

Shared Interests, Competing Authorities in  
Sixteenth-Century Spanish Medicine:  
A Tribute to Joan Cadden  
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**MY** FIRST introduction to Joan Cadden's award-winning monograph came during a graduate course at UC Davis on medieval science and medicine. As the only student in the class, Joan suggested I draft a reading list to which she would add relevant or useful texts. At the top of the list I had placed *Meanings of Sex Difference in the Middle Ages*. Joan looked over my reading list and said to me, "you don't need to read this[her book], there are more important works for you to read." Somewhat perplexed, I dutifully modified my reading list, removing Joan's monograph.

Now, as an early modern Spanish historian, I'm a bit of an outsider in this crowd. I do not specialize in women's history, gender history, or the history of sexuality; nor do I work on later medieval natural philosophical and medical treatises—all areas where Joan's work (as you will certainly hear from others) has been instrumental in shaping scholars' notions and approaches. My research focuses on political and institutional histories of the Spanish state as they intersect with the intellectual history of medicine, particularly in sixteenth-century Spain. Yet, Joan's work (which I did manage to read) has much to offer scholars of my stripe. No one who reads *Meanings of Sex Difference* can deny the complexity of the story Joan crafts for her readers. This text does not provide the reader with a linear and progressive narrative of medieval thought on notions of sex difference. To do so would silence the cacophony of voices Joan brings to the reader's ear and the sometimes shared and sometimes competing interests those voices represent. This is not to say that her work leaves the reader with nothing but a crescendo of noise as one voice shouted above others or as others fell silent over time. What Joan's work

suggests to me is that there is something inherently important in our choices to hear or silence those voices and our willingness to allow for dissonance even when we prefer harmony.

More recently her scholarship has led me to rethink the current state of the history of science and medicine in early modern Spain which has left scholars struggling to write the history of Spain into a grand narrative of the Scientific Revolution. At a recent conference, my co-panelists and I discussed the direction our work in the history of medicine was taking, and all three of us felt compelled to write our stories within the context of the Scientific Revolution. But in order to put sixteenth-century Spain on the historical map, we seem trapped in expressing the relationship among practitioners and their medical knowledge in a series of dichotomous relationships within a framework of progress, literate vs. illiterate practitioners, elite vs. empirical practitioners, theoretical vs. experiential practitioners, court vs. itinerant practitioners, male vs. female practitioners . . .

In our efforts to make sixteenth-century Spain part of the grand narrative of medicine within the Scientific Revolution, what do we obscure or outright sacrifice? Why have we been driven to sacrifice the discordant voices for harmony? I would like to provide an example from my own work of the ways in which Joan's willingness to embrace complexity instead of being driven by a grand narrative of progress or, at least, a linear and forward movement can help scholars in the field give voice to Spain's stories without forcing those stories to fit a particular mold.

The prescriptive literature on medical regulation and education in late sixteenth-century Spain has been somewhat disregarded by scholars, and the legal measures Philip II enacted to protect the public health labeled as ineffective (prescriptive in nature, ignored by practitioners, no way to enforce, etc.). Scholars have used these sources to document moments of patronage, medical innovation, and the introduction of new medical techniques or knowledge to the canon. Yet if we are willing to trace the various influences on these documents as Joan suggests, what might they reveal to us about medical knowledge and practice from various competing agents? If we examine these same sources from a different perspective what complexities do these sources offer? More specifically, how did patients' concerns about access to qualified medical practitioners

intersect with state and local authorities' interests in regulation and control and practitioners' concerns with professional identity and economic security? All parties claimed an invested interest in protection of the public health—overlapping jurisdictions of interest and authority—moments of collision and collusion.

