



Bedlam in the New World: Madness, Colonialism, and a Mexican Madhouse, 1567-1821

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**Bedlam in the New World:
Madness, Colonialism, and a Mexican Madhouse, 1567-1821**

A DISSERTATION PRESENTED

BY

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TO

THE DEPARTMENT OF HISTORY OF SCIENCE

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ABSTRACT

In spite of a vast and robust literature on madness and its institutions, colonial Mexico remains uncharted domain and little is known about the Hospital de San Hipólito in Mexico City, the first hospital of the Americas to specialize in the care and confinement of the mentally disturbed. Founded in 1567 by a penitent conquistador, San Hipólito provided *caridad* or charity, including specialized medical and custodial services, to some of New Spain's most marginal, troubled, and troublesome subjects. This dissertation examines the history of this precocious colonial institution—including its growing alignment with both the Inquisition and secular criminal courts from which it often received patients—raising questions about medical and nonmedical understandings of madness, or *locura*, and its connection to categories of race, class, and gender; patient experience and agency; and how the hospital fit (and did not) into larger imperial agendas.

Although the dissertation charts the entirety of San Hipólito's colonial history, a major focal point is the second half of the eighteenth century. It was during this period—often associated with the tightening of colonial rule under the absolutist Bourbon monarchs—that the hospital was remodeled and amplified, and its wards increasingly populated by allegedly insane criminals forcefully confined by mandate of the Inquisition and the secular law enforcement.

Ostensibly intended for *pobres dementes* (mad paupers), by the late eighteenth century, San Hipólito had assumed a central role in the management of madness not just in connection to poverty, but also in relation to a range of religious and sexual offenses, and violent crimes such as murder. Drawing on hospital records, as well as criminal and Inquisition cases, I stress that such changes were broadly linked to the growing medicalization of madness rather than to its putative criminalization or the transformation of the hospital into an instrument of social control. San Hipólito was far from a bricks-and-mortar embodiment of a powerful colonial regime; its history reveals the ad hoc nature of confinement, and cases involving patient flight and concerns over feigned madness underscore the inability of the colonial state to fully govern the lives of its subjects.

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ABBREVIATIONS

AGI	Archivo General de las Indias, Seville, Spain
AGN	Archivo General de la Nación, Mexico City, Mexico
AHDF	Archivo Histórico del Distrito Federal, Mexico City, Mexico
AHSS	Archivo Histórico de la Secretaría de Salud, Mexico City, Mexico
INAH	Instituto Nacional de Antropología e Historia, Mexico City, Mexico

NOTE: All translations are mine unless otherwise noted.

INTRODUCTION

Madness, Colonialism, and a Mexican Madhouse

We were seven days out at sea, and during that time, my head was brimming with a thousand delirious visions of my viceroyalty. Decrees, embroidered uniforms, Your Excellencies, gifts, submissiveness, banquets, fine china, parades, coaches, lackeys, liveries, and palaces were the puppets dancing without a rest in my mad brain and entertaining my foolish imagination. . . . That's how the new Quixote went off in his chivalrous madness, which increased so much from day to day and moment to moment that if God had not allowed the winds to shift, by now I would be taking office in a cage in San Hipólito.

—José Joaquín Fernández de Lizardi, *El periquillo sarniento*, 1816

This dissertation is a social, cultural, and institutional history of madness in colonial Mexico. Its pages are filled with men (and some women) who were like Periquillo, but its main protagonist is the institution that he narrowly dodged: the Hospital de San Hipólito. Founded in Mexico City by a penitent conquistador in 1567, San Hipólito was a unique institution. It originated as a hospital for convalescents, but came to specialize in the care and protection of the mentally disturbed and, as such, holds a claim to being the first mental hospital of the Americas. It was also was one of the most resilient facilities of its kind, lasting for a little over three and half centuries. In other words, this “mansion of suffering,” as one nineteenth century historian called it, weathered the tide of Spanish colonialism and the transition from colony to nation before closing its doors permanently in 1910.¹ Although the final half-century of the hospital's existence saw its humid and convent-like quarters put to use in the service of

¹ Manuel Rivera Cambas, *Mexico pintoresco, artistic, y monumental* (Mexico: Editora Nacional, 1957 [1880]), 383.

psychiatry, for most of its tenure as Mexico's foremost mental hospital, San Hipólito was administered by a religious order and beholden to an older, distinctly colonial and Christian tradition of extending succor to the insane. The hospital's charitable characteristics, however, did not stop it from becoming (in the popular imaginary at least) an unsavory repository for violent madmen, vagrants, and insane criminals and heretics—a *casa de los locos*, or madhouse, in colloquial parlance.

Rather than survey the hospital's history in its entirety, this dissertation concentrates on the period between its 1567 foundation and the end of colonial rule in 1821.² During this time-frame, spanning a little over two and half centuries, San Hipólito was the largest and most active hospital for the insane in Spain's colonial American empire and, for most of that period, in the western hemisphere at large. In spite of its status as such, the hospital's quarters were relatively modest as was its patient population, although at its pinnacle in the late eighteenth century it came to house well over a hundred inmates. Hospitals for the insane during this early period had not yet transformed into the expansive asylums of the late nineteenth century and the archetypal venues for treating mental illness. At least prior to the eighteenth century, when the main custodial institution for the mentally disturbed was the family, they tended to be reserved for the most desperate of the desperate: mad paupers without resources and often family to sustain them and the raving insane who were deemed a danger to themselves and society. And, while such institutions first appeared on the Iberian peninsula and slowly (and sporadically) proliferated throughout Europe—London's Bethlem Hospital ("Bedlam") being the

² On San Hipólito's nineteenth-century history, see: Stephanie Ballenger, "Modernizing Madness: Doctors, Patients, and Asylums in Nineteenth-Century Mexico City" (Ph.D. Dissertation: University of California, Berkeley, 2009).

most notorious example—in the Americas they were fewer and farther between. In British North America, in fact, such facilities did not appear until the late eighteenth century. By then, San Hipólito and a few smaller establishments in central Mexico had been in operation for centuries. Asking why this hospital emerged when it did, how it operated and, crucially, who it confined, necessarily entails asking how colonial authorities and subjects alike utilized its services and spaces and conceptualized madness or *locura*.

San Hipólito was part of the transfer (and transformation) of practices, ideas, and institutions from Europe to the Americas. It appeared in the sixteenth century as part of a broader constellation of hospitals founded in the viceroyalty of New Spain, as colonial Mexico was then called, to address the material, medical, and spiritual needs of the colony's multiracial inhabitants. These facilities, of course, were modeled on those located back in Spain, where for centuries hospitals provided shelter and care to the sick and downtrodden under the banner of Christian charity. But they too were molded by the unique conditions of the New World where, as Guenter Risse has emphasized, "hospitals constituted early contact points between two distinct cultures" and, like other colonial institutions such as convents and *casas de recogimiento* (houses of deposit), were part and parcel of a vaster colonizing project aimed at reproducing Iberian culture and establishing Spanish hegemony.³ One of my principle aims in this dissertation is to assess how San Hipólito's distinct historical trajectory was shaped by both metropolitan prerogatives and local exigencies. As not just any colonial hospital but New

³ Gunter Risse, "Shelter and Care for Natives and Colonists: Hospitals in Sixteenth-Century New Spain," *Searching for the Secrets of Nature: The Life and Works of Dr. Francisco Hernandez*, eds. Simon Varey et. al. (Stanford: Stanford University Press, 2000), 66; Kathryn Burns, *Colonial Habits: Convents and the Spiritual Economy of Cuzco* (Durham: Duke University Press, 1999), 2.

Spain's most important repository for the insane, San Hipólito was undeniably implicated in the perpetuation of colonial hierarchies and ideologies. In the sixteenth century, for instance, its charitable mission to care for the insane, debilitated, and impoverished became yoked to the evangelical project of church and state. Also, as we shall see, colonial magistrates in the business of dispensing law and order, as well as inquisitors concerned with the enforcement of religious orthodoxy, frequently turned to San Hipólito when grappling with the problem of what to do, and where to put, criminals who were also mad. But such practices did not necessarily mean that the hospital was simply a bricks-and-mortar embodiment of an omnipotent colonial regime. Like Ann Stoler and other scholars of the "new imperial history," I concur that colonialism was an unstable and incomplete project—a "partially realized range of efforts" to govern the lives of colonial subjects.⁴ Far from an agent of colonial rule, San Hipólito was a product of social relations engendered through Spanish colonialism. Perhaps nowhere is this more apparent than in the many inmates who fled its confines and the documented minority of resourceful criminals who feigned insanity to subvert authority.

As an institutional history, this project makes wide use of San Hipólito's extant archival documentation, which comprises account books, admissions records, statutes, correspondences, and viceregal decrees. As a social, cultural, and even legal history of madness, it too draws on

⁴ Ann Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule* (Berkeley: University of California Press, 2002), 10; Bianca Premo, *Children of the Father King: Youth, Authority, and Legal Minority in Colonial Lima* (Chapel Hill: University of North Carolina Press, 2005), 44. Although in a very different manner than Stoler, historians of Latin America had advanced similar arguments, showing how Spanish colonialism failed to fully penetrate indigenous cultures and communities. See, for instance, James Lockhart, *The Nahuas under Spanish Rule: A Social and Culture History of the Indians of Central Mexico* (Stanford: Stanford University Press, 1994); Kevin Terraciano, *The Mixtecs of Colonial Oaxaca* (Stanford: Stanford University Press, 2004).

Inquisition and criminal cases involving some of the hospital's inmates. These were individuals who committed crimes ranging from blasphemy to murder while in the grips of madness (or who became mad during their imprisonment), consequently received the insanity defense, and were forcefully confined within the hospital, usually as a precautionary measure. From these two bodies of evidence, I have sought to place the institution in dynamic conversation with the world beyond its walls; to analyze, in other words, not just its internal history but what David Pickstone has called its "political ecology"—that is, the "complex relations between the hospitals and the communities they were built to serve."⁵ On the one hand, the hospital records have allowed me to address San Hipólito's administration and financial challenges, its architectural transformations, the types (and for the eighteenth century, the number) of patients it served, the medical and custodial services it provided, and the image of social order and Christian charity it aspired to project. On the other hand, the court records, ecclesiastical and secular, help us to understand the challenges madness presented to colonial officials charged with upholding public order, as well as the Christian doctrine concerning the limits of moral responsibility. Also, through the interrogation of the accused and the testimonies of both lay and expert witnesses, we gain precious insight into the perspectives and motives of the patients themselves, their families and communities, as well as the learned views of the medical and legal experts summoned by the courts for the purposes of diagnosing or defending states of madness.

Taken together, these sources tell a broader story whose turning point is the eighteenth century, especially the second half of that period, when the hospital began to assume new

⁵ David Pickstone, *Medicine and Industrial Society: A History of Hospital Development in Manchester and its Region, 1752-1946* (Manchester: Manchester University Press, 1985), 2.

responsibilities and admit a swelling and diversifying body of patients. In the sixteenth and seventeenth centuries, San Hipólito operated as a charitable institution, “medieval in inspiration,”⁶ that provided both spiritual and material assistance, including basic medical aid, to the capital’s mad paupers, the so-called *pobres dementes*, who lacked the wits and wherewithal to care for themselves. At least initially, moreover, it sheltered these patients under a less specialized charitable agenda that included the convalescent and indigent more generally. As such, it addressed madness primarily as a social problem—intimately connected to the perils of poverty and vagrancy, or the threat of physical harm—and one that could be managed through the culture of alms-giving and the Christian injunction to assist the less fortunate and helpless. And, even when the institution began to cement its reputation as a mental hospital during the course of the seventeenth century, it remained predominately preoccupied with the severest cases of madness and destitution.

By the late eighteenth century, however, the hospital’s institutional mission and character had shifted in both subtle and not so subtle ways. Most obviously, the hospital building had undergone amplification and improvement, and with these material changes came a revised institutional mission to serve the insane for the sake of the public interest, rather than for the collective salvation of the community. Moreover, the patient population had grown considerably, and while *pobres dementes* remained a prominent contingent, the hospital’s patient profile had also diversified. Finally, and perhaps most provocatively, it was during this period that the hospital and the institutions of the Inquisition and secular criminal courts became

⁶ H.C. Erik Midelfort uses this term to describe a Protestant hospital at Hesse in his study of madness in sixteenth-century Germany. Erik H.C. Midelfort, *A History of Madness in Sixteenth-Century Germany* (Stanford: Stanford University Press, 1999), 384.

increasingly aligned, a trend made manifest in the rising tendency of colonial magistrates to forcefully confine allegedly insane lawbreakers and religious deviants within the hospital's walls. To put it another way, it was in the eighteenth and early nineteenth centuries that the hospital mounted in importance as an institutional strategy for managing madness not just in connection to poverty, but also in relation to a range of religious and sexual offenses, and violent crimes such as murder.

Set against the backdrop of the tightening of colonial rule under the enlightened Bourbon monarchs, who claimed the Spanish throne in the early 1700s, such developments might encourage tired arguments about the criminalization of madness and the hospital's growing use as an instrument of social control. It is my contention, however, that notions of "social disciplining" and "social control"—by now catchphrases in the history of psychiatry, as well as terms of contentious debate—fail to encapsulate the nuances and dynamics, as well as the quotidian realities, of the situation of colonial Mexico where responses to madness were shaped by a variety of factors and a wide-range of historical actors, with hospitals playing a limited and ad hoc, albeit increasingly important, role.⁷ While the objectives of confinement may have occasionally included social disciplining, they also reflected a variety of other agendas: some protective, others decidedly pragmatic, some charitable while others subversive (in the

⁷ My insights and arguments have been greatly influenced by Elizabeth Mellyn's recent study on madness in early modern Florence. Drawing on civil and criminal cases, Mellyn's book argues against the "teleological thinking" that often drives histories of madness. Situating her evidence within what she calls a "society of makeshifts," she shows how Florentine families and judges worked together to devise pragmatic solutions to caring for mentally disturbed kin; in these cases, she emphasizes, "the spirit of compromise and negotiation reigned," 9. Although her study charts the gradual movement of the mad from the home to the hospital in the sixteenth century, she too argues against interpreting these changes as evidence of tightening mechanisms of control at the hands of centralizing regimes. See Mellyn, *Mad Tuscans and their Families: A History of Mental Disorder in Early Modern Italy* (Philadelphia: University of Pennsylvania Press, 2014).

case of criminals who simulated madness to escape punishment for their crimes), and some concerned with the novel quest for diagnosis, therapy, and cure. Indeed, the growing medicalization of madness—that is, the spreading recognition of its physiological underpinnings—rather than its putative connection with deviance features prominently in the arenas of the criminal and inquisitorial courts as a powerful explanation for why colonial magistrates increasingly defaulted to the hospital when confronted with insane criminals. But while Inquisitors and secular judges alike enlisted and relied on the testimony of medical experts to explain certain bizarre, erratic, and violent behaviors, the oft-told story of professionalizing physicians and government officials monopolizing the hospital, divesting it of its religious attributes and wresting control from the spiritual nurses who had long overseen, however imperfectly, the care of the insane is a late nineteenth century one, with only nascent if failed beginnings in the colonial period.⁸ The story told here, then, is not one of radical, sweeping change, but of subtle shifts and intricate local dynamics, as well as meaningful continuities.

Before proceeding further, it bears mentioning that the majority of subjects considered in this study are men. Although San Hipólito originally admitted both male and female patients, it came to restrict its services exclusively to men at some unspecified point in the seventeenth century. Neither did the two other mental hospitals of central Mexico—the Hospital de San Roque in Puebla de los Angeles, a city located sixty-eight miles south-east of the capital, and the

⁸ This narrative figures prominently in Jan Goldstein's account of the rise of the psychiatry in nineteenth-century France. See *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Chicago: University of Chicago Press, 1987). In the case of Mexico, Stephanie Ballenger's doctoral dissertation discusses how government efforts to secularize welfare institutions in the post-Independence affected San Hipólito and the Divino Salvador. See "Modernizing Madness," *op. cit.*

Hospital de San Pedro (later renamed Santissima Trinidad) in Mexico City, the latter for retired priests suffering from age-related dementia—admit women. By the late seventeenth century, and probably much earlier, it is clear that the impoverished mad women of colonial Mexico—or *pobres mujeres dementes*, as they were called—lacked appropriate accommodations and presumably wandered through the streets of the capital and beyond without patriarchal guardianship, occasionally finding refuge in a *recogimiento* or convent. This situation was at least partially remedied when a humble carpenter named José Ságayo and his wife began sheltering mad women in their home; by 1698, this act of charity had inspired the establishment of a hospital in Mexico City exclusively for destitute insane women, the Hospital del Divino Salvador.⁹ While my original intention was to study San Hipólito and its sister institution concurrently, the paltry documentation available on the women's hospital has impeded such an endeavor.¹⁰ However, the later chapters of this study do consider a modest number of Inquisition and criminal cases involving allegedly mad women who were admitted to the Divino Salvador. While this evidence hardly allows for extensive comparative analysis, it does permit us to examine some of the gendered differences in the way madness was conceptualized and handled in colonial Mexico's patriarchal society.

⁹ On this hospital, see Josefina Muriel, *Hospitales de la Nueva España*, tomo II, 108-113; Celia Berkstein Kanarek, "El Hospital del Divino Salvador," Tesis de Licenciatura (Universidad Nacional Autónoma de México, 1981); Ernestina Jimenez Olivares, "Hospital del Divino Salvador para mujeres dementes," *Cirujia y cirujanos* 64.6 (1996): 175-178.

¹⁰ By contrast, its 19th century records are far more intact. See Ballenger, *op. cit.*; and Berkstein Kanarek, *op. cit.*

Terms & Terminology

Throughout this study, I widely use the terms “madness” and “insanity.” Though modern psychiatrists shun these terms because they are technically imprecise, historians embrace them for their methodological value. “*Madness*,” writes H. C. Erik Midelfort, “is so general, so vague a term that we find ourselves forced to ask what it meant in any given time or place, and so it well serves the purposes of an empirical historian who aims...to convey some of the flavor and strangeness of a forgotten culture.”¹¹ The very ambiguity and malleability of the term, in other words, underscores the historicity of mental disorders—bounded in time, space, and culture. This is not, of course, to deny the reality of mental illnesses, their biological underpinnings and the very real suffering they inflict on their victims, but to prioritize society’s role in defining the bounds between reason and unreason. Furthermore, I do not hesitate to use the word “mental” in conjunction with illness, incapacity, disorder, or impairment. In so doing, I wish to make the point, as Elizabeth Mellyn has recently done for early modern Italy, that colonial people in Mexico, while they made no sharp demarcation between mind and body, nonetheless understood that certain diseases and impairments influenced a person’s brain functioning and cognitive faculties, albeit in ways strikingly different from our own understandings.¹²

While I keep my own language purposefully vague, whenever possible I try to privilege the specific words used by contemporaries. Not unlike today, colonial people in Mexico employed a broad range of terms and phrases to convey mental, behavioral, and emotional

¹¹ Midelfort, *A History of Madness in Sixteenth-Century Germany*, 11.

¹² Mellyn, *Mad Tuscans and their Families*, 19.

states that resided outside the bounds of what was considered natural or usual. In the most general sense, contemporaries referred to a mad person as either *loco* or *demente*, and to states of madness as *locura* and *demencia*. They further tended to demarcate whether a mad person was feeble minded and thus harmless (*loco inocente*, literally innocent) or uncontrollably violent and dangerous (*loco furioso*). According to Sebastian de Covarrubias' 1611 Spanish dictionary, *Tesoro de la lengua Castellana*, the category of *inocente* denoted someone who was "without blame" and applied to both children, "who harmed no one," and the simple minded who "lacked malice."¹³ The *furiosos*, by comparison, could either be insane or extremely "angry and choleric"; either way, he argued, their ire clouded their reason, making it necessary to "hold them in chains or cages,"¹⁴ a practice not uncommon at San Hipólito and its Spanish antecedents. Such stark comparisons underscore the two-faced character of madness: throughout the colonial period, authorities and subjects alike continuously vacillated between viewing the mad as helpless innocents deserving of *caridad* or charity, on the one hand, and as dangerous individuals who warranted confinement and isolation, on the other. These tensions were dramatized to their fullest in the highly charged arenas of the criminal and inquisitorial courts where colonial magistrates encountered the criminally insane who were at once legally innocent and physically or morally threatening. They were also manifest in the hospital itself, which embodied both charitable and coercive aspects.

The verbal repertoire for describing disordered mental states did not stop at drawing distinctions between the harmless and dangerous. Contemporaries also spoke of mad people as

¹³ Sebastian de Covarrubias, *Tesoro de la lengua Castellana* (Madrid: 1611), 505.

