDS* (Durham, N.C.: Duke University Press, 2003), 1–24.
2. A very partial list of recent historical studies framing medical issues in Latin American national contexts includes: Katherine Elaine Bliss, *Compromised Positions: Prostitution, Public Health, and Gender Politics in Revolutionary Mexico City* (University Park: Pennsylvania State University Press, 2001); Marcos Cueto, *Excelencia científica en la periferia: actividades científicas e investigación biomédica en el Perú, 1890–1950* (Lima: Tarea, 1989); Ricardo González Leandri, *Curar, persuadir, gobernar: la construcción histórica de la profesión médica en Buenos Aires, 1852–1886* (Madrid: Consejo Superior de Investigaciones Científicas, 1999); Donna J. Guy, "The Pan American Child Congresses, 1916 to 1942: Pan Americanism, Child Reform, and the Welfare State in Latin America," *Journal of Family History* 23:3 (1998): 272–91; María Angélica Illanes, *"En el nombre del pueblo, del Estado y de la ciencia…": historia social de la salud pública en Chile 1880–1973 (Hacia una historia social del Siglo XX)* (Santiago de Chile: Colectivo de Atención Primaria, 1993); Steven Palmer, *From Popular Medicine to Medical Populism: Doctors, Healers, and Public Power in Costa Rica, 1800–1940* (Durham, N.C.: Duke University Press, 2003); Nancy Leys Stepan, *"The Hour of Eugenics": Race, Gender, and Nation in Latin America* (Ithaca, N.Y.: Cornell University Press, 1991); Alexandra Minna Stern, "Responsible Mothers and Normal Children: Eugenics and Nationalism in Post-Revolutionary Mexico, 1920–1940," *Journal of Historical Sociology* 12:4 (1999): 369–96.
3. A partial list of studies that incorporate medicine into historical analyses of childhood in Latin America includes: Alvaro Aguiar and Reinaldo Menezes Martins, eds., *História da pediatria brasileira: coletânea de textos e depoimentos* (Rio de Janeiro: Serviço de Informação Cientifica Nestlé, 1996); Dain Borges, *The Family in Bahia, Brazil, 1870–1945* (Stanford, Calif.: Stanford University Press, 1992); Alberto Del Castillo Troncoso, "Conceptos, imágenes y representaciones de la niñez en la Ciudad de México, 1890–1920," paper presented at the international congress of the Latin American Studies Association, Chicago, Ill., 1998, and "La visión médica del porfiriato en torno a la infancia," paper presented at the international congress of the Latin American Studies Association, Miami, Fl., March 2000; Jurandir Freire Costa, *Ordem médica e norma familiar* (Rio de Janeiro: Edições Graal, 1979); Marcos Cezar de Freitas, ed., *História social da infância no Brasil* (São Paulo: Cortez Editora, 1997); Donna J. Guy, *White Slavery and Mothers Alive and*

*Dead* (Lincoln: University of Nebraska Press, 2000); Nancy Scheper-Hughes and Carolyn Sargent, eds., *Small Wars: The Cultural Politics of Childhood* (Berkeley: University of California Press, 1998).

4. A partial list of gender-based studies incorporating medicine and public health into historical analysis of family relations includes: Claudia Agostini Urencio, "Médicos y parteras en la Ciudad de México durante el porfiriato," in Gabriela Cano and Georgette José Valenzuela, eds., *Cuatro estudios de género en el México urbano del Siglo XIX* (Mexico City: Programa Universitario de Estudios de Género, Universidad Nacional Autónoma de México, 2001), 71–95; Susan K. Besse, *Restructuring Patriarchy: The Modernization of Gender Inequality in Brazil, 1914–1940* (Chapel Hill: University of North Carolina Press, 1996); Sueann Caulfield, *In Defense of Honor: Sexual Morality, Modernity, and Nation in Early Twentieth-Century Brazil* (Durham, N.C.: Duke University Press, 2000); Donna Guy, *Sex and Danger in Buenos Aires: Prostitution, Family and Nation in Argentina* (Lincoln: University of Nebraska Press, 1991); Benigno Trigo, *Subjects of Crisis: Race and Gender as Disease in Latin America* (Hanover, N.H.: Wesleyan University Press, 2000).
5. José G. Rigau-Pérez, "Surgery in the Service of Theology: Postmortem Cesarean Sections in Puerto Rico and the Royal Cédula of 1804," *Hispanic American Historical Review* 75:3 (1995): 377–404.
6. Juan de Dios Peza, *La beneficencia en México* (Mexico City: Imprenta de Francisco Díaz de León, 1881), 106.
7. Josefina Muriel, "La protección al niño en la Nueva España," in *Reunión Hispano-Mexicana de Historia*, Universidad Hispanoamericana de Santa Ma. de la Rabida Huelva, España (Seville: Universidad de Sevilla, Instituto de Estudios y Documentos Históricos, 1980), vol. 1, 49–50. On the recurring imagery of abandonment beginning in late antiquity, see John Boswell, *The Kindness of Strangers: The Abandonment of Children in Western Europe from Late Antiquity to the Renaissance* (New York: Pantheon, 1988), 95–137.
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