Some context: During the reign of Philip II (1556–98) the Spanish crown had re-authorized its chief medical officer, the *protomédico*, to regulate the medical profession by examining and granting licenses to “physicians, surgeons, apothecaries” and refusing those unfit to practice medicine. This effort brought state authorities into more direct legal contact with a wide range of practitioners who specialized in treating ailments like hernias, cataracts, ringworm, bone-setting, tumors, the removal of bladder stones (urology) and midwifery. The sometimes contradictory nature of the medical legislation and the unclear jurisdictional limits of the *protomédico* has raised legitimate concerns about the value of such sources. Instead of abandoning these problematic sources, if we follow Joan's model and give agency and plausible explanation to those moments of dissonance instead of disregarding them, we might see how the very aspects that make these sources problematic for us today made them useful to others. Their contradictory nature and unclear jurisdictional boundaries, I suggest, often worked in favor of empirics and helps us understand under what circumstances some practitioners chose to comply or engage these legal restrictions on their practices.

For example, the surgical empiric Pedro Camaño and physician Luis Leyton brought numerous professional disputes before local authorities in La Coruña without reaching resolution. Camaño eventually travelled to Madrid and successfully sought a license to practice surgery from *Protomédico* Olivares. The examination board found him sufficient in his art and granted him a license to practice surgery “in all the kingdoms and domains of His Majesty.” The crown warned authorities in La Coruña to adhere to the decision of its *protomédico* and threatened to impose stiff penalties if they posed any resistance which prevented Camaño from practicing his art.<sup>1</sup> In the case of barber-surgeons Sebastian de Luna, Aysabel Galinda, and Pedro Peres, all three empirics were brought to the *protomédico's* attention by Tomás de Neyra. The documentation does not confirm de Neyra's trade, but one could easily suspect him

of being a fellow practitioner seeking to thin out the competition.<sup>2</sup> In these cases, the perceived professional needs of practitioners coincided with authorities' efforts to regulate medicine in the name of protecting the public health. Therefore, shared interests often provided avenues for compliance or encouraged adherence to policies seemingly beyond the interests or purview of competing groups.

A similar complexity emerges from the infrequent appearance of female empirics in the licensing documentation. In 1573, María Hernández of Valladolid solicited a license and card of examination to "offer treatment as an *algebrista*, bonesetter of legs and arms." Hernández admitted she had been practicing without a license since 1557 but felt compelled to obtain the proper license "at the request of the patients" whom she attended.<sup>3</sup> A few years later, the *protomédico* approved a license request from a female empiric to serve as a midwife, bonesetter, and to use poultices and plasters and correct dislocations.<sup>4</sup> And Beatriz de los Ríos successfully petitioned the medical court for a license as an *oculista* or specialist in eye disorders. These examples offer a number of complexities for us to consider: how often and how successful were cases such as Pedro Camaño's and Tomás Neyra's which sought crown intervention to settle professional difficulties? To what extent were practitioners compelled to comply by competitors and/or patients who demanded proof of skill and expertise as in the case of María Hernández? Did an official license allow these practitioners to charge more for services or lay claim to additional skill and ability? Did female practitioners, in particular, seek out licenses to overcome gender barriers in the marketplace? If the licensing requirements (the formal examination) were the same for all practitioners within a given specialization, does this mean that male and female practitioners shared similar medical knowledge and expertise and that literate, university-educated and semiliterate, experiential practitioners shared a common medical canon? Certainly the fragmentary remains of these professional lives suggest that the experiences of some empirics was the product of multiple interests (including their own) converging at a particular moment and should not be reduced to a simplistic dichotomy of differences. Furthermore, their stories form a cluster of related notions about the public health that are sometimes competing and sometimes mutually reinforcing.

Most importantly, they challenge us, as has Joan Cadden, to acknowledge the discordant voices in the harmony, to include (and not merely explain away) the soloist amidst the chorus . . . and to listen when Elvira de Guevara tells us that she sought a medical license because it offered her “protection and proof of her right [to practice].”

 END NOTES

1. Miguel Parrilla Hermida, “Un Título de Cirujano en 1579. Estudio y Transcripción,” *Asclepio* 25 (1973): 178.
2. AGS, Consejo Real, Leg. 763, unfoliated.
3. Juan Riera Palmero, *Cirujanos, Urólogos y Algebristas del Renacimiento y Barroco* (Valladolid: Secretariado de Publicaciones de la Universidad, 1990), 106, “licencia y carta de examen para poder curar en el oficio de algebrista y desconcierto de piernas y brazos... juzgar por los pacientes que fueron atendidos por la interesada.”
4. *Ibid.*, 107.