¹⁴ *Ibid.*, 419.

lacking sound judgment or reason (*sin juicio, sin razón*); as having “empty” (*bacio*) thoughts; as not being in their *entero conocimiento*, or full senses; and as having their “head” (*cabeza*) or mental faculties—often described as “powers” or *potencias*—“perturbed” (*pertubado*), “injured” (*lesionado*), or “disturbed” (*trastornado*). Other descriptors like *fatuo*, *tonto*, and *simple*, implied foolishness or immaturity, while a charged term like *enagenado* could refer to mental disturbances that arose from demonic possession.¹⁵

Unsurprisingly, the richest repositories for this language are not the hospital records, which mostly document the material mundanities of hospital life, but the records of the Inquisition and criminal courts. These sources not only capture the local flavor of the communities in which mad men and women roamed before they were confined, but also the more technical language employed by the medical and legal experts who were often summoned to provide testimony in specific cases. As we will see, it was during the eighteenth and early nineteenth centuries that colonial magistrates increasingly deferred to medical testimony in cases involving suspected madness and it is here, in the extensive and occasionally laconic reports of the courts’ appointed physicians and surgeons, that we find the more complicated diagnoses of *mania*, *melancolia*, *frenesi* and uterine fury (*furor uterino*); symptoms such as *furor*; and transitory states of lucidity called *intervalos*.

Such terms were certainly not new: they derived from the Greco-Roman medical tradition, which had long postulated the doctrine of the four humors, defining health and disease in terms of a balance or imbalance of these essential elements (blood, yellow bile, black

¹⁵ This last term implies demonic possession more generally, which could include states of madness. It only surfaces once in the Inquisition cases I consulted as *enagenado demente*.

bile, and phlegm) and their corresponding properties (hot, cold, wet, and dry). Within this framework, the widely cited disease of *melancolia* or melancholy generally (though not always) arose from the superfluity of black bile, which depending on the malignancy of the humor could inundate the brain (*cerebro*) or the entire body, producing sadness along with other symptoms such as irrational fear, anxiety, and clouded or distorted judgment, including delusions. Perhaps best embodying the wild and uncontrolled antics that one would readily recognize as madness or *locura*, the disease defined as *mania* was thought to be generated by the putrefaction or burning of the melancholic humor alone or in combination with corrupted yellow bile. Classic maniacal behaviors included nonsensical, erratic speech and actions and volatile and extreme emotions, such as sudden laughter or exaggerated anger or fury (*furor*). According many medical thinkers, melancholy and mania were not necessarily discrete diseases, but existed on a spectrum with the “colder” and more sedate condition of melancholy potentially morphing into the “hotter” and more raging sickness of mania. While these two interrelated states of compromised intellect were considered chronic, *frenesia* or *frenesi* was an acute type of madness signaled by the presence of high fever in combination with many of mania’s symptoms.¹⁶ Finally, *furor uterino* or uterine fury—also known as “illness of the uterus” (*mal de la madre*) or uterine suffocation—was a gendered form of madness unique to women and thought to be caused by the retention and rotting of menstrual blood, or of “female seed,”

¹⁶ This discussion is entirely based on: Elena Carrera, “Understanding Mental Disturbance in Sixteenth- and Seventeenth-Century Spain: Medical Approaches,” *Bulletin of Spanish Studies* 87.8 (2010), esp. pp. 121-129.

whose putrefied matter produced toxic vapors that rose to the brain, constricting cognitive function.¹⁷

In Europe, these ancient and medieval disease categories and their corresponding symptoms survived more or less intact well into mid eighteenth century. But, by then the humoral framework on which they were based had fallen into decline, yielding to newer models of the body that drew on mechanistic or hydrodynamic physiological principles, or emphasized the role of the nerves. To be sure, colonial Spanish American physicians, for the most part, did not publish original and extensive treatises on *locura*.¹⁸ Rather, they tended to receive the latest theories regarding madness from translated copies of European texts, which by the eighteenth century included the writings of Thomas Willis, Albrecht Von Haller, Herman Boerhaave, William Cullen, and John Brown.¹⁹ Thus, colonial physicians or surgeons examining allegedly mad suspects accused of crimes, when not relying on humoral theory, sometimes invoked trendier mechanistic explanations of melancholy—that is, as a disease originating from the slowing motion or obstructed flow of fluids (such as blood or nerve fluid)

¹⁷ Ibid., 129-130.

¹⁸ The main exception is Pedro de Horta's eighteenth-century treatise on epilepsy, *Informe medico-moral de la penosissima y rigurosa enfermedad de la epilepsia* (Madrid, 1763). A Spanish physician who moved to Mexico, Horta apparently published this treatise after a group of nuns in a convent in Puebla underwent a series of seizures. The text attempts to come to grips with the organic and spiritual causes of epilepsy. See: Charles A. Witschorik, "Science, Religion, and Reason: Pedro de Horta and the Healing of Body and Soul in Eighteenth-Century Mexico," *Estudios de Historia Novohispana* 42 (2010): 115-147; Nora Jaffarary's *False Mystics: Deviant Orthodoxy in Colonial Mexico* (Albuquerque: University of New Mexico Press, 2008) also contains a brief discussion of Horta's text; see chapt. 5.).

¹⁹ The historian Ernesta Jimenez Olivares emphasizes, in particular, the reception in New Spain of the writings of Von Hallen and Brown, the latter of which was widely diffused by the physician from Puebla, Jose Luis Montaña. See: "La atención de los enfermos mentales" *Historia general de la medicina en Mexico, Tomo IV*, eds. Xóchitl Martínez Barbosa et. al. (Mexico, D.F.: UNAM, Facultad de Medicina, 1984), 231.

circulating throughout the body—and occasionally diagnosed it as a “partial insanity” (*demencia parcial*) in which delusions were fixed on a single object or subject.²⁰ But their reports were also sometimes devoid of theory altogether and lacking in concise diagnoses other than *demencia* in the broadest sense or *fatuidad* (fatuity or stupidity); as such, they too indicate that colonial medical experts were not necessarily always wedded to theory and relied extensively on their own experiences and first-hand observations, derived from closely examining the patient’s symptoms and engaging him or her in conversation.

The fact that we must turn to judicial cases and not hospital records to find physicians’ reports, discussions of patients’ symptoms, and diagnostic categories raises questions about the dissonance between the hospital and the colonial medical establishment. Throughout the period covered by this study, San Hipólito was under the administration of a religious order, the Order of San Hipólito, and it was the brothers themselves who undertook the majority of the labor involved in caring for the hospital’s patients. Physicians were, for the most part, a peripheral presence; they were a luxury the hospital could only occasionally afford and when colonial magistrates hospitalized allegedly insane criminals, they always sent their *own* appointed physicians to check up on them and report back. The marginal presence of the medical establishment reinforces the impression that San Hipólito was primarily a religious institution, charitable in orientation, concerned solely with the custodial care and protection of the *pobres dementes*. This was only partially the case and we cannot underestimate the extent to which the brothers themselves were skilled in the art of healing and the ways in which the hospital

²⁰ Ibid., 313-314.

assimilated medical functions under the broader umbrella of religion and in the name of charity, and even despite recurring evidence of limited resources.

It is largely for this reason that I prefer “mental hospital” to “asylum” when referring to my subject institution. While I have seen the latter term occasionally employed in the few English-language studies that touch on San Hipólito, I choose to eschew it because of its connotations with psychiatric expertise. Contemporaries did not refer to San Hipólito as a *manicomio*, the modern Spanish equivalent for a psychiatric facility; rather they dubbed it a *convento-hospital* (convent-hospital), more disparagingly a *casa de los locos* (madhouse), and occasionally an *hospicio* (hospice). An additional variant that appears, though sparingly, in the records is *loquería*; this was the most medicalized of all the terminology, referring to specific wards within the hospital where the mad patients were treated and confined. Such diversity of terms registers the hospital’s varied uses and services, which ranged from charitable to coercive, and combined both spiritual and medical forms of care.

Historiography

Since the 1961 publication of Foucault’s *Histoire de la folie* (translated into English as *Madness and Civilization*) no shortage of ink has been spilled on the subject of madness and its institutions. Foucault’s antiheroic account of the criminalization of madness in the so-called Age of Reason engendered a host of historical research on institutions for the insane as well as broader social and cultural histories of madness.²¹ Much of this scholarship, while it

²¹ Important studies within this vast field include: Michael MacDonald, *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England* (Cambridge: Cambridge University Press, 1983); Eric H.C. Midelfort, *Mad Princes of Renaissance Germany* (Charlottesville, VA: University Press of Virginia,

acknowledges its debt to Foucault and his provocative ideas, has nonetheless objected to his universalizing claims, loose chronology, and abstract method of discourse analysis.²² In particular, Foucault's notion of a "great confinement" (*gran renfermement*) in which the mad, marginal, and deviant were locked up en masse inside institutions designed for their reform and treatment, a movement propelled by the rise of the absolutist state and bourgeois rationalism, has received the widest scrutiny and criticism. Katharine Hodgkin summed up a growing scholarly consensus when she noted instead that the "move to confinement was erratic, not centrally driven and not explicitly associated with the demonization of other marginal groups."²³ Furthermore, recent studies on colonial psychiatry (which I discuss below) have rightly challenged Foucault's eurocentricism and have exposed the limitations of the

1994); and *A History of Madness in Sixteenth-Century Germany*, op. cit.; Roy Porter, *Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency* (London: The Athlone Press, 1987); Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (New Haven: Yale University Press, 1993); Jonathan Andrews and Andrew Scull, *Undertaker of the Mind: John Monro and Mad-Doctoring in Eighteenth-Century England* (Berkeley: University of California Press, 2001); Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Chicago: University of Chicago Press, 2001 [1987]); Lawrence B. Goodheart, *Mad Yankees: The Hartford Retreat for the Insane and Nineteenth-Century Psychiatry* (Amherst: University of Massachusetts Press, 2003); Colin Jones, *The Charitable Imperative: Hospitals and Nursing in Ancien Regime and Revolutionary France* (London: Routledge, 1989); R. A. Houston, *Madness and Society in Eighteenth-Century Scotland* (Oxford: Oxford University Press, 2000); Ann Goldberg, *Sex, Religion, and the Making of Modern Madness: The Eberbach Asylum and German Society, 1815-1849* (New York: Oxford University Press, 1999); Mellyn, *Mad Tuscans and their Families*, op. cit. The seminal if controversial work is, of course, Michel Foucault, *Histoire de la folie à l'âge classique: Folie et déraison* (Paris: 1961), published in English as *Madness and Civilization: A History of Insanity in the Age of Reason* (New York: Vintage Books, 1988).

²² For a concise summary of critiques of Foucault's scholarship, see: H.C. Erik Midelfort, "Madness and Civilization in Early Modern Europe: A Reappraisal of Michel Foucault," *After the Reformation: Essays in Honor of J.H. Hexter*, ed. Barbara C. Malament (Philadelphia: University of Pennsylvania Press, 1980); also, Roy Porter, "Foucault's 'Great Confinement,'" *Rewriting the History of Madness: Studies in Foucault's Histoire de la Folie*, eds. Arthur Still and Irving Velody (London: Routledge, 1992).

²³ Katharine Hodgkin, *Madness in Seventeenth-Century Autobiography* (New York: Palgrave Macmillan, 2007), 10.

Foucauldian paradigm within colonial and non-Western settings. Yet in spite of the vastness of the historiography—in many respects, an embarrassment of riches—major omissions exist for different regions and historical periods. While studies on the French, English, and Anglo-American context abound, for colonial Spanish America—and Spain for that matter—the literature is still sparse, limited to a few studies by Mexican and Spanish scholars that are largely lost on an English-speaking audience.²⁴

This oversight is unfortunate given that the earliest European facilities designed exclusively for the care and confinement of the mentally disturbed first appeared on the Iberian peninsula, owing in part to the influence of Islamic precedents in that multiethnic region.²⁵ Moreover, it was the Spanish who were the first among the imperial powers to deploy these institutions and their attendant ideas and practices about the illness they called *locura* overseas. But the inattention to the Ibero-Atlantic context is hardly surprising if one considers the enduring sway of the Black Legend and its assumptions about Spanish backwardness, ignorance, and colonial brutality. Until recently, such views were partly responsible for Spain's

²⁴ On Mexico, see: Maria Cristina Sacristán, *Locura e inquisición en la Nueva España 1571-1760* (Mexico: Colegio de Michoacan 1992), and *Locura y Disidencia en el México ilustrado, 1760 –1810* (Mexico: El Colegio de Michoacan, 1994); Ernestina Jimenez-Olivares, *Psiquiatria e Inquisición: procesos a enfermos mentales* (Mexico, D.F.: U.N.A.M, 1992). On Spain: Hélène Tropé, *Locura y sociedad en la Valencia de los siglos XV al XVII* (Valencia: Diputació de Valencia, 1994); Carmen López Alonso, *Locura y sociedad en Sevilla: historia del hospital de los inocentes (1436?-1840)* (Sevilla: Diputación Provincial, 1988); Fernando Alvarez-Uría, *Miserables y locos: medicina mental y orden social en la España del Siglo XIX*. (Barcelona: Tusquets Editores, 1983); Enrique Gonzalez Duro, *Historia de la Locura en España*, 3 vols. (Madrid: 1994). One notable exception is Sara T. Nalle's microhistory of Bartolomé Sanchez, a mad messiah. See, Sara T. Nalle, *Mad for God: Bartolomé Sanchez, the Secret Messiah of Cardenete* (Charlottesville: The University of Virginia Press, 2001).

²⁵ Nalle, 159; Roy Porter, "Madness and its Institutions," *Medicine in Society: Historical Essays*, ed. Andrew Wear (Cambridge: Cambridge University Press, 1992), 179-180.

marginalization in the historiography of early modern science;²⁶ they also appear to have left their imprint on Spain's troubled legacy in the history of psychiatry. As one positivist account quaintly put it: "Spain was truly the cradle of psychiatry, but she later neglected the infant." According to this twist on the Black Legend, Spain may have pioneered the way in providing medical and custodial services to the insane, but religious intolerance, the rise of the Inquisition, and an intellectual atmosphere in which superstition reigned over rational thought guaranteed that such developments made no measurable impact.²⁷

This dissertation thus represents the first sustained historical treatment of madness in colonial Spanish America by an English-speaking scholar; it is likewise the first in-depth study of the Hospital de San Hipólito during its period under colonial rule. As such, my intention is not to substitute the Black Legend interpretation with a "White Legend" account of the institution and its charitable practices. As Elizabeth Mellyn has cautioned, neither triumphant nor declensionist narratives accurately capture the range of strategies involved in the care of the mentally disordered, nor the myriad of historical trajectories each mental hospital took.²⁸ My work instead approaches the hospital as a critical and valuable window to understanding how colonial authorities and subjects alike dealt with the problem of individuals who, on account of mental illness, could not care for themselves or endangered the safety of others, acknowledging

²⁶ On this issue, see William Eamon, "'Nuestros males no son constitucionales, sino circunstanciales': The Black Legend and the History of Early Modern Spanish Science," *The Colorado Review of Hispanic Studies* 7 (2009): 13-30; Maria Portuondo, *Secret Science: Spanish Cosmography and the New World* (Chicago: University of Chicago Press, 2009); Victor Nicolas Brotóns and William Eamon, eds. *Beyond the Black Legend: Spain and the Scientific Revolution* (Valencia: Instituto de Historia de la Ciencia y Documentación López Piñero, Universitat de València, 2007).

²⁷ Peter Bassoe, "Spain as the Cradle of Psychiatry," *The American Journal of Pyschiatry* 101 (1945), 738.

²⁸ Mellyn, *Mad Tuscans and their Families*, 3-6.

that their solutions to these seemingly perennial dilemmas varyingly betrayed charitable and less benign intentions. It is indebted, in particular, to the scholarship of the Mexican historian, Josefina Muriel, whose monumental two-volume survey of hospitals in New Spain first unearthed the central role of these institutions in Spain's colonial enterprise.²⁹ It is also in conversation with the foundational work of another important Mexican scholar, Maria Cristina Sacristán, whose two monographs on madness in colonial Mexico combined, based on Inquisition and criminal trials, represent the most exhaustive research on the subject.³⁰ I concur with Sacristán that the second half of the eighteenth and early nineteenth centuries witnessed the rising importance of medical expertise in the resolution of trials involving the allegedly insane; however, I disagree with her argument, à la Foucault, that "enlightenment Mexico" was characterized by the growing rapprochement of madness and deviance, and that the impulse to confine was an extension of this process.³¹

The central questions animating this study concern the intersection of madness and colonialism; I am not, of course, the first person to ponder this connection. While practicing psychiatry in colonial Algeria, Frantz Fanon came to the conclusion that the experience of colonialism was, in and of itself, a kind of madness.³² More recently, historians, focused mostly on North and Sub-Saharan Africa and India, have examined the workings of psychiatry and the

²⁹ Josefina Muriel, *Hospitales de la Nueva España*, 2 vols. (Mexico, D.F., 1956).

³⁰ Sacristán, *Locura e inquisición en la Nueva España* and *Locura y disidencia en el México ilustrado*, op. cit.

³¹ This argument is advanced in her second book, *Locura y Disidencia en el México ilustrado*. For an abbreviated version of these arguments, see: "La Locura," *Historia general de la medicina en México*, tomo IV: *medicina novohispana, siglo XVIII*, eds. Xóchitl Martínez Barbosa. et. al. (Mexico, D.F.: UNAM, Facultad de Medicina, 1984).

³² Franz Fanon, *The Wretched Earth* (New York: Grove Press, 2005 [1963]).

modern asylum within colonial frameworks.³³ From this scholarship, I take an understanding of the ways in which institutions and expertise are embedded in systems of power and knowledge, and of the limits of European hegemony within colonial settings. However, I too take an awareness that the emphasis on expert discourse informing much of this work (“discourse” here understood in the Foucauldian sense) does not shed light on an institution like San Hipólito, which preceded the rise of psychiatry and systems of “biopower.”³⁴ My work therefore departs from the approach often taken by historians of colonial psychiatry and focuses more intently on the social history of the hospital itself. In so doing, it unveils the act of confinement to be the product of complex—albeit uneven—local exchanges among a variety of participants: hospital nurses, priests and friars, inquisitors, physicians and surgeons, legal experts, prison guards, lay people, and the patients themselves.³⁵

To be sure, San Hipólito was distinct from the modern colonial asylum not only because it lacked an underlying psychiatric framework, but also because Spanish colonialism

³³ Megan Vaughn, *Curing their Ills: Colonial Power and African Illness* (Stanford: Stanford University Press, 1991); Jonathan Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* (Berkeley: University of California Press, 1999); Richard C. Keller, *Colonial Madness: Psychiatry in French North Africa* (Chicago: University of Chicago Press, 2007); Waltraud Ernst, *Mad Tales from the Raj: Colonial Psychiatry in South Asia, 1800-58* (New York: Anthem Press, 1991); Lynette Jackson, *Surfacing Up: Psychiatry and Social Order in Colonial Zimbabwe, 1908-1968* (Ithaca: Cornell University Press, 2005); Sloan Mahone and Megan Vaughn, eds. *Psychiatry and Empire* (New York: Palgrave Macmillan, 2007).

³⁴ Two exceptions to this approach, include: Anouska Bhattacharyya, “Indians Insane: Lunacy and the ‘Native’ Asylums in Colonial India, 1858-1912,” (Ph.D. Dissertation: Harvard University, 2013); Claire Edington, “Beyond the Asylum: Colonial Psychiatry in French Indochina, 1880-1940,” (Ph.D. Dissertation: Columbia University, 2013); Claire Edington, “Going In and Getting Out of the Colonial Asylum: Families and Psychiatric Care in French Indochina, *Comparative Studies in the Study of Society and History* 55.3 (2013): 725-755.

³⁵ Claire Edington also approaches colonial psychiatry in French Indochina as a product of local negotiations among a variety of participants. See, “Going in and Getting Out of the Colonial Asylum,” op. cit.

was its own unique beast, differing in nuanced and sometimes dramatic ways from the modern brand of imperialism practiced by nineteenth- and twentieth-century European nation-states. In fact, prior to the late eighteenth century, when the Bourbon kings unleashed a series of absolutist policies aimed at reining in and subordinating their overseas territories, the Spanish Americas were not even conceptualized as *colonias* (colonies), but rather as quasi-independent *reinos* or kingdoms, in other words extensions of the crown of Castile.³⁶ This and other factors have prompted some scholars to question whether the concept of “colonialism” accurately applies to the Spanish American experience. The anthropologist, Jorge Klor de Alva, has gone as far as to claim that “it is misguided to present the pre-Independence *non-native* sectors as colonized.” In his view, “tribute-paying non-noble indigenes,” who were divested of their land and suffered cultural disruption, were the only truly colonized peoples of Latin America. By contrast, the rest of the creole and mixed race population cannot be classed as such since they came to identify, culturally as well as ideologically, as Spanish and continued to orient themselves towards Europe in the post-Independence period.³⁷

I find this type of reasoning insightful but ultimately unsatisfying and think it more useful to acknowledge both continuities and divergences in varied colonial experiences, while

³⁶ Gabriel Paquette, *Enlightenment, Governance, and Reform in Spain and its Empire, 1759-1808* (New York: Palgrave Macmillan, 2008), 2, 155-156, fn. 8; Bianca Premo, *Children of the Father King: Youth, Authority, and Legal Minority in Colonial Lima* (Chapel Hill: University of North Carolina Press, 2005), 14; Colin M. MacLachlan, *Spain's Empire in the New World: The Role of Ideas in Institutional Change* (Berkeley: University of California Press, 1988), 89.

³⁷ Jorge Klor de Alva, “Colonialism and Postcolonialism as (Latin) American Mirages,” *Colonial Latin American Review* 1 (1992), 3, 9; for an expansion of these views, see: Klor de Alva, “The Postcolonization of (Latin) American Experience: A Reconsideration of ‘Colonialism,’ ‘Postcolonialism,’ and ‘Mestizaje,’” *After Colonialism: Imperial Histories and Postcolonial Displacements*, ed. Gyan Prakash (Princeton: Princeton University Press, 1995), 241-275.

bearing in mind Klor de Alva's assertion that "Mexico is not another version of India."³⁸ Certainly, in the realm of what Irene Silverblatt calls "race thinking" (borrowing the term from Hannah Arendt), colonial Spanish America was both exceptional and prototypical.³⁹ In colonial Mexico, as in other parts of Spanish America—and, indeed, as in colonial Bombay or Nigeria—elevated social status and access to political power were intimately tied to unadulterated bloodlines tracing back to the metropole; in short, to race. But early modern Spanish and Spanish American notions of race were strikingly different from the pseudoscientific formulations of the nineteenth century. As María Elena Martínez has elegantly discussed, the Spanish concept of *limpieza de sangre*, or purity of blood, defined as the absence of Jewish and Muslims ancestors, fueled in New Spain the creation of a hierarchical (but highly unstable) system of social and racial classification based on proportions of Spanish, African, and indigenous ancestry.⁴⁰ Central to the *sistema de castas*, or "race-caste" system, was a swelling group of mixed race people who unsettled the simple dichotomy between "colonizer" and "colonized." San Hipólito reproduced in microcosm this racial colonial order: it housed Indians, black slaves, mestizos and other racially hybrid groups, and a surprisingly large proportion of poor and insane *españoles* (mostly American born *criollos* or creoles). This is perhaps one of the most striking features of the hospital distinguishing it from the modern colonial asylum. Whereas the latter confined insane natives exclusively, and thus became a site

³⁸ Klor de Alva, "Colonialism and Postcolonialism as (Latin) American Mirages," 3.

³⁹ Irene Silverblatt, *Modern Inquisitions: Peru and Colonial Origins of the Civilized World* (Durham: Duke University Press, 2004). Silverblatt defines race thinking as "a mode of constructing and engaging social hierarchies through a lens of descent," 17-18.

⁴⁰ María Elena Martínez, *Genealogical Fictions: Limpieza de Sangre, Religion, and Gender in Colonial Mexico* (Stanford: Stanford University Press, 2008).

for underwriting ideologies of racial difference, San Hipólito mirrored the social and culture mixing, or *mestizaje*, Spanish colonialism famously produced.

That said, in many ways, Spanish exploits in the Americas were harbingers of things to come. Spanish colonizers, for instance, promoted paternalistic ideologies that infantilized “racialized Others,” a stance later adopted by modern imperial powers and that provided, in Ann Stoler’s words, “moral justification for imperial policies of tutelage, discipline, and...strategies of custodial control.”⁴¹ In the case of New Spain, colonial paternalism not only helped to rationalize the enslavement and forced conversion of the indigenous population; it also constituted the ideology undergirding social welfare projects, such as hospitals. More broadly, it shaped relationships of dependency between the Spanish king and his poorest and most vulnerable colonial subjects, who were known as the *pobres miserables* (poor wretched people)—a category that included the indigenous population in its entirety, the poor, disabled, and the mentally disturbed. Thus, while San Hipólito was in many ways a quintessentially Spanish colonial institution, in its attachment to a paternalistic colonial worldview, it also shared some basic points of commonality with the asylums of, say, British India or colonial Nigeria.

Finally, this study is poised to contribute not only to the historiography on madness and its institutions, but also to a budding movement in the scholarship to extend the history of medicine, disease, and public health to colonial Spanish America. For some time, this field was an intellectual desert comprising little more than John Tate Lanning’s pioneering study on the

⁴¹ Ann Stoler, *Race and the Education of Desire: Foucault’s History of Sexuality and the Colonial Order of Things* (Durham: Duke University Press, 1995), 150.

Royal Protomedicato and works on the demographic consequences of the Columbian Exchange.⁴² The tide has thankfully shifted as illustrated in recent studies by Adam Warren on Bourbon and early republican Peru, Martha Few on enlightenment Guatemala, Pablo Gomez on the Spanish circum-Caribbean, and Paula de Vos and Sherry Fields on New Spain.⁴³ Taken together, these studies highlight several themes salient to the history of medicine in colonial Spanish America: in particular, the centrality of piety and religion to medical practice and institutions, the formation of hybrid medical cultures, the role of the state in sponsoring

⁴² John Tate Lanning, *The Royal Protomedicato: The Regulation of the Medical Profession in the Spanish Empire*, ed. John Joy Tepaske (Durham: Duke University Press, 1985). On epidemic diseases in the Americas, see: Alfred Crosby, "Virgin Soil Epidemics as a Factor in the Aboriginal Depopulation in America," *The William and Mary Quarterly* 33.2 (1976): 289-299; and *The Columbian Exchange: Biological and Cultural Consequences of 1492* (Greenwood Publishing Group, 2003); David Noble and W. George Lovell, eds., *Secret Judgments of God: Old World Disease in Colonial Spanish America* (Norman: University of Oklahoma Press, 1991); German Somolinos D'Ardois, "Las epidemias en México durante el siglo XVI," in *Ensayos sobre la historia de las epidemias en México*, eds. Enrique Florescano and Elsa Malvido (Mexico DF: Instituto Mexicano de Seguro Social, 1982); David Noble Cook, *Born to Die: Disease and New World Conquest* (Cambridge, UK: Cambridge University Press, 1998); Robert McCaa, "Spanish and Nahuatl Views on Smallpox and Demographic Catastrophe in Mexico," *Journal of Interdisciplinary History* 25.3 (1995): 397-341. To be sure, this literature is not without its critics. In particular, scholars have taken issue with the overemphasis on "virgin soil" epidemics and the argument—advanced by Crosby, albeit in a more nuanced fashion—that the natives of the Americas lacked immunity to Old World diseases. See David Jones, "Virgin Soil Epidemics Revisited," *William & Mary Quarterly* 60 (2003): 703-742; Susan Austin Alchon, *A Pest in the New Land: New World Epidemics in Global Perspective* (Albuquerque: University of New Mexico Press, 2003); and essays in *Beyond Germs: Native Depopulation in North America*, eds. Catherine M. Cameron, et. al. (Tucson: University of Arizona Press, 2015).

⁴³ Adam Warren, *Medicine and Politics in Colonial Peru: Population Growth and the Bourbon Reforms* (Pittsburgh: University of Pittsburgh Press, 2010); Martha Few, "Circulating Smallpox Knowledge: Guatemalan Doctors, Maya Indians, and Designing Spain's Royal Vaccination Expedition, 1780-1806," *History of Science* 43:4 (2010): 519-537, and "Medical Mestizaje and the Politics of Pregnancy in Colonial Guatemala, 1660-1730," *Science in the Spanish and Portuguese Empires*, ed. Daniela Bleichmar et. al. (Stanford: Stanford University Press, 2008); see also Few's forthcoming book, *For all of Humanity: Mesoamerican and Colonial Medicine in Enlightenment Guatemala* (Tucson: University of Arizona Press, 2015); Pablo Gomez, "The Circulation of Knowledge in the Seventeenth-Century Black Spanish Caribbean," *Social History of Medicine* 26.3 (2013): 483-402, and "Bodies of Encounter: Health, Illness, and Death in the Early Modern African Spanish Caribbean" (PhD dissertation: Tulane University, 2010); Sherry Fields, *Pestilence and Headcolds: Encountering Illness in Colonial Mexico* (New York: Columbia University Press, 2008); Paula de Vos, "The Art of Pharmacy in Seventeenth and Eighteenth Century Mexico" (Ph.D. Dissertation: University of California, Berkeley, 2001).

medical and scientific projects, and persistent exchanges between the metropole and colony, the global and local. My work not only builds on this scholarship but adds to our knowledge in three other distinct areas: namely, the centrality of institutions and institutional strategies in the daily management of illness, poverty, and suffering; the role of medical expertise in the Inquisition and criminal courts; and, of course, medical and popular understandings of mental disorder.

Overview of Chapters

Although San Hipólito's life span extended into the twentieth century, this study restricts itself to the hospital's colonial history, spanning from 1567 to 1821. It comprises five chapters with chapters one through three focusing on the inner world of the hospital—its origins and transformations, its daily activities, and patient population—and chapters four and five approaching the institution's history from the vantage point of the Inquisition and secular criminal courts where the *locos* and *dementes* frequently appeared. Together, these chapters offer both a synchronic and diachronic analysis, charting broader institutional and cultural changes as well as scrutinizing complex local dynamics.

Chapter 1 examines San Hipólito's sixteenth-century foundations and early development, up until the late seventeenth century. After a general discussion of the role of hospitals in Spain's colonial enterprise, it documents the charitable career of Bernardino Alvarez, the reformed conquistador who founded the Hospital de San Hipólito as well as the religious order, the Order of San Hipólito, that would administer the institution for over two and half centuries. This chapter examines, among other things, the hospital's slow evolution from a

convalescent hospital with a diverse if modest charitable project to an institution devoted solely to the care and protection of the *pobres dementes*, emphasizing a connection between the hospital's shifting charitable activities and the evangelizing missions of church and state.

Chapter 2 traces the hospital's history during the eighteenth century, documenting its slow decline and revival culminating in its 1777 renovation. Beginning in the late seventeenth century, San Hipólito appears to have launched itself on a slow but steady downward path, a movement propelled by financial hardship, patient overcrowding, and internal disarray and conflict within the Order of San Hipólito. The first half of the chapter documents the collaborative effort of church and state officials to reform and spiritually reinvigorate the order during the 1740s and 1750s by reining in their autonomy and imposing a more disciplined and austere monastic lifestyle on its members. The second half of the chapter describes how, in the 1770s, the viceroy and municipal government joined forces to reorganize and strengthen San Hipólito's finances and rebuild what was a deteriorating building, compromised by centuries of wear and tear, season flooding, and two violent earthquakes. In addition to inaugurating a much improved and amplified facility, the hospital approached the closing decades of the eighteenth century with a modified institutional mission that couched its charitable activities in terms of a utilitarian service to the state and society.

This chapter stresses that these developments unfolded and drew their momentum from the broader context of the Hispanic enlightenment and in particular its materialization into a series of absolutist policies known collectively as the "Bourbon reforms." Assuming the Spanish throne in the eighteenth century, the Bourbon kings aimed to replace the composite monarchy and decentralized style of rule of their Hapsburg predecessors with a centralized,

absolutist state. Their sweeping reforms, which swung into full force during the second half of the eighteenth century, addressed this chief objective and tried to impose greater order and productivity in their overseas dominions and reform the social lives of colonial subjects. However, this chapter illustrates that such developments did not necessarily signal the hardening of views towards the *pobres dementes*, nor the hospital's transformation into a mechanism of state repression; if anything, they pointed to uneven and failed efforts to modernize hospital care and reform the provisioning of welfare services. Building on scholarship that has exposed the failures of the reforms and their contradictory goals, this chapter stresses that while state officials reaffirmed their paternalistic concern for the plight of the *pobres dementes* and employed the enlightenment rhetoric of reform, efficiency, and public utility to undertake the hospital's reconstruction, the state's investment in the hospital was actually limited and ad hoc. And, in the end, San Hipólito came to embody both old and new visions of hospital care, at once embracing its utilitarian mission while remaining beholden to traditional models of colonial charity.

Chapter 3 provides an overview of the hospital's patient population during the eighteenth century via a close analysis of the only two surviving admissions records, respectively dating to 1697-1706 and 1751-1786. A comparison of these two documents highlights critical changes, as well as meaningful continuities, in the hospital's patient population and broader function in colonial society. Aside from charting the general growth in size of the inmate population, higher rates of patient turnover, and the striking occurrence of patients receiving admission with medical certification, this chapter documents wider diversification among the hospital's multiracial clientele. It shows that by the late eighteenth century, the category of *pobre demente*

had come to accommodate gradations in status, means, and occupation. In addition, the hospital's more coercive aspects had intensified as it came to receive greater numbers of criminals remanded from the Inquisition and all avenues of the secular law enforcement. In spite of this last development, the story told here is not that of an institution transformed into a tool of social control, but that of a hospital whose function had become ever more multifaceted, serving different objectives to different constituents of colonial society.

Chapters 4 and 5 move beyond the hospital's walls to the *salas* (interrogation rooms) of the Inquisition and secular criminal courts to consider cases where colonial magistrates were called upon to make judgments about the mental states of certain suspects. The emphasis here is on the challenges madness posed—practical, moral, as well as epistemological—to colonial authorities concerned with the maintenance of public order, or the enforcement of religious orthodoxy; the diverse (and often diverging) perspectives of lay and expert witnesses; the growing persuasiveness, but ultimate uncertainty, of medical diagnosis; the ad hoc implementation of the insanity defense; and the varied uses of the hospital as an institutional strategy for dealing with the predicament of criminals who were not in their full senses. Together, these chapters show that the process of confining insane criminals was not purely a top-down matter—although colonial magistrates certainly possessed the final word—but rather a dynamic process involving both experts and non-experts, and a great deal of experimentation. Moreover, when viewed in this light, the insane emerge less as passive victims at hands of powerful colonial regimes, but as historical actors pleading their case and, in some instances, feigning madness to escape punishment for their transgressions or secretly fleeing the hospital's confines.

More specifically, chapter 4 asks why the Inquisition began to rely increasingly on the hospital's services during the eighteenth and early nineteenth centuries, showing that this trend was broadly connected to a gradual process of medicalization in which inquisitors came to view madness as a disease with underlying organic causes best managed through the resources of the hospital. But diagnosing *locura* in all its sundry variations was no simple feat and the inquisitors, highly preoccupied if not obsessed with human interiority and states of conscience, often engaged in protracted and contentious deliberations, riddled by anxieties that the suspect's madness was feigned. Although the Holy Office sent the allegedly insane to San Hipólito (and in one case, to the Divino Salvador) for a variety of specific reasons, a major theme that emerges in this chapter is the way the Inquisition often transformed the mental hospital into a laboratory in which to observe the progression and authenticity of symptoms.

Chapter 5 extends these concerns to the secular criminal courts, locating cases involving criminal insanity within the broader context of late eighteenth-century efforts to expand the colonial judiciary, fortify the police force, and combat growing levels of crime, especially among the racially mixed poorer classes. But, as this chapter shows, the Bourbon concern with law and order falls glaringly short of explaining why the criminally insane arrived to San Hipólito (or the Divino Salvador). Colonial magistrates sent criminals to mental hospitals not as acts of punishment—although it sometimes became just that—but rather as gestures of paternalistic leniency mediated by age-old laws protecting the insane from unwarranted punishment and practical concerns about containing violent and dangerous individuals. As this chapter emphasizes, San Hipólito was far from an appendage of the colonial law enforcement, and cases

involving the criminally insane show how the hospital often reproduced in microcosm deep-seated tensions and vulnerabilities in Spanish rule.

The epilogue discusses San Hipólito's history during the closing decades of colonial rule. Specifically, it examines how the hospital fared during the tumultuous years that followed the Napoleonic invasions of Spain in 1808, which signaled the humiliating collapse of an imperial power and triggered movements for independence throughout the Spanish American mainland. Although in 1821, San Hipólito officially ceased to be a colonial institution, the epilogue ponders the legacies of Spanish colonialism in the decades that followed.

CHAPTER ONE

Bedlam in the New World: The Hospital de San Hipólito's Colonial Foundations

It began with a spiritual awakening. Some time in the middle of the sixteenth century, a reformed Spanish soldier named Bernardino Alvarez returned to Mexico City after spending more than a decade in Peru in forced exile for engaging in fraudulent gambling and other vices.¹ Upon his arrival, so the story goes, he received a letter from his mother, Ana de Herrera, informing him of his father's demise and her decision to enter the convent. The moving epistle, in which the mother exhorted her son to abandon worldly pursuits and devote himself to the service of God, triggered a sudden change in Alvarez. Miraculously, the former conquistador—"touched by the Hand of God," as his biographer, Juan Díaz de Arce, put it—became penitent, and vowed to atone for the sins of his youth through selfless service to the sick and indigent.²

Two seventeenth-century biographies—one of them authored by a bishop and the second by a Jesuit father writing in vocal support of Alvarez's beatification—record the story of Alvarez's spiritual and moral conversion and the events that inspired the Hospital de San

¹ According to Alvarez's two biographies, the founder of the Hospital de San Hipólito was originally condemned to work in the galleys. However, he and a group of accomplices managed to escape prison on the eve of their departure for the Philippines. A sympathetic widow reportedly sheltered Alvarez in her Mexico City home before he secretly made his way to the port of Acapulco, and from boarded a ship en route to Peru. Juan Díaz de Arce, *Libro de la vida del próximo evangelico, el venerable Padre Bernardino Alvarez* (Mexico: 1762), 5-8; Francisco García, *Vida de el venerable Bernardino Alvarez fundador de la Orden de Charidad* (Madrid: Julian de Paredes, 1678), 12-15.

² Díaz de Arce, 15-16. Díaz de Arce's biography of Alvarez was originally published in 1652. Throughout this text, I will be citing the eighteenth-century reprint.

Hipólito's establishment.³ According to the official, laudatory account, Alvarez first carried out his penitence at the Hospital de la Concepción de Nuestra Señora, the institution patronized by Hernán Cortés, leader of the Spanish conquest. It was here that he observed a disheartening reality: Cortés's hospital, unable to accommodate the growing number of patients seeking its services, was forced to turn a number of them away and discharge others before they had fully recuperated.⁴ Even more distressing to his pious sensibilities was the plight of the insane: while the *locos inocentes*, or the feeble minded, helplessly wandered the streets, the object of public scorn and humiliation, the mad displaying more violent tendencies, the *locos furiosos*, were incarcerated in public jails and treated like criminals.⁵

Finding this situation intolerable, Alvarez, his biographers tell us, embarked on a mission to create his own hospital. The institution, as he originally envisioned it, would warmly receive every type of patient and pauper—from the mad to the aged and convalescent. This enterprise was wholly inspired by evangelical motives: in his biographer's words, Alvarez dedicated himself to hospital service and he practiced the virtue of *hospitalidad* or hospitality with "complete perfection" so "his fellow Spaniards would see him, and see themselves in him, as in a mirror." Moreover, the biographer added, Alvarez hoped his altruistic and selfless actions would serve as a model of ideal Christian conduct for the recently converted natives,

³ Díaz de Arce, op. cit.; Francisco García, op. cit. García's biography was written for the purposes of advancing Alvarez's beatification. Both biographies are essentially hagiographies.

⁴ Díaz de Arce, 24-25; García, 28-31.

⁵ Díaz de Arce, 43-44.

described metaphorically as “*plantas nuevas*,” or “new plants” prime for spiritual harvesting.⁶ The original hospital, a small clinic located in the center of the capital on the street of Celada, opened in 1566. Shortly after, in 1567, Alvarez relocated the institution to a historically propitious site on the city’s outskirts near the Tacuba causeway.⁷ This new location was once the scene of the infamous *noche triste* (“sad night”), the Aztec uprising following the death of Moctezuma that resulted in the military retreat of Cortés and his troops from capital of Tenochtitlán. When the Spanish forces finally subjugated the Aztecs in 1521 and demolished the great city, they erected a church on the premises of the former battleground. Appropriately, the church was dedicated to Saint Hippolytus, the saint whose feast day had coincided with date of the military victory. On account of its proximity to the historically symbolic church, the Hospital of Convalescents, as Alvarez’s hospital was originally called, eventually became known as the Hospital de San Hipólito.⁸

While the hospital was still under construction, Alvarez reportedly took to the streets. His charity, or *caridad*, his biographers emphasize, possessed no limits. He collected the convalescent, the poor, the orphaned, and the old and weary; then, he turned his philanthropic gaze to the most miserable lot: the insane. In the words of the Jesuit father, Francisco Garcia:

He [Bernardino Alvarez] gathered all the mad and feeble-minded of New Spain in order to cure and sustain them. He said that these

⁶ Ibid., 31. On the spiritual gardening metaphor in narratives of Spanish colonization, see: Jorge Cañizares-Esguerra, *Puritan Conquistadors: Iberianizing the Atlantic, 1550-1700* (Stanford: Stanford University Press, 2006), chapt. 5.

⁷ The property for the original hospital was donated by two *vecinos* of Mexico City, Miguel de Dueñas and his wife, Isabel de Ojeda. Diaz de Arce, 41-42; Josefina Muriel, *Hospitales de la Nueva España*, vol. 1 (Mexico, D.F., 1956), 188.

⁸ Muriel, *Hospitales*, 187-188.

individuals were the most needy because, like reasonable creatures they need food and clothing, but cannot fend for themselves...and since they cannot care for themselves, it is necessary that someone else care for them. He would treat these poor individuals, whom everyone else had deprecated, with special affection, seeing in them the image of God, blessed with grace [and] lacking the taint of sin...⁹

* * *

Such is the story of the Hospital de San Hipólito's auspicious beginnings. In Europe, similar accounts of heroic charity circulated to describe the origins of different welfare institutions. Whether factual or mythic, the plot usually centers on the transformative experience of a benefactor who was stirred to action by the suffering of the sick and poor. These narratives served not just to extol the institution and the exemplary piety of its founder, but to inspire others to bestow compassion and charity on the needy.¹⁰ San Hipólito's foundational story conveyed this message, yet it did so within a colonial framework that yoked Christian beneficence to the paternalism and evangelical agenda endorsed by the Catholic Church and the Hapsburg crown to legitimize colonial expansion.¹¹ The illustration of

⁹ García, 38-38.

¹⁰ Silvia Marina Arrom has identified and discussed this trope and its uses in connection to the foundational story of Mexico City's Poor House. See Silvia Marina Arrom, *Containing the Poor: The Mexico City Poorhouse, 1774-1871* (Durham: Duke University Press, 2000), 32. European examples include the story establishment of the Hospital de los Inocentes in Valencia. See, Hélène Tropé. *Locura y Sociedad en La Valencia de los Siglos XV al XVII* (Valencia: Centre d'Estudis d'Historia Local, 1994), 28-30.

¹¹ My discussion of San Hipólito's role in the broader evangelizing project is indebted to Guenter Risse's two seminal articles on hospital development in New Spain and Robert Ricard's classic study of the "spiritual conquest" of Mexico, all of which emphasize the hospital's deployment in the Americas for the purposes of religious conversion. See: Risse, "Shelter and Care for Natives and Colonists: Hospitals in Sixteenth-Century New Spain." *Searching for the Secrets of Nature: The Life and Works of Dr. Francisco Hernandez*, eds. Simon Varey et. al. (Stanford: Stanford University Press, 2000), 66-67; "Medicine in New Spain," *Medicine in the New World; New Spain, New France, and New England*, ed. Ronald L.

Bernardino Alvarez (figure 1.1) included in the 1762 edition of Díaz de Arce's *Libro de la vida del próximo evangelico*, originally published in 1652, encapsulates San Hipólito's evangelical origins. Alvarez is represented as a humble supplicant kneeling before an altar on which sits a scourged Christ in a scene from the Passion, crowned with thorns and bound with a rope around his neck. Referred to as a "*siervo de Dios*" or a "servant of God" by the caption in the banderole underneath, Alvarez clasps his hands over his heart in a gesture of devotion as he utters the Latin phrase, "*dominus providebit*" (God will provide). The illustration portrays the founder of the Hospital de San Hipólito as undertaking God's work in the Americas. Alvarez's piety is in the foreground, while the beneficiaries of his charity, one of them clearly physically disabled, reside in the distant background.

Numbers (Knoxville, TN: The University of Tennessee Press, 1987); Robert Ricard, *The Spiritual Conquest of Mexico: An Essay on the Apostolate and the Evangelizing Methods of the Mendicant Orders in New Spain, 1523-1572* (Berkeley: University of California Press, 1974), 155-161. On the hospital as the embodiment of Hapsburg paternalism: Adam Warren, *Medicine and Politics in Colonial Peru: Population Growth and the Bourbon Reforms* (Pittsburgh: University of Pittsburgh Press, 2010), 20.



Figure 1.1: Image of Bernardino Alvarez, founder of the Hospital de San Hipólito. Source: Juan Díaz de Arce, *Libro de la vida del próximo evangelico, el venerable padre Bernardino Alvarez* (Mexico: 1762)

Appreciating fully the significance of the hospital's foundational story requires us to situate it in its historical context. San Hipólito emerged during a turbulent but formative period as Spanish rulers attempted to consolidate power and establish a society in New Spain that was modeled according to traditional Castilian values, practices, and institutions. This process of social, cultural, and political reproduction was never straightforward, but critically reshaped by the conditions and challenges of the colonial environment. The presence of indigenous peoples with pre-existing cultural, religious and medical beliefs, the evangelizing missions of the church and crown, and recurring waves of pestilence—indeed, these factors and others would come to bear on the system of medical charity established in New Spain, and on the Hospital de San Hipólito's history in particular. In the first section of this chapter, I examine the development of colonial hospitals more generally and their complicity in the Spanish colonial project. I then turn to consider the specific forces that slowly propelled San Hipólito's evolution from a convalescent hospital with an expansive charitable agenda to an institution that specialized in caring for the insane. A critical point made here is that Hapsburg paternalism shaped the hospital's more specialized mission in placing mad paupers in a similar category as Indians, women, and children—in other words, as weak and defenseless colonial subjects worthy of paternal protection.¹² The final section of the chapter provides an intimate sketch of hospital life showing how the Spanish colonial and evangelical project was embodied in institutional, religious, and medical practices. Taken together, this chapter affirms Woodrow

¹² In making this point, I have been greatly influenced by Bianca Premo's study of childhood in colonial Lima, which examines the legal status of children in relation to other legal minors such as women and Indians, emphasizing the crown's paternalism towards this group of vulnerable subjects. See: Premo, *Children of the Father King: Youth, Authority, and Legal Minority in Colonial Lima* (Chapel Hill: The University of North Carolina Press, 2005), esp. chapt.1

Borah's claim that social welfare in New Spain was essentially a "history of transfer, adaptation, and experiment."¹³

Colonization and *Hospitalidad*: Early Hospital Development in the Aftermath of Conquest

Before discussing San Hipólito's foundations and early history, it is first necessary to consider the early development of hospitals in the Americas more generally and their distinctive role in the Spanish colonial enterprise. There were, to be sure, no hospitals in the Americas until the arrival of Spanish colonizers. When, in the sixteenth century, the indigenous artists of the Codex Osuna famously depicted a "sick house"—in Nahuatl, *cocoxcalli* (see figure 1.2)—they were representing a colonial institution, not a pre-Hispanic construction.¹⁴ In Spanish America, the establishment of institutions dealing with health and healing began shortly after the initial encounter with the New World and its indigenous inhabitants. In a letter dating to 1502, Queen Isabel of Castile ordered Nicolas de Ovando, Columbus's successor as the governor of Hispaniola, "to build hospitals where the poor can be housed and cured, whether Christians or Indians."¹⁵ A century later, an estimated 128 hospitals existed in Spanish America; these were located in densely inhabited areas near important roads, mostly in the

¹³ Woodrow Borah, "Social Welfare and Social Obligation in New Spain: A Tentative Assessment," *Congreso internacional de Americanista, España 1964: Actas y Memorias* 36.4 (1966), 45.

¹⁴ Miguel Leon-Portilla, "Las Comunidades Mesoamericanas ante la institucion de los hospitales para Indios," *Boletín de la Sociedad Mexicana de Historia y Filosofía de la Medicina* 44 (1983): 196-197; cf. Carmen Venegas, *Regimen hospitalario para indios en la Nueva España* (Mexico: Instituto Nacional de Antropología e Historia, 1973), 9.

¹⁵ Quoted in J. Guijarro Oliveras, "Política Sanitaria en las Leyes de Indias," *Archivo Iberoamericano de Historia de la Medicina y antropología médica* 9 (1957): 256; also cited in Risse, "Shelter and Care," 66-67.

Valley of Mexico and the province of Michoacán, though their reach also extended to Central and South America.¹⁶ On a practical level, colonial hospitals developed in response to the medical needs of Spanish immigrants and the native inhabitants, both of whom were weakened by warfare, social and material displacement, and epidemic disease; in political terms, these institutions worked to further a colonial agenda concerned with evangelizing the indigenous population, enforcing social and political stability, and fostering the economic prosperity of the crown.

¹⁶ Risse, "Medicine in New Spain," 41-42.



Figure 1.2. Representation of a “sick house” (*cocoxcalli*) from the Codex Osuna. Source: Miguel Leon Portilla, “Las Comunidades Mesoamericanas ante la institución de los hospitales para indios,” *Boletín de la sociedad mexicana de historia y filosofía* 44 (1983): 193-217.

The establishment of colonial healthcare institutions was an extension of long-standing European practices and attitudes to poverty and poor relief.¹⁷ Within Spain's rigidly ordered society, the wealthy and noble classes, the church, and the monarch were all obligated to extend both justice and physical relief to the poor provided the latter remained socially subservient and politically compliant.¹⁸ Termed *beneficiencia* or social welfare, this system of rights and obligations had religious underpinnings: specifically, it was driven by a Christian view of the poor as Christ-like and innocent and therefore worthy of material assistance. As demonstrated in the Seven Works of Mercy—feeding the hungry, sheltering the homeless, dressing the naked, giving drink to the thirsty, visiting the sick, ransoming the captive, and burying the dead—the Catholic Church taught its followers that service to the needy was a fundamental part of being a good Christian and a way to salvation.¹⁹ Beyond church and individual aid, charitable organizations such as hospitals and hospices—varyingly founded and financed by private individuals, municipal governments, religious orders, confraternities, or guilds—addressed the needs of the poor providing them with shelter, food, clothing, basic medical attention, and custodial and spiritual care.

¹⁷ On poor-relief in Spain, see the essays by Jon Arrizabalaga and Maria Luz Lopez Terrada in *Care and Poor Relief in Counter-Reformation Europe*, eds. Ole Peter Grell, et. al (London: Routledge, 1999); Linda Martz, *Poverty and Welfare in Hapsburg Spain: The Example of Toledo* (Cambridge: Cambridge University Press, 1983); James William Brodman, *Charity and Welfare: Hospitals and the Poor in Medieval Catalonia* (Philadelphia: University of Pennsylvania Press, 1998); Maureen Flynn, *Sacred Charity: Confraternities and Social Welfare in Spain, 1400-1700* (Ithaca and New York: Cornell University Press, 1989).

¹⁸ Borah, 45.

¹⁹ Arrom 32. On the ideology of charity, see: James William Brodman, *Poverty and Religion in Medieval Europe* (Washington, D.C.: The Catholic University of America Press, 2009), especially chapt. 1.

In New Spain, the Spanish mobilized hospitals in an effort to introduce stability in the wake of military conquest and resuscitate their health and that of their newly vanquished native subjects. Serge Gruzinski has described the period immediately following the “shock of conquest” as a physical and psychological “maelstrom,” a moment of shattered identity, social disintegration, and confusion made all the more intense by rampant disease, recurring famine, and widespread death.²⁰ European expansion wrought unprecedented illness, particularly in the form of infectious diseases such as smallpox, typhus, influenza, and measles that disproportionately impacted native communities.²¹ The first smallpox outbreak, occurring between 1520-21, devastated the natives, killing off somewhere between one-fifth to one-half of the population.²² The Franciscan missionary and historian, Fray Gerónimo de Mendieta, observed that “in some provinces half of the people died” during the first pandemic, a situation that he believed was exacerbated by the ill-informed hygienic practices of the natives and the lack of sound medical care in the colony:

In some provinces half of the people died, and in others a little less. The number of deaths was so great because the disease was unknown to the Indians and they did not possess a remedy against smallpox, and the friars who have always been their doctors, both spiritually and corporally, had not yet arrived, and particularly [because] of their habit of taking baths so often, be they healthy or sick, in hot baths which further inflames their blood, and thus an infinite number of them died in all parts.²³

²⁰ Serge Gruzinski, *The Mestizo Mind: The Intellectual Dynamics of Colonization and Globalization*, trans. Deke Dusinberre (London: Routledge, 2002), 33-51.

²¹ On epidemic disease in the Americas and its effect on the indigenous population, see fn.

²² McCaa, 398-99.

²³ Fray Gerónimo de Mendieta, *Historia Eclesiástica Indiana*, Tomo II, ed. Antonio Rubal García (Mexico, D.F.: Consejo Nacional Para la Cultura y Las Artes, 1997), 197.

Following the first smallpox epidemic, an even more virulent and unidentified pestilence known among the natives as *huey cocolitzli* (or “great pestilence”) erupted in the 1540s and once again in the 1570s. Its symptoms—which included delirium, convulsion, jaundice, bleeding, dysentery, and gangrene—were horrendous and its death toll was immense.²⁴ While epidemics ravaged indigenous communities, among the Europeans, the treacherous journey across the Atlantic and the unfamiliar and inhospitable environment of the New World—especially the humid climate in the port of Veracruz where the incoming ships disembarked—caused rampant sickness and poor health. As contemporary accounts reveal, European settlers experienced the New World as a hostile and humid place where diseases festered and where the hot and wet climate weakened and consumed both the body and the mind.²⁵

The impetus to found hospitals in the Americas was given official endorsement in a number of royal decrees. In 1541, Charles V demanded that hospitals be erected in all towns populated by Spaniards and Indians so that the “poor can be cured and Christian charity be exercised.”²⁶ This order was reissued in the 1573 *Ordenanzas de pobladores*.²⁷ Although the

²⁴ Martha Few, “Indian Autopsy and Epidemic Disease in Early Colonial Mexico,” *Invasion and Transformation: Interdisciplinary Perspectives on the Conquest of Mexico*, ed. Rebecca P. Brien and Margaret A. Jackson (Boulder: University of Colorado Press, 2008), 153.

²⁵ For an expanded discussion of these views and their relation to ideas of race and racial difference, see: Jorge Cañizares-Esguerra, “New World, New Stars: Patriotic Astrology and the Invention of Indian and Creole Bodies in Colonial Spanish America, 1600-1650,” *The American Historical Review* 104.1 (1999): 33-68. For the sixteenth century, Cañizares-Esguerra cites the Franciscan Diego Valdés and the physician Juan de Cardenas. The latter “maintained the humidity in the Indies was not only the cause of frequent earthquakes ...but also sapped the strength of the population (humidity caused chronic illnesses that weakened, dried, and consumed the human body),” 38.

²⁶ *Recopilación de Leyes de los Reynos de las Indias*, Lib.I, Tit.IV, Ley I; quoted in Borah, 47.

²⁷ Borah, 47.

physical care of the sick, aged, and impoverished fell under the administrative purview of the Catholic church, the Spanish crown wielded jurisdiction over social welfare projects in the Americas by virtue of the *patronato real*, or royal patronage, a series of papal rulings granting civil authorities control over church affairs in the colonies.

Both church and state took active interest in the founding of colonial hospitals not only because they addressed pragmatic needs, but also because they endorsed and enabled efforts to spiritually colonize the New World. True to their medieval European roots, hospitals were fundamentally religious institutions; indeed, sixteenth-century Spaniards often referred to them as *templos de piedad* (“temples of piety and compassion”),²⁸ underscoring their importance as symbols and reenactments of Christian charity. Once transplanted to a colonial setting, the hospital’s charitable mission became intensely evangelical, intimately aligned with the church and state’s agenda to Christianize the natives of Mexico. The link between hospitality and evangelism was clearly articulated in a 1532 letter from Pedro de Gante to Charles V, in which the Franciscan friar duly noted that the establishment of hospitals for the natives “helped with [their] conversion” because it was through such institutions that sick and needy Indians “came to know the charity that exists among Christians, and thus they are invited to join the faith.”²⁹ Prior to New World discovery and settlement, the Spanish had exploited the hospital’s evangelizing potential in their campaign to proselytize the Moors following the *Reconquista*

²⁸ Risse, “Shelter and Care,” 67.

²⁹ “Carta de Fray Pedro de Gante al emperador D. Carlos (1532),” *Cartas de Indias*, No.8 (Madrid, 1877), 52.

(reconquest).³⁰ Drawing on these experiences, they founded hospitals in New Spain in close proximity to churches and monasteries, thus bringing patients into contact with Catholic priests and friars who served as models of piety, spiritual counselors, and bodily healers. In times of epidemic, hospitals provided convenient locations where large masses of dying natives could be congregated to receive the last rites that guaranteed salvation.³¹ More speculatively, they very well may have constituted the first places where the natives came to perceive health and illness in Christian terms.³²

These dynamics were especially dramatic in hospitals that were founded exclusively for the indigenous population. The establishment and administration of these institutions was in keeping with the two-tiered model of society prevalent in New Spain, comprising a “republic of Spaniards” (*republica de españoles*) and a “republic of Indians” (*republica de Indios*). Matthew D. O’Hara has recently characterized the two-republics system as being “at once paternalistic,

³⁰ Risse, “Medicine in New Spain,” 20-21

³¹ Risse, “Shelter and Care,” 67; Ricard, 156. The Hospital Real de los Naturales was used explicitly for these purposes during the 1576 *cocoliztli* epidemic.

³² In the Nahua worldview, as in Christianity, sickness and health had strong moral connotations, and disease was understood to be the consequence of sin. Louise Burkhart’s astute analysis of Nahua-Christian moral dialogue is especially relevant here. In *The Slippery Earth*, Burkhart examines the efforts of sixteenth-century friars to introduce Christian moral precepts—specifically the Christian notion of sin—to Nahua ideology. Her evidence primarily consists of a body of doctrinal texts produced in the native language of Nahuatl for the purposes converting the natives of central Mexico. In Nahua cosmology, the concept of *tlatlacolli*—literally “something damaged,” “spoiled” or “harmed”—could anger the gods and provoke illness and disease; sixteenth-century friars intent on evangelizing the Nahuas persistently invoked *tlatlacolli* within a Christian moral framework, using the links between “morality and etiology” as “common ground for preaching in terms of disease.” “That Christian sins could cause diseases and confession could help to cure them made sense to the Nahuas,” Burkhart argues. The Nahuatl documents abound with imagery that cast *tlatlacolli* in Christian terms—“Sin as sickness, Christ as healer, the sacraments (confession in particular) as medicines.” Louise M. Burkhart, *The Slippery Earth: Nahua-Christian Moral Dialogue in Sixteenth-century Mexico* (Tucson: The University of Arizona Press, 1989), 28-34, 173. See also, Alfredo López Austin, *The Human Body and Ideology: Concepts of the Ancient Nahuas*, trans. Thelma Ortiz de Montellano (Salt Lake City: Univeristy of Utah Press, 1998).

protectionist, and oppressive,” designed to preserve some amount of autonomy for the indigenous population, while facilitating their spiritual education, cultural assimilation, and economic exploitation.³³ Indeed, some of the most radical examples of the hospital’s role as a vehicle for the cultural assimilation and religious conversion of the indigenous population were the pueblo-hospitals implemented by the archbishop of Michoacán, Vasco de Quiroga. Influenced by the writings of Thomas More, Quiroga had aspired to resurrect his own version of a utopia in the New World by congregating the natives (many of them orphans due to the wars of conquest) into communities organized according to the activities of a local hospital.³⁴ Significantly, neither Quiroga’s hospitals nor the Hospital Real de los Naturales (Royan Indian Hospital) in the capital possessed the appropriate facilities to accommodate insane patients. Thus, Indians suffering from mental disturbances were often sent to the Hospital de San Hipólito, making it one of the few colonial hospitals to admit both indigenous and European patients.

From the position of the indigenous population, the hospital was an entirely foreign institution for which no pre-Columbian analogue existed. Although, as Miguel Leon-Portilla has discussed, Alonso de Molina’s *Vocabulario* translates the Nahuatl word *cocoxcalli* as “sick house,” there is no extant indigenous document to suggest that this term was ever employed in a pre-Hispanic context. That the image of a *cocoxcalli* which appears in the Codex Osuna

³³ Matthew D. O’Hara, *A Flock Divided: Race, Religion, and Politics in Mexico, 1749-1857* (Durham: Duke University Press, 2010), 31-32.

³⁴ Risse, “Shelter and Care,” 68; Risse, “Medicine in New Spain,” 40-41. Bernardino Verástique, *Michoacán and Eden: Vasco de Quiroga and the evangelization of western Mexico* (University of Texas Press, 2000).

(figure 1.2) refers explicitly to the Hospital de Real de Los Naturales, New Spain's royal hospital for natives, all the more indicates that the term signifies a colonial institution.³⁵ According to the sixteenth-century Dominican friar, Diego Duran, the Aztecs did have a loosely organized system for the collection and distribution of alms to the poor.³⁶ They too possessed sophisticated medical knowledge, especially knowledge of the medicinal properties of plants and herbs, as well as a wide range of healers and medical specialists.³⁷ However, it is safe to assume that the natives experienced the institution of the hospital as something altogether new. How, then, did the indigenous population respond to the establishment of these new and foreign institutions? From what the extant historical documentation reveals, the indigenous reception of the imposed colonial hospital system was mixed. Much like the assimilation of Christian beliefs—which was gradual, complex, and uneven—the natives of central Mexico seem to have received colonial hospitals with varying degrees of enthusiasm and resistance. In a passage from Mendieta's *Historia eclesiástica Indiana*, for instance, the friar described the willingness of the natives of Michoacán to “go to the hospital to cure themselves and to die, where they receive all the sacraments.” He then contrasted this example with the recalcitrance of the natives outside the province who “would rather die at home, than recuperate their health

³⁵ Leon-Portilla, “Las Comunidades Mesoamericanas ante la institución de los hospitales para Indios,” 197-198.

³⁶ Diego Duran, *Historia de las Indias de Nueva España* (1570), cited in Amos Megged, “Poverty and Welfare in Mesoamerica During the Sixteenth and Seventeenth Centuries: European Archetypes and Colonial Translations,” *Colonial Latin American Historical Review* 6.1 (1997), 15.

³⁷ On Nahuatl medicine see: Alfredo López Austin, *Textos de Medicina Náhuatl* (Mexico, DF: Instituto de Investigaciones Históricas, 1975); Alfredo López Austin, *The Human Body and Ideology: Concepts of the Ancient Nahuas* (University of Utah Press, 1988); Bernard Ortiz de Montellano, *Aztec Medicine, Health, and Nutrition* (New Brunswick: Rutgers University Press, 1990).

in the hospital.”³⁸ Passages such as these are suggestive but ultimately inconclusive; we know conspicuously less about how indigenous populations reacted to establishment of hospitals than about how colonial authorities conceived of the hospital’s mission.

When the Hospital de San Hipólito was founded in 1567, it addressed a void in the colonial healthcare system. By the mid-sixteenth century, Mexico City possessed its first general hospital—the Hospital de la Concepción de Nuestra Señora founded by Cortés—in addition to a number of specialized institutions: San Lázaro (for lepers), Amor de Dios (for syphilitics), and the Hospital Real de los Naturales (for indigenous patients). Alongside these institutions, the Spanish crown had founded the tribunal of *Protomedicato* to regulate medical practice in the colony and the Royal and Pontifical University of Mexico to provide medical education.³⁹ This landscape broadly reflected the structure of medicine and medical charity in Europe, which by the early modern period had transitioned from generalized hospitality directed towards the needy to more targeted and increasingly medical care to different sectors of the poor.⁴⁰ Still, there was no hospital in the New World to extend succor to the mad poor until Bernardino Alvarez championed their plight.

³⁸ Mendieta, Tomo I, 473.

³⁹ Risse, “Medicine in New Spain,” 39, 29-33-37. On the activities of the *protomedicato* in New Spain, see: John Tate Lanning, *The Royal Protomedicato: The Regulation of the Medical Profession in the Spanish Empire*, ed. John Joy Tepaske (Durham: Duke University Press, 1985).

⁴⁰ Teresa Huguet-Termes and Jon Arrizabalaga, “Hospital Care for the insane in Barcelona, 1400-1700,” *Bulletin of Spanish Studies* vol. 87.8 (2010), 84; also, Katharine Park, “Healing the Poor: Hospitals and Medical Assistance in Renaissance Florence,” in Jonathan Barry and Colin Jones, eds., *Medicine and Charity before the Welfare State* (London: Routledge, 1991): 26-45.

Making a Spanish Bedlam in the New World

As the preceding paragraphs have shown, colonial hospitals were based on Spanish institutional models, but adapted to address the conditions of the New World environment and the political imperatives of the church and crown. The history of the Hospital de San Hipólito provides a case study of this process, documenting in particular the transfer and adaptation of a unique type of hospital dedicated to *locura* or madness.

In late medieval and early modern Europe, and Spain especially, the practice of segregating the mad into separate facilities was a well-established tradition. Evidence suggests that as early as the late fourteenth century, the Hospital de Colom in Barcelona began to admit mad patients, implementing restraints such as chains and shackles on those whose mental disturbances provoked physical aggression or suicidal tendencies.⁴¹ In 1409, the Mercedarian friar, Gilaberto Jofré, founded one of the earliest mental hospitals not just in Christian Spain but in all of Europe, the Hospital de los Inocentes in Valencia, when he took pity on a poor madman who was suffering abuse and ridicule on the street.⁴² This establishment was possibly modeled on similar foundations located in Muslim Granada and North Africa;⁴³ indeed, the cultural legacy of Islamic occupation on the Iberian peninsula goes a far way in explaining Spain's early involvement in dedicating hospital resources to *locura* or madness. Following the

⁴¹ Teresa Huguet-Termes and Jon Arrizabalaga, "Hospital Care for the Insane in Barcelona, 1400-1700," *Bulletin of Spanish Studies: Hispanic Studies and Researches on Spain, Portugal and Latin America* 87.8 (2010), 86-88.

⁴² On this institution, see: Tropé op. cit. In the sixteenth century, the hospital was subsumed into the Hospital General as part of a broader hospital consolidation project initiated by state reformers.

⁴³ Sara Tilghman Nalle, *Mad for God: Bartolome Sanchez, the Secret Messiah of Cardenete* (Charlottesville: The University Press of Virginia, 2001), 158- 59.

establishment of the Valencia hospital, similar institutions gradually followed so that, by the middle of the sixteenth century, the Spanish kingdoms possessed three additional hospitals (in Seville, Toledo, and Valladolid) dedicated entirely to the care of those identified as *locos*, *dementes*, *inocentes* or *furiosos*, as well as seven general hospitals with special departments designated for the mad.⁴⁴ Since madness during this period was largely a domestic responsibility, these facilities typically only accommodated the mad paupers who lacked resources and family support or the raving insane who were too burdensome to remain at home.

Initially, Spain's earliest mental hospitals operated more like hospices than medical institutions. The original hospital in Valencia, for instance, demonstrated little interest in medical treatment even though Galenic understandings of madness as a physiological imbalance had already begun to disseminate out of medieval universities. Its agenda, rather, was to provide shelter, food, and protection to the mad poor who helplessly roamed through the streets of the city without shelter or livelihood. But "[p]rotection'," as Sara T. Nalle has commented, "went both ways; the ill needed to be sheltered from the abuse they received on the streets, and the city's residents needed protection from the violently insane."⁴⁵ Interest in "cure"—in the form of purging, bloodletting, emetics, and dietary adjustments to restore humoral equilibrium—came gradually and complemented, rather than overshadowed, the

⁴⁴ Enrique Gonzalez Duro, *Historia de la Locura en España*, vol. 1 (Madrid: 1994), 43. See also: Carmen Lopez Alonso, *Locura y Sociedad en Sevilla: Historia del hospital de los inocentes (1436?-1840)* (Sevilla: Diputación Provincial, 1988); Carmen B. Viquera, "Los hospitales para locos e 'inocentes' en Hispanoamerica y sus antecedentes Españoles," *Revista Española de Antropología Americana* 5 (1970): 341-84.

⁴⁵ Nalle, 158.

hospital's religious and custodial services. By the mid-sixteenth century, the Hospital Real y General de la Señora de Gracia in Zaragoza, a general hospital with a special ward that accommodated up to 200 mentally ill patients, had acquired a unique reputation for its therapeutics. Here, patients who were not physically restrained were placed into cells, fed a special diet that prevented the mind from overheating, and kept occupied with various domestic and manual tasks.⁴⁶

Although Spanish precedent was well in place by the time of San Hipólito's foundation, the hospital only gradually came to be regarded by contemporaries as a *casa de locos* or madhouse that mirrored those on the Iberian peninsula. The official license from the archbishop Alonso de Montufar granting Alvarez permission to found the hospital titled the institution the Hospital de Convalescientes y Desamparados (Hospital of Convalescents and the Defenseless).⁴⁷ As I described at the outset of the chapter, Bernardino Alvarez was inspired to found the hospital while he was undertaking charitable work at the Hospital of the Immaculate Conception where he observed an urgent need for an institution that would receive the patients who were rejected or prematurely dismissed from other hospitals without a place to convalesce. San Hipólito was thus originally envisioned as shelter for convalescents and invalids; it received the mentally ill as part of its broader mission to assist the poor, incapacitated, and defenseless and only gradually came to concentrate its charitable services on

⁴⁶ Ibid, 158-60.

⁴⁷ Jose Maria Marraquoi, *La Ciudad de Mexico*, 2nd. ed. (Mexico: 1969), 551. A copy of the license from the Viceroy Montufar granting Alvarez permission to build the hospital is included in Archivo General de la Nación (hereafter AGN), Hospitales, vol. 45, exp.9, ff. 380-381.

this group exclusively. The hospital's evolution, as we shall see, was fueled just as much by colonial initiatives and mandates as it was informed by European antecedents.

One obvious and early illustration of how colonial influences shaped San Hipólito's development was the recruitment of indigenous labor to construct the hospital's edifices through the *repartimiento* system. Literally meaning "distribution or apportionment," the *repartamiento* was designed to address some of the problems of the *encomienda* (namely, widespread abuse) and deal with the issue of a declining indigenous labor force. As Charles Gibson explains, "it was a system of rationed, rotational labor, purportedly in the public interest or for the public utility," and thus, Spaniards reasoned, it was not technically slavery.⁴⁸ In the sixteenth century, drafted Indians forced to acquiesce to the crown's demands for cheap labor were put to work on the construction and repair of colonial hospitals, churches, and monasteries; San Hipólito was no exception. In 1580, viceroy Martin Enriquez expressed his approval of Alvarez's charitable project by granting him "*yndios peones*" (Indian laborers)—specifically, two native carpenters per week—to assist in San Hipólito's construction.⁴⁹ Evidence indicates that this practice was endorsed by the succeeding viceroy, Lorenzo Suárez de Mendoza, Conde de Coruña, who allotted Alvarez twenty-five natives from the pueblo of Chimalhuacan

⁴⁸ Charles Gibson, *The Aztecs Under Spanish Rule: a History of the Indians of the Valley of Mexico, 1519-1810* (Stanford University Press, 1964), 224.

⁴⁹ The phrase "*yndios peones*" comes from a testimony provided by Alvaro Perez de Camora, who testified on the order of San Hipólito's behalf in 1610. AGN, Hospitales vol. 73, exp.3, ff. 229. Elsewhere, a 1580 document (AGN, Hospitales vol.45, exp.9, f. 363) makes brief references to two indigenous carpenters who were granted to the hospital per week, a fact which is also confirmed by Martin who cites a different source. See Martin, 160.

in addition to the aforementioned indigenous carpenters.⁵⁰ To be sure, the *repartamiento* was not an entirely novel conjuring of the crown seeking to disperse native manpower among its many colonial ventures. Pre-conquest labor arrangements, as Gibson has discussed, incorporated forms of mass labor, including forced servitude and rotational service, which the Spanish appropriated to suit their own ends.⁵¹ However, reflecting the tenuous nature of indigenous manpower, which was stretched thin amongst the crown's varied projects, San Hipólito soon faced a labor shortage, as the workers originally assigned to the hospital were later transferred to the region of Chalco to work in agriculture.⁵²

As I mentioned earlier, the choice of location for the hospital's construction, adjacent to the church of San Hipólito, was symbolically meaningful as the church commemorated the triumphal fall of the Aztecs to the Spanish conquerors. One contemporary, in fact, referred to the church of San Hipólito as the "old church of conquistadors."⁵³ Through its association to the church and its patron saint, the hospital partook in a vaster project of symbolic and material appropriation and Christianization in which Spanish settlers erected churches, monasteries, and hospitals on former battlegrounds or sites of pagan temples. Patricia Seed has termed these gestures of appropriation "ceremonies of possession." Although Seed's work refers specifically to ceremonial acts and processions such as speeches, the planting of banners,

⁵⁰ AGN, Hospitales vol. 73, exp. 3, ff. 255v-256; AGN, Hospitales vol. 45, exp. 9, ff. 363v-364; Martin, 160.

⁵¹ Gibson, 220-225.

⁵² AGN, Hospitales vol. 73, exp. 3, ff. 255v-256; AGN, Hospitales vol. 45, exp. 9, ff. 363v-364; Martin, 160.

⁵³ AGN, Hospitales vol. 73, exp.2, ff. 74.

crosses and coats of arms, and the making of maps, these “symbolic acts of possession” can also be extended to the founding of religious institutions such as hospitals.⁵⁴ The most famous example of the hospital’s role in legitimizing colonial rule was the founding of the Hospital of the Immaculate Conception by Cortés, which was established shortly after the military siege of Tenochtitlán on the legendary site where the conquistador first encountered the ill-fated indigenous leader Moctezuma. Like Cortés’ hospital, the Hospital de San Hipólito associated the conquest with the introduction of Christian *caridad* or charity to the New World through its foundational story and symbolic setting. The hospital’s location would also make the institution a prominent point of celebration during important holidays such as the feast day of Saint Hippolytus (August 13th) when the city of Mexico honored its anniversary with great pomp and fanfare.

The Hospital de San Hipólito’s construction reached its conclusion some time in the mid to late 1580s. According to Garcia’s chronicle of Alvarez’s life, the finished building contained:

...many quarters and rooms for diverse sick and needy individuals; one for convalescents; another for the feeble minded and mad, with cages [*jaulas*], and restraints [*prisiones*] to contain the violent ones [*furiosos*] so that they wouldn’t inflict nor receive harm; another to house those who had recently arrived from Spain, until they found their livelihood [*comodidad*], and extra rooms for poor priests, and people of high status [*calidad*] who suffer need, with the necessary offices for the service of the hospital, and enough rooms for the hospital’s administrators, everything with great order, and distinction, according to what he [Alvarez] had learned in the ten years at the Hospital of the Marques de

⁵⁴ Patricia Seed, *Ceremonies of Possession in Europe’s Conquest of the New World, 1492 – 1640* (Cambridge, UK: Cambridge University Press, 1995), 2-3. Seed argues that the Spanish, unlike the French or English, were far more willing to establish claim through warfare, thus making battle sites all the more significant. See chapter three.

Valle [Cortés' hospital].⁵⁵

By comparison, the Church of San Hipólito, demolished in 1584, remained a work-in-progress well until the eighteenth century; one of the hospital's wards served as a chapel in the interim.⁵⁶

As evidenced by Garcia's detailed description of the hospital's completed interior, San Hipólito originally housed a diverse patient population and performed a variety of charitable services. One of its quarters was reserved exclusively for the mentally ill—fully equipped with cages (*jaulas*) and physical restraints (*prisiones*) to contain the more unruly patients “so that they wouldn't inflict nor receive harm”—while other rooms were designated for convalescents and others for “diverse sick and needy individuals.”⁵⁷ The institution too operated as a traditional hospice, providing food and shelter to weary and dislocated travelers, destitute clergymen, and even elderly tutors and teachers, the last of whom offered schooling to children, teaching them “the Christian doctrine, to read, write, [and] count” in special rooms designated as schools within the hospital.⁵⁸

This charitable enterprise was not undertaken alone. As early as 1569, Alvarez began to attract a dutiful group of followers who aspired to emulate his pious example of hospital service. His disciples would eventually become one of New Spain's most active hospital orders, the Order of San Hipólito, also known the Order of Charity, which was also the first religious

⁵⁵ Garcia, *Vida de el venerable Bernardino Alvarez*, 37.

⁵⁶ Muriel, *Hospitales*, 191; Suarez, 59-60.

⁵⁷ Garcia, *Vida de el venerable Bernardino Alvarez*, 37.

⁵⁸ *Ibid.*, 110.

order created in New Spain.⁵⁹ Together with the brothers of San Hipólito, Alvarez would found a total of six hospitals in New Spain during his lifetime (of these, only San Hipólito assumed charge of the insane); the brothers would then go on to expand this network of institutions in the century that followed. Petitions to create a formal order began in the late sixteenth century, and Alvarez insisted that alongside the traditional monastic vows of poverty, chastity, and obedience, the order's members follow a fourth vow to *hospitalidad* or hospitality, or service to sick and poor. It was not until 1700, however, that Pope Innocent XII officially recognized the brothers, who were known throughout New Spain as the *hipólitos*, as an autonomous religious order; prior to that point, they operated first as a brotherhood and then as a congregation.⁶⁰

A formal document presented by the brothers of San Hipólito in 1569 to the Council of the Indies clearly outlined the hospital's expansive mission and its utility in colonial society:

The intention of the founder was to collect the *locos inocentes*, and the simple-minded, and shelter them, and to sustain poor clergyman, disabled elderly people, and the sick, and to help those who had recently arrived from the [Spanish] Kingdom, who are called *gachupines*, and not only has [this practice] continued with punctual observance, but it has grown to great lengths, because [the brothers of San Hipólito] are not content to only receive, and shelter the mad, and simple-

⁵⁹ Cheryl English Martin has conducted the most extensive research on the Order of San Hipólito's internal organization and the background of many of the early followers. She concludes that although it was created in New Spain, the Order of San Hipólito "was decidedly Iberian in membership and leadership for the first century of its existence." By the seventeenth century (1612-1660), a small minority of brothers were American-born Creoles, all of which "presented proof of the purity of their lineage; hence it can be assumed that none had any obvious Indian ancestry." Martin, "The San Hipolito Hospitals," 48-49.

⁶⁰ Muriel, *Hospitales*, 189. According to Muriel, Pope Gregory XIII authorized Alvarez's request to form the Order of San Hipólito. However, the papal bulls were never officially dispatched on account of the Pope's untimely demise. The brothers of San Hipólito subsequently petitioned to a number of succeeding popes and their request was finally granted in 1700 by Pope Innocent XII.

mind of the city, but they travel long distances to faraway provinces to gather them, and they bring them to the hospital at their own cost, so that in Mexico they can cure them...for which the hospital is highly regarded, like the celebrated Zaragoza [hospital], and it sustains a great number [of patients] on a daily basis [such as] ecclesiastics, and lay people [suffering from] different species of furor and madness [demencia], treating them with charity, and [is] an example to all.⁶¹

Tellingly, the brothers likened San Hipólito to Our Lady of Grace in Zaragoza, which was by contemporary standards one of the finest general hospitals in all of Spain, especially admired for its treatment of the mad.⁶² The passage also implicitly references the *recua*, an impressive system of transport devised by Alvarez and his disciples that comprised seventy to one hundred mules. Serving as a relief convoy, the *recua* was used to transport weak and ill European immigrants from the port of San Juan de Ulúa to the Hospital de San Hipólito and other hospitals en route.⁶³ Immigrants were provided with food, clothing, and medical attention at the Hospital de San Hipólito where they remained until they recuperated their health and obtained a livelihood, some staying for as long as three or four months. Potential employers seeking domestic servants or overseers for their haciendas often sought employees from among San Hipólito's sheltered guests.⁶⁴ The same document, too, reported that at mealtimes the hospital customarily gave a ration of meat and bread to all beggars who requested it.⁶⁵

⁶¹ AGN, Clero Regular y Secular vol. 65, exp. 1, ff. 27v.

⁶² Nalle, 160.

⁶³ The Order of San Hipólito's 1616 statutes contain detailed specifications for these relief convoys were to be conducted. See AGN, Tierras vol. 3082, exp.1 ff.7v-8v.

⁶⁴ AGN, Clero Regular y Secular vol. 65, exp. 1, ff. 27v; Díaz de Arce 55-60; Muriel, *Hospitales*, 207-208; Martin, 75-76.

⁶⁵ AGN, Clero Regular y Secular vol. 65, exp. 1, ff. 27v.

Thus, in its earliest stages, San Hipólito pursued a less specialized charitable mission and it provided an expansive set of services—including but not limited to the care of the insane—that were critical to sustaining Spanish settlement in the Americas. The institution financed these vast endeavors through both public and private sources. Unlike the Hospital Real de los Naturales for indigenous patients, San Hipólito was not under direct royal patronage, although it occasionally received limited amounts of viceregal support. Alvarez used his own personal wealth, which according to various testimonies amounted to over 30,000 pesos, to found the hospital.⁶⁶ Afterwards, the institution relied extensively on charitable donations. An official decree dating to 1589 granted Alvarez license to publicly beg for alms (*pedir limosna*) as the hospital was considered a charitable good work (*obra tan pía*) that benefited colonial society.⁶⁷ Similar concessions urging the citizens of Mexico City to donate funds to the hospital were issued well into the eighteenth century. The rationale behind these injunctions was that by channeling funds to a worthy cause such as a hospital—which in theory only admitted *pobres verdaderos* (the true poor) and *pobres vergonzantes* (the shamefaced poor)—It would be ensured that charity targeted the “deserving” poor and not the vagrants and beggars (*vagabundos, mendigos*) who solicited alms on the street under what were viewed as false pretenses.⁶⁸ Colonial society thus regarded the patients of San Hipólito, who for obvious reasons could not support themselves, as legitimately in need of sustenance and charity. The

⁶⁶ AGN, Hospitales vol. 73, exp. 3, ff. 228v, 234v.

⁶⁷ AGN, Hospitales, vol. 45, exp. 9, ff. 382-382v.

⁶⁸ On poor relief reforms in Spain see, Jon Arrizabalaga, “Poor Relief in Counter-Reformation Castile: An Overview,” *Health Care and Poor Relief in Counter-Reformation Europe*, eds. Ole Peter Grell et. al (London and New York: Routledge, 1999), 151-176.

hospital's account-books particularly registered a boost in charitable donations on the feast day of Saint Hippolytus and the day of the Holy Innocents (August 28th) commemorating Herod's massacre of innocent children.⁶⁹ On both these holidays, San Hipólito's wards were opened so that the citizens of Mexico could visit the patients and make a special contribution to the hospital.

Although San Hipólito admitted small numbers of indigenous patients, the extent to which the natives donated to the hospital is unclear. The crown required indigenous villages to pay tribute (known as the *medio real de hospital*) in the form of a bushel of corn for every hundred that was collected to the Hospital Real de los Naturales to sustain their own health care.⁷⁰ As I discuss in chapter two, in the eighteenth century, the Bourbon regime would obligate the Royal Indian Hospital to allocate funds to the mental hospital for each indigenous patient that was admitted. However, in the sixteenth and seventeenth centuries, such was not the case and official documents only stipulated that any charity donated by the Indians must be voluntary, stemming from genuine Christian benevolence and not any coercive measure.⁷¹

Given the hospital's heavy dependence on the charitable impulses of the public, it should come as no shock to learn that financial hardship was a perennial theme in San Hipólito's history. One contemporary observer even remarked that the hospital's ability to

⁶⁹ In both Spain and Mexico, the day of the Holy Innocents developed into a quasi-April Fool's day, involving jokes and pranks. See George M. Foster, *Culture and Conquest: America's Spanish Heritage* (New York: Wenner-Gren Foundation for Anthropological Research, 1960), 104-105.

⁷⁰ Risse, "Medicine in New Spain," 39.

⁷¹ AGN, Hospitales, vol. 45, exp. 9, ff. 36v-367.

sustain its numerous projects on such limited funds “seemed like a miraculous thing.”⁷² In the decades following Alvarez’s death in 1589, his successors acquired various haciendas which they transformed into sugar plantations, however these ventures failed to deliver a steady source of income.⁷³ On account of straitened finances, the once ambitious charitable project initiated by Alvarez became increasingly modest. By the middle of the seventeenth-century, for example, the brothers of San Hipólito had abandoned the school for orphans and soon after they discontinued the practice of using mule-trains to transport European settlers, which had been an important hallmark of their hospitality. It was economic concerns, moreover, that possibly forced the institution to limit its services to patients with perceived mental impairments and disturbances.⁷⁴

While it is impossible to determine at what point San Hipólito became entirely dedicated to caring for the insane, the nineteenth-century historian, José María Marroquí, identified the mid-seventeenth century as the critical turning-point citing financial stress as the main motive. According to his reasoning, the separate wards designated for the convalescents and the sick suffering from diverse illnesses were gradually closed leaving only the insane as the hospital’s principal charge.⁷⁵ Although Marroquí’s conjectures are certainly well founded given the financial pressures mentioned above, it seems more plausible that the hospital’s

⁷² AGN, Hospitales vol. 73, exp. 2, f. 70.

⁷³ Cheryl E. Martin has conducted extensive research on the Order of San Hipolito’s sugar plantations. See Martin, “The San Hipolito Hospitals,” chapter 5; Martin, “Crucible of Zapatismo: Hacienda Hospital in the Seventeenth Century,” *The Americas* 38.1 (1981): 31-43.

⁷⁴ Marroqui, 583-84; Muriel, 196.

⁷⁵ Ibid.

transformation was slow process informed by a variety of factors only one of which was economic. As indicated by the hospital's financial records, as late as 1682 the administrators of San Hipólito were still describing the patient population as comprising both "*pobres inocentes y combalescientes*" (feeble-minded poor and convalescents).⁷⁶

Moreover, Hapsburg paternalism, I argue, exerted its influence in reshaping the hospital's mission. Traditionally, Spanish society identified the mad poor within a broader class of *miserables* (wretched or unfortunate people) that also included the non able-bodied indigent, the handicapped, poor widows and orphaned children; these individuals were, to varying degrees, deemed worthy of assistance and shelter, and—with respect to minors and the insane—they were accorded some legal protection. In the Americas, this category of unfortunates was necessarily expanded and complicated by the presence of people of indigenous and African descent.⁷⁷ In particular, the Hapsburg crown's views and policies towards Indians merit deeper contemplation as they reveal the crown's more general stance of paternalism towards its most vulnerable and impoverished colonial subjects of which the mad certainly formed part. As Anthony Pagden has discussed, by the middle of the sixteenth century, after a series of debates over the "nature" and intellectual capacities of the Indian, Spanish theologians and jurists—most vociferously, Francisco de Vitoria of the School of Salamanca—had come to adopt a view of the natives as natural children. Although these intellectuals debated the possibility that Indians might be simpletons and irrational, they

⁷⁶ AGN, Indiferente Virreinal, caja 1004, exp. 3, ff. 1.

⁷⁷ See Cynthia Milton, *The Many Meanings of Poverty: Colonialism, Social Compacts, and Assistance in Eighteenth-Century Ecuador* (Stanford: Stanford University Press, 2007), 5-11.

ultimately concluded that they were in fact capable of abstract reasoning but, lacking the appropriate spiritual and cultural tutelage, they remained intellectually weak and developmentally stunted, governed by their passions rather than their minds.⁷⁸ To be sure, these views not only worked their way into the pedagogical tactics adopted by missionaries and into legal practice (the natives possessed their own separate court and they were treated legally as minors),⁷⁹ but they also informed welfare policy, most immediately through the establishment of Quiroga's hospitals mentioned earlier and Mexico City's Royal Indian Hospital (Hospital Real de los Naturales), which provided the natives with subsidized medical care.⁸⁰

Thus, in New Spain, the category of *pobres miserables* was expanded to accommodate Indians and, in turn, policy towards the *pobres miserables* in the colonies was altered by the paternalism embraced by Spanish kings to legitimize their authority over New World subjects. More to the point, the crown's stance toward the insane—in particular, the *pobres inocentes* who, like Indians, were viewed as weak and defenseless—was paternalistic and protectionist, with protection veering into the domain of social control. Although, as I elaborate in chapter two,

⁷⁸ Anthony Pagden, *The Fall of Natural Man: The American Indian and the Origins of Human Ethnology* (Cambridge: Cambridge University Press, 1982), chapt. 4. Laura Lewis has emphasized the gendered aspects of this construction of the Indian, showing how Indians and women were perceived and subordinated in parallel ways. See: Laura E. Lewis. "The 'weakness' of women and the feminization of the Indian in Colonial Mexico," *Colonial Latin American Review* 5.1 (1996): 73-95.

⁷⁹ On the General Indian Court, See Woodrow Borah, *Justice by Insurance: The General Indian Court of Colonial Mexico and the Legal Aides of the Half-Real* (Berkeley: The University of California Press, 1983). On the legal status of Indians, see Premo, 32-34.

⁸⁰ Borah, 54; Also, David A. Howard, *The Royal Indian Hospital of Mexico City* (Tempe, AZ: Arizona State University, 1980); John S. Leiby, "The Royal Indian Hospital of Mexico City, 1553-1680" *Historian* 57.3 (1995): 573-580.

under the Bourbon dynasty royal paternalism would manifest itself in more aggressive state intervention in San Hipólito's activities, the Hapsburgs took a more traditional approach by reinforcing the church's central role in the administration of hospital care. Thus, in the sixteenth and seventeenth centuries, state support of San Hipólito's services tended to consist largely of decrees urging the citizens of Mexico to support the hospital through the contribution of alms, on the one hand, or viceregal mandates ordering local justices not to meddle in the *hipólitos* affairs, on the other.⁸¹ However, evidence that the state took active interest in the hospital's mission to care for the insane resides in a 1595 *real cédula*, reinforced by viceregal mandate in 1601, ordering that "all the *locos* of the kingdom be sent to...the Hospital de San Hipólito." The decree included an important addendum: any patients in possession of *bienes* or property were required to use their personal wealth to finance their hospitalization.⁸² This stipulation would become increasingly important to the administrators of San Hipólito who revisited the mandate in the eighteenth century as a potential solution to their continued financial woes. While on the surface the addendum that patients finance their own medical treatment flies in the face of paternalistic model of healthcare, the stipulation only applied to patients of at least modest means and thus did not include the mad paupers and Indians who were considered *pobres miserables* genuinely in need of charitable assistance. Just as important, the official injunction to send the colony's insane to San Hipólito likely provided a stimulus to the hospital's growing fame or notoriety as an institution for the insane.

⁸¹ For example, AGN Hospitales, vol. 45, exp.1.

⁸² I have not been able to locate the original decree. Instead, I cite a copy included in the hospital's records dated to 1764 when the decree appears to have been reinforced with greater urgency. AGN, Indiferente Virreinal, caja 0974, exp. 18, f. 14.

Medicina y Caridad: A Portrait of Hospital Life

The Hospital de San Hipólito's charitable mission was defined not only by Hapsburg paternalism but also, as I have already indicated, by the evangelical climate of the early colonial period. The evangelical contours of colonial charity were not only manifest in the hospital's foundational story; they were embodied in the institution's daily life and activities, which are richly documented in the Order of San Hipólito's earliest statutes, dating to 1616. Although the statutes represent an idealized portrait of hospital life, there is no reason to suspect—at least not until the late seventeenth century—that the brothers of San Hipólito did not strive to conduct themselves and administer the institution according to rules and procedures specified in these documents. Moreover, when supplemented with other archival records such as the hospital's account books and what appears to be its earliest existing ground plan (figure 1.3), an even more coherent depiction of the hospital's activities surfaces, one which illustrates the peculiar commingling of sacred and secular, religion and medicine, that was central to hospital life in this period.

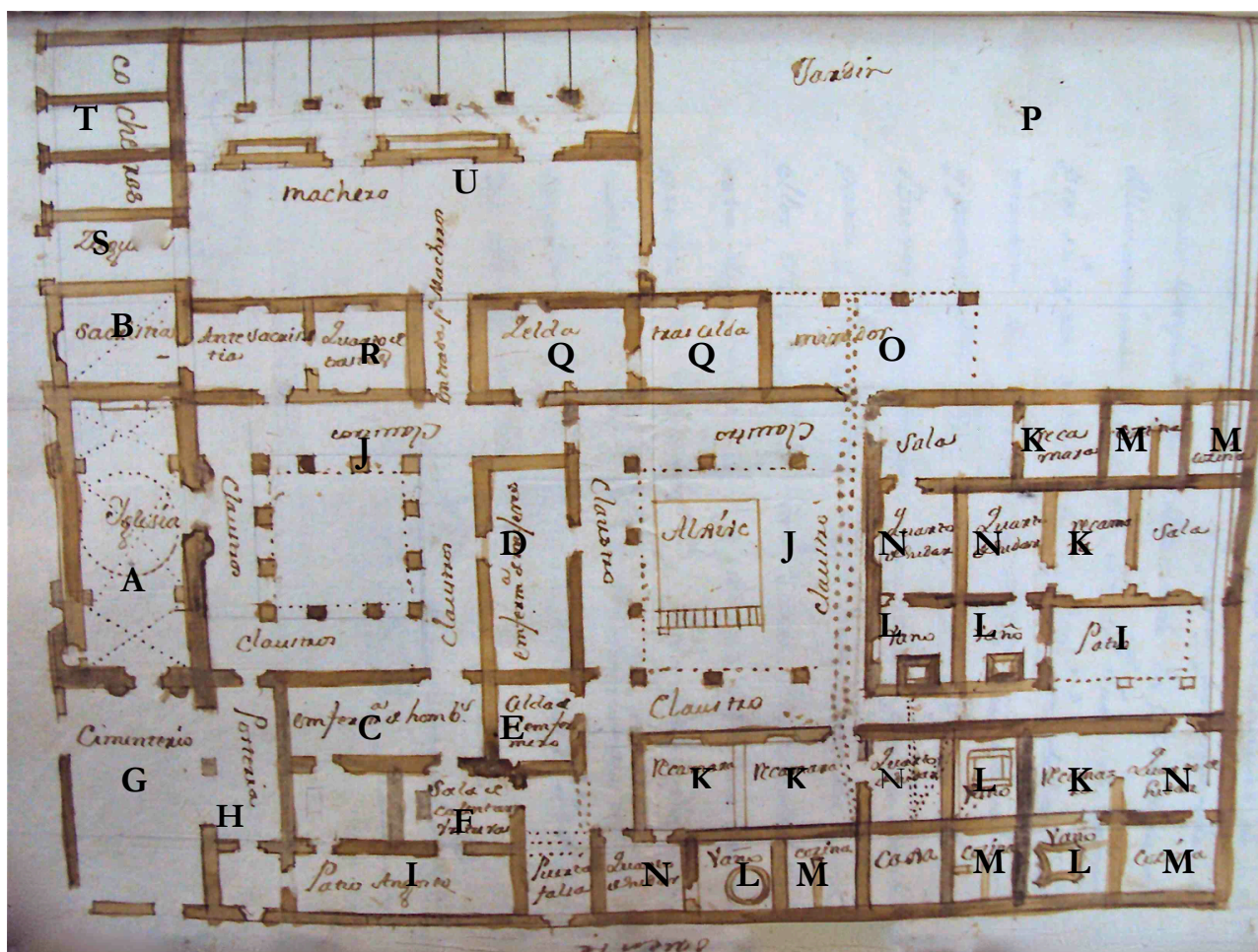
The interdependence of religion and medicine is made amply clear in figure 1.3, which is possibly San Hipólito's original ground plan.⁸³ While the layout cannot be definitively confirmed as belonging to San Hipólito or one of the other institutions administered by the

⁸³ This plan can be found in AGN, Tierras, vol. 3802. Its precise date is unclear. Although it is located alongside documents dating to 1701-2, the plan appears to have no relation to these documents. Moreover, it is also not clear if the ground plan belongs to the Hospital de San Hipólito or one of the other eight institutions administered by the brotherhood. The archival description identifies the illustration as the Convent of San Hipólito in Mexico City, but the document itself makes no clear reference to its status as such. If the layout indeed represents San Hipólito, then the illustration predates 1700, as the hospital seems to have stopped admitting women by the late seventeenth century, if not much earlier.

brotherhood, San Hipólito would have certainly followed a similar design, which was based on a monastic model that combined the infirmary and the cloister in to a single architectural structure.⁸⁴ The hospital's main entrance, located adjacent to the cemetery, led directly to one of the main cloisters and to the hospital's chapel, which would have been frequented by ambulatory patients and the public at large. The infirmary was located to the north of the chapel; it comprised two patients' wards (one for men and the second for women), a smaller fevers unit (*sala de calenturas*) for treating patients stricken frenzy (*frenesi*), and the nurse's quarters. The presence of a women's ward is striking. While hospital documents make no reference to the gender of the *pobres dementes*, the inclusion of the women's ward in the layout, coupled with stipulations on the treatment of female mental patients in the order's statutes, suggest that San Hipólito may have admitted women well into the middle of the seventeenth century.⁸⁵ Both the infirmary and the chapel were located in close proximity to one another, meaning that patients who were too ill to attend church, or under physical restraint, could nonetheless listen to the mass and thus receive the spiritual sustenance that was vital to the healing process. In this way, the hospital's design united spaces of healing and spaces of worship; it materialized in the most literal sense the hospital's dual function to "cure the body"

⁸⁴ John Henderson, *The Renaissance Hospital: Healing the Body and Saving the Soul* (New Haven: Yale University Press, 2006), 86.

⁸⁵ The earliest set of surviving admissions records (which I discuss in chapter three) dates from 1697-1706; it makes no reference to female patients. Thus, if San Hipólito did admit women, it ceased to do so some time before the 1690s.



Key:

A	church	I	patio	Q	cell
B	sacristy	J	cloister	R	storage ("room for plates")
C	men's ward	K	bedroom	S	second entrance
D	women's ward	L	bathroom	T	garage
E	nurse's quarters	M	kitchen	U	stable
F	"fever ward"	N	sweating room		
G	cemetery	O	balcony		
H	main entrance	P	garden		

Figure 1.3. Potential ground design of the Hospital de San Hipólito, c. 1690s Source: AGN, Tierras, vol. 3082 exp. 8.

and “cure the soul,” to quote John Henderson’s characterization of hospitals in renaissance Florence.⁸⁶

When compared to the famous Spanish hospital in Zaragoza, San Hipólito was a humble establishment, accommodating a modest number of convalescents and *pobres dementes*. Nevertheless, its statutes attest to a relatively developed system of care—by contemporary standards of course—and an elaborate division of labor. Overseeing the hospital’s daily operations was the chief brother or the *hermano mayor*. Appointed through a special election process for a three-year term, this individual directed the activities of a spiritual and manual workforce that included an official alms-seeker (*demandante*); doorman (*portero*); cook (*cocinero*); apothecary (*boticario*); the head nurse (*enfermero mayor*) and his assistants; the sacristan who safeguarded the chapel and the instruments of worship; the *refitolero* who looked after the table linens and dishes; the *procurador* who purchased supplies; and a number of servants. While the brothers of San Hipólito were primarily Iberian in origin, the hospital’s servants were usually *indios* (Indians) or *negros* (black) or of mixed race.⁸⁷ The brothers may have also collectively owned a small numbers of slaves. In 1675, for instance, Alonso de Arellano y Ocampo willed his slave Blas to the Hospital de San Hipólito (however, Blas appears to have fled shortly following his owner’s demise).⁸⁸ Indeed, it was not uncommon during this period for slave owners to will their slaves to a hospital or monastery as an act of Christian beneficence; the

⁸⁶ Hendersen, 86.

⁸⁷ Specifically, the hospital’s kitchen staff is referred to as being either Indian, black, or “someother” (*qualquiera*). AGN, Tierras, vol. 3082, exp.1, ff.19v.

⁸⁸ Archivo Histórico de la Secretaria de Salud (hereafter, AHSS), Fondo Hospitales y Hospicios, Sección Hospital de San Hipólito, exp. 8. There is evidence that the other hospitals administered by the brotherhood owned slaves as well. See Martin, “The San Hipólito Hospitals,” 89 – 90.

statutes in fact made reference to the potential for wealthier patients on their deathbeds to bequeath money or goods—including slaves—to the hospital in gratitude for its services.⁸⁹

Although San Hipólito may have employed an outside physician to make routine visits to the infirmary,⁹⁰ the task of caring for the sick and mad was primarily undertaken by the brothers themselves who delivered both spiritual and physical medicine. Membership into the brotherhood could in fact grant access to a career in medicine, as the *hermano general* or the general brother who oversaw the entire congregation received instructions to choose from among those members that seemed the most “suitable and inclined to this ministry so that they may practice and study medicine and surgery.”⁹¹ Brothers with appropriate training could then serve as hospital nurses with the most experienced and skilled among them acting as the *enfermero mayor* or head nurse. The head nurse’s duties and obligations were minutely detailed in the statutes and it is here, moreover, in the role of the nurse, that the hospital’s complementary missions to heal the body and heal the soul come into their fullest relief. One of the head nurse’s responsibilities, for example, was to ensure that patients confessed and took communion within three days of their arrival. For, only once the “cure of the soul” was

⁸⁹ AGN, Tierras, vol. 3082, exp.1, ff. 16v-17. Nancy Van Deusen, “The Alienated Body: Slaves and Castas in the Hospital de San Bartolome in Lima, 1680-1700,” *The Americas* 56.1 (1999), 10.

⁹⁰ It is unclear whether San Hipólito enjoyed the regular services of a physician. Although the statutes make reference to the presence of a physician on the hospital grounds, the other hospital records do not. In Spain, physicians were morally and legally obligated to minister to the poor free of charge, but, as Lanning has discussed in his study of the protomedicato, these rules were not easily enforced in the colonies, which faced a dearth of medical practitioners and pervasive corruption. Given these issues, it is likely that much of medical work at the hospital was undertaken by the brothers themselves. See Lanning, esp. chapt. 8.

⁹¹ AGN, Tierras, vol. 3087, exp.1, f. 15v.

addressed, the statutes stipulated, was the patient poised to “best receive the medicines of the body.” Patients who resisted confession and communion were admonished and eventually expelled from the hospital.⁹² In addition to confession and communion, the nurse was instructed to provide the patient “with spiritual nourishment through good counsel and doctrine”; if time permitted, he was encouraged to “read some spiritual book,” while “consoling and uplifting” the patient’s spirits; these services were especially critical in situations of life-threatening illness.⁹³ Aside from procuring the patient’s spiritual health, the head nurse accompanied the physician on his routine rounds through the hospital ward, recorded notes concerning each patient’s condition and the corresponding method of treatment, ensuring the proper management of the patient’s diet and medications.⁹⁴

In caring for the mad specifically, emphasis was placed on striking a balance between benevolence and discipline. Upon admission, the *pobres dementes* usually had their feet washed, which was not only a hygienic measure, but also a symbolic one that rehearsed Christ’s washing of the feet of the disciples.⁹⁵ Their entire bodies were washed as well, and patients then received a haircut. Once their feet and bodies were clean, the patients were issued a new set of hospital clothes, which consisted of a jacket and gown made of sackcloth, a shirt, stockings, and shoes; the clothing was to be changed on a weekly basis.⁹⁶ According to Fray Francisco Lopez, a

⁹² Ibid., f. 17v.

⁹³ Ibid., f. 18.

⁹⁴ Ibid.

⁹⁵ Henderson, 163.

⁹⁶ AGN, Tierras, vol.3082, exp, 1, f. 8v.

member of the brotherhood of San Hipólito who testified on its behalf in 1645, although the “*pobres inocentes y faltos de juicio*” (“feeble-minded poor and those without judgment”) were given two sets of clothing to ensure “cleanliness,” many ran around topless, having torn their own clothes out of “excessive fury.”⁹⁷ During violent episodes, the *furiosos* were usually placed into physical restraints called *prisiones*; the statutes stressed that these should be implemented with the greatest “charity and docility” possible, “although on the exterior, in order to intimidate [*atemorizar*] and domesticate them, one should demonstrate roughness [*aspereza*] and appropriate rigor, enclosing and punishing them in the form that was necessary.”⁹⁸ In the most extreme cases where the patient’s fury proved too much to handle, then that patient was to be locked inside a cage (*jaula*) or a special chamber (*aposento*) with “great care and precaution.”⁹⁹ Because they did not pose any real danger to themselves or others, the *inocentes* were treated less harshly. It was even customary for the most harmless patients to accompany the *hermano demandante* or alms-seeker as he begged for charity throughout the city.¹⁰⁰

The treatment of female patients essentially followed the procedures outlined for the men, except that women were to be looked after by “*mujeres negras, o españolas*” (black or Spanish women) of “age, virtue, and honesty.”¹⁰¹ The brothers were expressly forbidden from entering the women’s ward because it was thought that such close contact with female patients, who

⁹⁷ AGN, Hospitales, vol. 45, exp. 9, ff. 569-569v.

⁹⁸ AGN, Tierras, vol.3082, exp. 1, f. 8v.

⁹⁹ Ibid., ff.8v-9.

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

were exposed and vulnerable, challenged not only the limits of decorum, but the brothers' vow of chastity. To ensure that the brothers remained faithful to their vows, the statutes required that the door to the women's ward stay shut with two locks and two sets of keys, one in the possession of the head female nurse and the second belonging to the *hermano mayor*. The only exceptions permitting male access into the ward was to assist in pacifying violent patients or to address a medical condition that required the attention of a skilled physician or surgeon. The doors were also permitted to remain open on Sundays and holidays so that the female patients could hear the mass.¹⁰²

Although the hospital delivered free shelter and care to the *pobres dementes*, there is evidence of family members or slave owners financing the interment of the insane. In 1697, for instance, the hospital received forty pesos for the care of Pedro de Cacaquatero for his four-month hospitalization. That same year, the Captain Juan de Santana paid the hospital sixteen pesos to look after his slave Marco.¹⁰³ In a society that legitimized human bondage, the hospitalization of slaves reflected economic motivations as well as a Christian obligation to treat slaves in a responsible and "humane" manner.¹⁰⁴ The statutes clearly indicated that slaves would be admitted to San Hipólito on the condition that the slave's owner pay the hospital a fee of twenty pesos per month of hospitalization; slaves were refused otherwise. Although the exchange of medical treatment for payment seemed to contradict the institute of hospitality, the statutes contended that such was not the case: the brothers delivered their labor at no charge,

¹⁰² Ibid.

¹⁰³ AGN, Indiferente Virreinal, caja 0930, exp.2, f. 12.

¹⁰⁴ Van Deusen, "The Alienated Body," 13.

while the money was only used to finance the patient's food, clothing, and necessary medications.¹⁰⁵ In other words, the economy of charity only permitted funds collected through alms to be directed to the needy; since slaves were considered the property of slave owners, then colonial logic dictated that the owner was financially and morally obligated to procure the slave's medical care.

It is difficult to discern the precise types of treatments that were performed on the patients of San Hipólito and the degree to which humoral theories of madness—more precisely, melancholy, mania, and frenzy—were put into daily practice. Certainly the fevers unit outlined earlier in the hospital's layout, indicates some knowledge and engagement with the dominant medical thinking of the time. Medical writers working within a humoral framework identified frenzy (or *frenesia*) as an acute form of madness signaled by the presence of fever, and it was common practice in Spanish hospitals to place patients stricken with this condition into special rooms designated exclusively for fevers.¹⁰⁶ However, beyond this allusion to the treatment of frenzied patients, references to medical theory in hospital records are difficult to come by.

It is likewise difficult to determine the extent to which indigenous beliefs about health and illness (and madness specifically) informed medical practice and treatment at San Hipólito. It is likely that the medicines that were concocted by the hospital's *boticario* or apothecary¹⁰⁷

¹⁰⁵ AGN, Tierras, vol.3082, exp. 1, f.18.

¹⁰⁶ Carrera, "Understanding Mental Disturbance in Sixteenth- and Seventeenth-Century Spain: Medical Approaches," 128-129.

¹⁰⁷ The statutes indicated that the apothecary would be a member of the brotherhood; however, the earliest surviving book of medical receipts (dating to 1698) indicates that medicines were purchased from the apothecary shop of Urbano Martínez. The annotations are difficult to decipher. AGN, Indiferente Virreinal caja 1627, exp. 7.

would have incorporated local plants and herbs as well as indigenous knowledge about their healing properties.¹⁰⁸ As a number of scholars have discussed, while the Spanish tended to dismiss indigenous healing beliefs and customs as superstitious, they demonstrated keen interest in native knowledge of botany and pharmacy, widely assimilating indigenous *materia medica* into European categories and paradigms. Moreover, the hospital's location on the outskirts of the capital—away from the “hustle and bustle” (*trafago*) of the city where it could be exposed to the salubrious effects of the clean *ayres* (or airs)¹⁰⁹—reflected not only European understandings of the role of the air in the transmission of disease, but also pre-Hispanic views of the air's potentially curative effects.¹¹⁰ The pre-contact Nahuas largely understood health and sickness in terms of a dualistic universe comprised of simultaneously opposing and complementary forces; they also adhered to an animistic worldview that identified three vital souls or spirits within the body.¹¹¹ Although indigenous and European belief systems were dramatically different, there was some common ground. As Carlos Viesca Treviño and Ignacio de la Peña Paz have shown in their analysis of the Badianus manuscript (an herbal compiled in Nahuatl by the indigenous doctor, Martín de la Cruz, and translated into Latin in 1552 by Juan Badiano), the Nahuas possessed a hot and cold theory of disease which easily assimilated

¹⁰⁸ See essays by J. Worth Estes, and Jose M. Lopez Pinero and Jose Pardo Tomas in *Searching for the secrets of Nature: The Life and Works of Dr. Francisco Hernandez*, ed. Simon Varey, et.al. (Stanford: Stanford University Press, 2000); Teresa Huguet-Termes, “New World Materia Medica in Spanish Renaissance Medicine: From Scholarly Reception to Practical Impact,” *Medical History* 45 (2001): 359-376.

¹⁰⁹ AGN, Hospitales, vol. 73, exp.3, f. 234v.

¹¹⁰ Carlos Viesca Treviño and Ignacio de la Peña, “Las enfermedades mentales en el Códice Badiano,” *Estudios de Cultura Nahuatl* 12 (1976), 81.

¹¹¹ Ortiz de Montellano, 37-40, 55-67.

Hippocratic-Galenic principles. Thus, in the Badianus manuscript, melancholy was “cold” and epilepsy was “hot” and their corresponding treatments involved medicines derived from specific plants to respectively heat or cool the body. Moreover, although Nahuatl medicine positioned the heart as the center of human thought and emotion, the Badianus manuscript documents the transfer of localized reasoning to the brain in keeping with Western understandings.¹¹² Still, the Nahua also perceived mental disturbances as emanating from divine (pagan) influences and they often resorted to magico-religious remedies to treat mental disease;¹¹³ these concepts and practices would not have been accepted by classically trained physicians or clergymen, even though Europeans likewise often explained mental illnesses through the prism of their own enchanted worldview.

These speculations aside, therapeutics at San Hipólito roughly reflected the standards of care at other hospitals (colonial and European) which stressed the centrality of regimen—i.e. diet, rest and exercise, etc.—to health and recovery,¹¹⁴ complemented by spiritual counsel and medicines derived largely from local plants and herbs. Hospital medicine during this period made no sharp demarcation between care and cure, placing preventive measures and spiritual services on par with medical intervention. The hospital’s earliest account books, all dating to the late seventeenth century, generally confirm this characterization of hospital life. Specifically, the account books indicate that San Hipólito’s expenditures were modest and

¹¹² Viesca Treviño and de la Peña, 83-84.

¹¹³ Ibid., 81; Ortiz de Montellano, chapt. 6.

¹¹⁴ The centrality of regimen and the careful management of the non-naturals in hospital care has been discussed by Peregrine Horden. See Peregrine Horden, “A Non-Natural Environment: Medicine without Doctors and the Medieval European Hospital,” *The Medieval Hospital and Medical Practice*, ed. B.S Bowers (Aldershot: Ashgate, 2007).

overwhelmingly devoted to liturgy (i.e. church related expenses such incense, wine, candles, hosts, etc.), food, shoes and clothing for the patients, firewood and carbon (for heating and cooking), minor repairs to the building, and occasionally extra hospital beds. Patients were generally fed a local diet that consisted of a ration of beef, bread or tortillas, beans, and a drink derived from corn meal known as *atole* (purchased from a local *atolera*).¹¹⁵ They were fed three times a day and their diets were sometimes tailored to address their individual medical needs.¹¹⁶ On the feast day of Saint Hippolytus and the Day of the Holy Innocents, hospital life transcended its normal routine: the cook prepared an elaborate feast and patients were given an extra helping of food; on these days, the brothers also ensured that the *inocentes* were properly dressed and presentable to greet the citizens of Mexico City who paid the hospital a visit. On the feast day of the Holy Innocents in 1673, for instance, the hospital purchased sixty pieces of sackcloth to dress the *inocentes*, stitching supplies, twenty handkerchiefs, and twenty pairs of shoes.¹¹⁷

Taken together, these sketches of hospital life suggest that San Hipólito was far from a warehouse of wretches and criminals although it housed some of the capital's poorest and most vulnerable subjects. Hapsburg paternalism identified these *pobres miserables* as deserving of protection and assistance, and the brothers of San Hipólito strove to provide them with shelter, food, and spiritual and medical care to the best of their abilities. Yet, the paternalistic and

¹¹⁵ I have consulted the following account books: AGN, Indiferente Virreinal, caja 0903, exp.2-6; caja 1030, exp.3-5; caja 1004, exp. 3-6.

¹¹⁶ The statutes instructed to cook to take orders from the head nurse concerning dietary modifications for specific patients. AGN, Tierras, vol.3082, exp.1, f. 19v.

¹¹⁷ AGN, Indiferente Virreinal caja 1004, exp. 4, f. 44.

evangelical overtones of colonial charity should not mask the fact that the protection and care provided by the Hospital de San Hipólito was also coercive and disciplinary. The coercive nature of hospital's care was made literal in the frequent use of physical restraints and cages to pacify and domesticate patients whose madness elicited the symptoms of *furor* or fury. More subtly, benevolent coercion made itself felt through the hospital's spiritual and religious services, which were aimed at producing pious and virtuous colonial subjects and, less tangibly, efforts to spiritually colonize the New World.

CHAPTER TWO

Decline and Revival: San Hipólito's Fortunes and Misfortunes in the Age of Enlightenment and Reform

Juan de Oviedo's 1702 biography of Antonio Nuñez de Miranda relates how the Jesuit father visited the Hospital de San Hipólito one day and was both shocked and moved to pity at finding the *pobres dementes* in an angry riot over not having sufficient food to eat.¹ Whether this account is true or not is difficult to say, but at the very least it hints at the early stirrings of trouble within San Hipólito's walls and the limitations of its charitable enterprise. Certainly, as the eighteenth century progressed, scenes like the one depicted by Oviedo would have become more commonplace as the hospital entered one of its most pressing periods of decline. Complaints about overcrowding, a shortage of hospital personnel, paltry income, and insalubrious conditions, including a deteriorating building, were only part of the story; also at play in propelling the hospital's downfall was the demise of the spiritual mission that had earlier animated the hospital's activities. In the early decades of the eighteenth century, the brothers of San Hipólito, once extolled for their exemplary piety and selfless dedication to the Christian virtue of hospitality, became the targets of a series of attacks by state and church officials who complained that the *hipólitos* were growing spiritually lax and negligent. Among

¹ Cited in Josefina Muriel, *Hospitales de la Nueva España*, vol. 1 (Mexico, D.F., 1956), 194-195. Although there is no way of confirming the story's authenticity, the hospital's account books do in fact register the reception of funds from the Jesuit Marian congregation, La Purissima, of which Nuñez de Miranda and Oviedo were both prefects. See also, Stephanie Ballenger, "Modernizing Madness: Doctors, Patients, and Asylums in Nineteenth-Century Mexico City," (Ph.D. Dissertation: University of California, Berkeley, 2009), 40 fn.13.

the accusations directed against the order's members were charges of decadence and worldliness, patient mistreatment, and the pilfering of alms that were intended for the patients' medicines and daily sustenance, an appalling affront to the system of medical charity. By the late 1730s, the charitable project envisioned by Bernardino Alvarez had seemingly come undone.

But, if the eighteenth century, San Hipólito plummeted to its nadir, then it also arrived at its apogee. By the end of the century, the hospital's condition had dramatically improved and its status as the colony's largest and most valuable institution for the insane had been catapulted to new heights. This chapter examines the series of events and developments that brought about these changes. In the first section of the chapter, I discuss the internal crisis that crippled the Order of San Hipólito in deeper detail and the protracted reform movement spearheaded by church and state authorities during the 1740s and 1750s to restore both moral and spiritual integrity to the order and rein in unruly members. The reform mirrored similar movements taking place in monasteries and convents throughout the Spanish empire, and marked the first serious and sustained effort on behalf of the crown to intervene in the hospital's affairs; as such, it laid the groundwork for further intervention in the decades to follow. In the second section of the chapter, I describe how the viceroy and municipal government collaborated to bolster and reorganize San Hipólito's ailing finances and rebuild what was a decaying and crumbling building, comprised by centuries of wear and tear, including vandalism at the frenzied hands of the *locos furiosos*, seasonal flooding, and two violent earthquakes. The story told here culminates in 1777 when San Hipólito inaugurated a new state of the art facility, equipped with an amplified interior and pristine private cells for each of

the inmates. To accompany and enhance these material improvements, the hospital too flaunted a revised institutional mission that couched its charitable obligations in terms of a utilitarian service to the state and society. But what did these changes signify and how should they be interpreted?

Historians of colonial Spanish America have long emphasized the political significance of the eighteenth-century shift in dynastic power from the Hapsburgs to the Bourbons and the implementation, particularly after midcentury, of the so-called “Bourbon reforms.” Broadly defined, these were sweeping changes instituted to the imperial administration, economy, and military that dramatically reconfigured the relationship between the metropole and colony.² The reforms were formulated to address the political and economic weaknesses that had set the Spanish empire aback during the last century of Hapsburg rule. They incorporated a French model of absolutist authority and drew on the Enlightenment discourses of efficiency, order, rationalism, and public happiness (*felicidad pública*) to justify state expansion.³ Under the aegis of enlightened reform, the colonial government also undertook varied measures to strengthen welfare services, promote better sanitation and hygiene, and advance the study of science and medicine to the benefit of the empire.⁴ Moreover, the state brought its enlightened agenda to

² On these reforms see, Stanley J. Stein and Barbara H. Stein, *Apogee of Empire: Spain and New Spain in the Age of 1759-1789* (Baltimore: Johns Hopkins University Press, 2003); John Lynch, *Bourbon Spain, 1700-1808* (Oxford: Blackwell, 1989), and *Spanish American Revolutions, 1808-1826* (New York: Norton, 1973); Gabriel B. Paquette, *Enlightenment, Governance, and Reform in Spain and its Empire, 1759- 1808* (New York: Palgrave Macmillan, 2008).

³ On the crown’s use of the discourse of public happiness see Paquette, chapt.2.

⁴ See Silvia Marian Arrom, *Containing the Poor: The Mexico City Poor House, 1774-1871* (Durham: Duke University Press, 2000); Paul Ross, “From Sanitary Police to Sanitary Dictatorship: Mexico’s Nineteenth-Century Public Health Movement,” (Ph.D Dissertation: University of Chicago, 2005), chapt. one; Paula de Vos, “Research, Development, and Empire: State Support of Science in the Later Spanish Empire,”

bear on the colony's hospitals as part of a broader campaign to subordinate the church to the royal bureaucracy.⁵ On account of these developments, a number of studies have identified the Bourbon period as a pivotal early stage in the modernization of hospital care and the period that witnessed the shift from "traditional notions of charity to modern ideas of secular social welfare."⁶ Most recently, Adam Warren has characterized this process as a chaotic and contested one, with colonial hospitals often serving as sites where the "politics of secularism and sacred" were played out to their fullest discord among patients, agents of the state, professionalizing physicians, and entrenched lay and ecclesiastical constituencies.⁷ "The hospital," he writes, "became a site of conflict over new visions of modernization and reform."⁸ Warren's view of hospital reform dovetails with more recent interpretations of the Bourbon

Colonial Latin American Review 15.1 (2006): 55-79. For Peru, see: Adam Warren, *Medicine and Politics in Colonial Peru: Population Growth and the Bourbon Reforms* (Pittsburgh: University of Pittsburgh Press, 2010).

⁵ Important studies of church-state relations during the Bourbon period include: William B. Taylor, *Magistrates of the Sacred: Priests and Parishioners in Eighteenth-Century Mexico* (Stanford: Stanford University Press, 1996); D.A. Brading, "Tridentine Catholicism and Enlightened Despotism in Bourbon Mexico," *Journal of Latin American Studies* 15.1 (1983): 1-22; D.A. Brading, *Church and State in Bourbon Mexico: The Diocese of Michoacan, 1749-1810* (Cambridge: Cambridge University Press 1994); Nancy Farriss, *Crown and Clergy in Colonial Mexico, 1759-1821* (London: The Athlone Press, 1968); Luisa Zahino Peñafort, *Iglesia y sociedad en México 1765-1800: tradición, reforma y reacciones* (Mexico, DF: Universidad Nacional Autónoma de México, 1996).

⁶ Arrom, 72-73; Warren, op. cit.; Patricia Aceves Pastrana, *El Hospital General de San Andrés: la modernización de la medicina novohispana 1770-1883* (Mexico, D.F: Universidad Autónoma Metropolitana, 2002); Xóchitl Martínez Barbosa, "La práctica de la beneficencia," *Historia general de la medicina en México, tomo IV: medicina novohispana, siglo XVIII*, ed. Xóchitl Martínez Barbosa et. al. (Mexico, D.F.: UNAM, Facultad de Medicina, 1984); María del Carmen Sánchez Uriarte, *Entre la misericordia y el desprecio: los leprosos y el Hospital de San Lázaro en la ciudad de México* (Mexico, D.F., UNAM, Instituto de Investigaciones Históricas, 2015); Cynthia E. Milton, *The Many Meanings of Poverty: Colonialism, Social Compacts, and Assistance in Eighteenth-Century Ecuador* (Stanford: Stanford University Press, 2007).

⁷ Warren, 119-120.

⁸ Ibid., 48.

period, which emphasize the uneven and often failed outcomes of the reform efforts—not to mention their sometimes disjointed ideological underpinnings—and the contributions of local populations who resisted and reshaped its institutions and policies.⁹

The story of San Hipólito's decline and revitalization can be interpreted within this broader context of enlightened reform and state centralization; indeed, in many ways, the hospital became a microcosm of broader shifts and currents reverberating throughout the empire. Its revival was in part the outcome of the expanding tentacles of the colonial state as it came to encroach increasingly in matters of social welfare and public health, and in the care of the mentally ill in particular, undermining the traditional authority of the nursing orders in these domains. Its utilitarian mission to serve the insane for the sake of the public interest, rather than out of a pious duty to assist the poor, resonated with the Bourbon and enlightenment ideals of social order, rationality, and civic duty. But, like Warren and other scholars, I ultimately conclude that we cannot overestimate the state's authority, the effectiveness and transformative power of its reforms, nor the secularizing tendencies of the broader enlightenment project of which they formed part. As this chapter elucidates, state intervention was never wholesale and systematic; rather, it was limited and ad hoc. And, in the end, San Hipólito came to embody both old and new visions of hospital care, at once

⁹ Ibid., 17. See also: Bianca Premo, *Children of the Father King: Youth, Authority and Legal Minority in Colonial Lima* (Chapel Hill: University of North Carolina Press, 2005); Ann Twinam, *Public Lives, Private Secrets: Gender, Honor, Sexuality and Illegitimacy in Colonial Spanish America* (Stanford: Stanford University Press, 1999); Milton, op. cit.

embracing its utilitarian mission and more expansive social role, while remaining beholden to traditional models of colonial charity.

The Crisis in Hospitality: Disorder, Decline, and the Limits of Reform

Precisely when San Hipólito began its slow descent is difficult to pinpoint. Certainly, financial struggles were present since the late sixteenth century, reducing the heroic vision of the hospital's founder into a much more humble reality. As I described in the previous chapter, it was limited resources that ultimately compelled San Hipólito to shut down its numerous ancillary services, such as the school for orphans and the mule-train convoy. It was also most likely paltry revenues that led the institution to eventually bar female patients from its wards. However, while financial difficulties had long circumscribed the hospital's activities, the coupling of straitened finances with the loosening of monastic discipline among the brothers of San Hipólito was a distinctly eighteenth-century problem that fundamentally altered the charitable tenor of hospital life. Contributing to this change was the passing of a spiritual climate that had once been conducive to hospital service. As the evangelical missions of the Hapsburgs fully waned, so too did the phase in which charitable work was marked by feats of heroism and religious fervor; stripped of its more mystical elements, hospital service—above all care for the violently insane—came to be viewed as difficult, unsavory drudgery.¹⁰ Unfortunately, sparse archival evidence makes it impossible to fully reconstruct San Hipólito's history during the tumultuous first half of the eighteenth century. We must instead arrive at the hospital's activities through indirect routes by focusing, as I do here, on a broader crisis in

¹⁰ Muriel, *Hospitales*, tomo II, 33-34, *passim*.

hospital management that centered on the Order of San Hipólito at large and the network of institutions under its administration.

By the early 1700s, the *hipólitos* were responsible for administering a total of twelve colonial hospitals, including San Hipólito, making them one of the most active hospital orders in New Spain. Of these other institutions, only the Hospital de San Roque in Puebla modeled itself on its predecessor in sheltering mentally ill patients, although its mission was considerably more modest. Like San Hipólito, which was the flagship hospital and the administrative center of the entire brotherhood, all of the other institutions under the *hipólitos*' administration experienced varying degrees of financial distress and steady deterioration. Their collective plight warranted church and state attention in 1739 when Juan Antonio Vizarrón y Eguiarreta, jointly occupying the office of viceroy and archbishop, issued a report their "deplorable" condition, describing them as little more than "sites where [patients] go to die, and the poor to have their afflictions worsen."¹¹ Although the source of the decline was manifold, both church and state authorities focused their criticisms on the brothers' alleged moral turpitude and growing worldliness. Certainly, a lapse in spiritual vocation, in addition to fierce quibbling among the order's members, contributed to what I have labeled the "crisis in hospitality." But the problem was also more complicated, indicative of the systemic shortcomings of traditional institutions of medical charity, which buckled under the pressures of unprecedented demographic, economic, political and cultural currents and events.

Ironically, the earliest indication of a slackening in spiritual zeal within the brotherhood is revealed in documents pertaining to their glorious and much sought after elevation in rank.

¹¹ Archivo General de las Indias (hereafter, AGI), Mexico 2744, n.pag.

In 1699, Fray Juan de Cabrera presented a memorial before the Council of Indies, requesting permission to approach the Pope with a petition to elevate his congregation to the status of a religious order. His stated main motive was the hardening of monastic discipline. As members of a congregation and not a full-fledged religious order, the brothers of San Hipólito were only required to pledge solemn vows to obedience and hospitality, and not the additional monastic vows of chastity and poverty, which would have imposed greater internal discipline.¹² Cabrera's petition maintained that the brotherhood suffered from a preponderance of members whose commitment was at best lukewarm. Many of these disingenuous members fully deserted their posts and obligation to assist the sick and poor, the medically skilled among them opting to pursue secular, and thus more lucrative, careers in medicine instead, "in grave harm to Hospitality, and scandal to the republic."¹³ Cabrera reasoned that the elevation in status would initiate a reform within the brotherhood, obligating its members to profess all four solemn vows and follow the rigid monastic regime of Saint Augustine.

Although the brotherhood had previously made repeated unsuccessful attempts to attain full status, in 1700 Pope Innocent XII finally acceded to their request. His approval was promulgated in three decrees; the first one transformed the brothers' status, while the second two concerned the modification and approval of the order's constitutions.¹⁴ Apart from enforcing an austere monastic lifestyle on the order's members, the elevation in rank imposed

¹² Cheryl English Martin, "The San Hipolito Hospitals of Colonial Mexico, 1566-1702," Ph.D. Dissertation (Tulane University, 1976), 251.

¹³ AGI, Mexico, vol. 2744.

¹⁴ Ibid; Martin, 253-254; Cantela 136-37. Although the Pope issued his decrees in 1700, the bulls were not promulgated until 1702.

additional restrictions. Specifically, the new constitutions circumvented the power and number of ordained priests within the hospitals, permitting only one priest per institution while denying that priest access to higher office and leadership. The Council of Indies also took the opportunity to rehearse the privileges of royal patronage, forcing Cabrera to acknowledge King Philip V and his successors as the sole patrons of the hospitals (except those founded by private individuals); also, from thereon, the order was required to seek royal approval to found additional welfare institutions, and all of the San Hipólito hospitals were subject to routine royal inspection and audit.¹⁵ These conditions reflected the agenda of the newly appointed Bourbon monarch to delimit the autonomy of the regular orders who, unlike the secular clergy, operated independently of royal authority. Although the more aggressive attempts at reform would occur as the century unfolded, as early as 1700 the crown was already enforcing the terms of royal patronage with renewed enthusiasm and stringency.

The ascension in status did little to halt, much less reverse, the order's continuing decline. This is unsurprising given that the promotion in rank did not address a major source of the problem: limited revenues. The lapse in monastic discipline notwithstanding, economic hardship, coupled with issues of overcrowding and a shortage of nurses, posed a serious challenge for the *hipólitos*, rendering effective and efficient hospital administration and care extremely difficult. This was more-or-less true for all of Mexico City's hospitals as the eighteenth century imposed growing demands on diminishing funds. With urbanization and a

¹⁵ AGN, Hospitales, vol.43, ff.189-196; Martin, 253-254; Cantela 136-37

spike in population¹⁶ came new and exacerbated public health scenarios that not only taxed hospital resources, but introduced novel challenges to traditional forms of healing, which had been heavily reliant on palliative treatment and spiritual solace.¹⁷ Moreover, the capital experienced a series epidemics and earthquakes; the nursing orders bore the brunt of delivering emergency relief and their institutions were especially dismal during these stressful times.

San Hipólito's miserable conditions during one such public health crisis were lucidly captured in a 1725 *visita* (visitation or inspection) conducted by Nicolas Rodriguez Moreno. A royal secretary, Moreno visited the hospital at the request of a judge of the *Real Audiencia* (high royal court) of Mexico; he was charged with the task of reporting on the quality of care provided for the indigenous patients that had been transferred from the Royal Indian Hospital. Although San Hipólito had already fully restricted its services to insane male patients, it was forced to overextend its resources and facilities when circumstances warranted extra aid. Its support was enlisted in 1722 when a large fire severely damaged the building of the Royal Indian Hospital, also at this time under the administration of the *hipólitos*, although it remained a royal institution. The Hospital de San Hipólito was consequently flooded with additional patients, both male and female (none of whom were insane), who had been transferred from the vacated institution and obligated to care, clothe, and feed them while the Hospital Real

¹⁶ In 1640, New Spain's population was estimated to have been 1.5 million; a century later, it was between 1.5 to 3 million. The increase in the number of people of mixed ancestry and demographic "recovery" of the indigenous population were largely responsible for this population growth. Maria Elena Martinez, *Genealogical Fictions: Limpieza de Sangre, Religion, and Gender in Colonial Mexico* (Stanford: Stanford University Press, 2008), 228.

¹⁷ Sharon Bailey Glasgow discusses the impact of urbanization on disease and public health; see *Constructing Mexico City: Colonial Conflicts Over Culture, Space and Authority* (London: Palgrave Macmillan, 2010), chapt. three.

underwent reconstruction. When Moreno requested to see the wards reserved exclusively for the indigenous patients, he was taken to a lower level, presumably a basement, where he encountered a disconcerting spectacle:

I saw many sick Indians who it was said suffered from different ailments, and they also seemed to be suffering with great discomfort and without clothes [*desabrigo*]; some were on beds with the greatest discomfort and others were on the floor, and all of them were on mats or bedrolls instead of mattresses, without more clothing than underwear made of ordinary linen, some with pillows and others without.¹⁸

The ward for indigenous female patients fared no better; there, Moreno reported to have seen “different Indian women in the same discomfort and nakedness.” Both sexes were housed in small, oppressive rooms; though he predicted these would become wet and humid during the rainy season, the nurses explained that the institution lacked comparable quarters for the extra patients.¹⁹

The number of indigenous men and women admitted to the Hospital de San Hipólito from the Royal Indian Hospital on the day of the royal secretary’s visit totaled twenty-six. While this sum appears modest, it represented roughly a third of the mentally ill patients the institution accommodated on a normal basis. Hospital space was limited. Moreover, since San Hipólito did not charge on a fee-per-service basis, every additional patient drained the hospital’s small budget. However, given the indigenous hospital’s status as a royal institution, the crown in all likelihood provided the brothers with a certain sum of money. Nevertheless, as the *enfermero mayor* (head nurse), Fray Sebastian de Castro, told Moreno, the hospital’s finances were

¹⁸ AGN, Indiferente Virreinal, caja 4749, exp. 37, f. 1.

¹⁹ *Ibid.*, ff. 1-2

insufficient to purchase the necessary medicines and to secure the salaries of the hospital personnel. The physician who tended to the ill on a routine basis had not been paid for over a year; the surgeon was summoned only in the most urgent of cases; the salaries for the female nurse and the cook were also long overdue; the male nurses were owed their rations of chocolate, shoes, and lancets. In fact, the hospital could barely afford its daily expenses, which included meat, bread, three chickens, and candles.²⁰

San Hipólito's wards were once again swamped with a deluge of patients in 1737 when an outbreak of *matlazahuatl*, or typhus, ravaged the colony. The scourge was one of the deadliest to strike New Spain since the conquest, its victims totaling more than 40,000 in the capital alone. The relief effort was equally robust, involving the spiritual and manual labor of both the secular and regular clergy and all nine of the city's hospitals. As the epidemic ultimately served as the catalyst for the surge in popularity of the cult of Our Lady of Guadalupe, its disastrous effects and valiant public response were richly documented in Cayetano de Cabrera y Quintero's panegyric, *Escudo de Armas*. Befitting the text's genre and lofty subject matter, Cabrera portrayed the *hipólitos'* charity in flattering terms, emphasizing their tenacity and dedication in caring for those stricken with the malady, even while many of their own took sick and died from contagion; their "great care" and "fine charity," he lauded, was "incomparable."²¹ The Hospital de San Hipólito, too, figured prominently in Cabrera's

²⁰ Ibid.

²¹ Cayetano de Cabrera y Quintero, *Escudo de Armas de Mexico* (Mexico, 1746), 423-24. On the cult of Our Lady of Guadalupe, and the role of popular devotion during the plague, see. D.A. Brading, *Mexican Phoenix, Our Lady of Guadalupe: Image and Tradition Across Five Centuries* (Cambridge: Cambridge University Press, 2001), esp. 119-145.

account: transcending its traditional role as a “receptacle” (to use the author’s own terms) for the colony’s mad paupers, the institution provided refuge to approximately 1,477 ill men and women; of these 464 died while 1,013 recuperated their health.²² The hospital’s success in treating this many patients depended greatly on the fact that it received viceregal support in the form of 20 pesos daily for the sustenance of the patients and extra money for medical expenditures.²³ However, the standard of care extended to the *pobres dementes* no doubt suffered during the calamity. Cabrera in fact reported that, given the staggering number of patients and a shortage of manpower, the brothers of San Hipólito were forced to recruit the help of the mad patients themselves who, in their limited capacities, could only assist in the burial of corpses.²⁴

Cabrera’s characterization of the relief effort, while informed by immediate events, nonetheless looked nostalgically to the heroic charity of earlier times. That hospital service had deteriorated to inadequate standards is demonstrated by the fact that, just two years after the epidemic that won the *hipólitos* praise in Cabrera’s eyes, the viceroy-archbishop Vizarrón penned a report to the Council of Indies that harshly criticized the brothers for their vices and negligence, portraying their institutions as the most inhospitable of places.

The immediate context for Vizarrón’s report was a protracted series of feuds among the brothers regarding the interpretation of their governing constitution. Since their elevation in

²² These numbers appear to be exaggerated given that San Hipólito accommodated somewhere between twenty to eighty patients during this period.

²³ Cabrera approximated that the hospital received 2,240 pesos for its daily food expenses, in addition to double this amount for medicines and other medical expenses, 424.

²⁴ Ibid.

status, the *hipólitos* incessantly squabbled over some of the revisions that the Pope had introduced to their statutes, the most hotly contested issue being the three-year tenure of the *hermano mayor*, the chief brother or prior general. Led by fray José de Balbuena, a faction within the order proposed a number of reforms to the rules, with the expressed goal of preventing potential abuses of power and promoting greater efficiency in administration. Although the Pope sanctioned the reforms, the order's reigning chief brother, José Pérez, defiantly dismissed the changes. Instead, he had Balbuena prosecuted and incarcerated as a fugitive and rebel, an act which forced the viceroy-archbishop to intervene.²⁵

In his unflattering assessment of the dispute, Vizarrón depicted a brotherhood that was plagued by factionalism, corruption, and on the brink of collapse. The order's constitutions required that the appointment of the *hermano mayor* receive approval from the viceroy, archbishop, and the city's municipal council; this stipulation, however, had not been observed for over a century. Consequently, the order had fallen into the incompetent hands of "unworthy" individuals, such as Perez, whom Vizarrón discredited as an illegitimate son who had infiltrated the order through fraud and nepotism. The viceroy-archbishop's ire was not only reserved for order's chief brother, but for its many other members who, following his example, committed a host of atrocious clerical and moral abuses:

With the same defects as Perez there are also others . . . And among them many Apostates; others that under pretense to solicit alms wander [*vaguear*] through diverse parts of this Realm and only when it is time to elect the new general chief brother they appear with some meager contribution, and then they continue to roam again; others that have been sentenced by the Holy Office of the Inquisition for [illegally] celebrating the mass, confessing [penitents], and practicing

²⁵ AGI, Mexico, 2745, n.pag.; Cantela 140-142.

other sacraments; others that as alms seekers or beggars ... deceive the public, resembling priests; others that have furtively ordained themselves...; others who are defamed with charges of sodomy; and nearly all of them consumed with the vice of lechery.²⁶

Most violated amongst the *hipólitos*' four monastic vows was the cherished vow to hospitality. Vizarrón minced no words in portraying the appalling conditions of the San Hipólito hospitals, stating that "the patients in the hospitals are very poorly assisted that a great number of them die because they receive little to no care from these brothers, [and] lack nourishment and medicines to treat their illnesses." Poverty was endemic, mostly because the careless brothers squandered the hospital funds in "games, foolish activities, [and] idle pursuits," leaving the institutions bereft of money to properly feed, clothe, and medically treat the ill. Further, with the funds dissipated, the order lacked any means to repair the hospital buildings, which showed definite signs of "much deterioration." The patients suffered neglect and in the saddest of situations died unassisted, without witnesses and spiritual comfort; once dead, they were entirely stripped of their possessions (*despojar*), often to such extremes that they were buried completely naked. The indictment climaxed in an accusation of murder allegedly committed by one of the brothers at the Hospital del Espíritu Santo in Mexico City, who approached a patient in the "agonies of death" and maliciously suffocated him to steal his money. Instead of helping patients to arrive at a peaceful Christian death, as was their true calling, the *hipólitos* "killed them to rob them," the indignant viceroy-archbishop reported.²⁷ If

²⁶ AGI, Mexico, 2744, n.pag.

²⁷ AGI, Mexico, 2744 and 2745. David A. Howard cites evidence of similar harsh treatment and neglect by the brothers of San Hipólito stationed to work as nurses in the Royal Indian Hospital; Howard, *The Royal Indian Hospital of Mexico City*, 17-18; also Muriel, 121.

the hospitals had fulfilled a spiritual mandate in the sixteenth century, now their wretched conditions “endangered the soul” of the suffering.²⁸

Given the stark, indeed horrific, conditions of the San Hipólito hospitals, Vizarrón endorsed the order’s permanent extinction. He further recommended that one of the two rival nursing orders, the Order of San Juan de Dios or the Bethlehemites, assume full administration of the hospitals.²⁹ As shocking as the report and its conclusions may seem, evidence suggests that the other hospitals of the capital did not fare much better. Both the *juaninos* (belonging to the Order of San Juan de Dios) and the *betlemitas* (of the Order of Nuestra Señora de Belem) faced similar charges of internal feuding, hospital mismanagement, and patient neglect, giving the impression that the problem was far more endemic.³⁰

It was also political. In his dual capacity as viceroy and archbishop, Vizarrón was in a unique position to advance the shared interests of both church and state to reform the behavior and curtail the independence of the regular clergy, the nursing orders included. The Bourbon period has often been portrayed as a time when church and state antipathy intensified, as the centralizing state came to impinge in arenas normally under the purview of the church and to undermine ecclesiastical power. William B. Taylor has described this process as one in which the “parental metaphor of the ‘Two Majesties’ (Dos Magestades)—with the crown as father and

²⁸ AGI, Mexico, 2745, n.pag.

²⁹ In the colonial period, New Spain possessed four hospital orders. The fourth hospital order not mentioned here were the Brothers of Saint Anthony (*antoninos*). For a short summary of these groups and their core differences to other male religious orders in Mexico City, see Karen Melvin, *Building Colonial Cities of God: Mendicant Orders and Urban Culture in New Spain* (Stanford: Stanford University Press, 2012), 109-111.

³⁰ See Muriel, *Hospitales*, 29-82, 92-107, passim; Adam Warren describes a similar decline in hospital care in Bourbon Peru. See Warren, op. cit, 35-39.

church as mother of the Hispanic family, or the two together as the collective head of the social body—gave way to a fully masculine conception of politics, with only one head and one parent, the king.”³¹ While there is much truth to this characterization of church and state relations, many high ranking churchmen were also staunch regalists, meaning that they endorsed the prerogative of the king and advocated for ecclesiastical reform under the umbrella of royal absolutism. Moreover, both Bourbon officials and reformers within the church shared a common bias against the regular orders whose autonomy they perceived as a challenge to their (competing) visions of a reformed and revitalized Catholic church.³² Thus, while Vizarrón’s invective against the *hipólitos* may shock and unsettle, we must bear in mind the shifting political context that shaped these views, and that possibly motivated him to exaggerate the degree to which the brothers of San Hipólito had slackened in their spiritual and nursing commitments.

The Struggle for Order

Despite the viceroy-archbishop’s conclusion that the internal corruption within the Order of San Hipólito was beyond repair, the Pope and the crown agreed to initiate a reform of the order.³³ In 1743, Pope Benedict XIV entrusted Vizarrón with the authority to inspect all of the hospitals and convents under the *hipólitos*’ administration to ensure that the brothers

³¹ Taylor, *Magistrates of the Sacred*, 13-14.

³² See Margaret Chowning, “Convent Reform, Catholic Reform, and Bourbon Reform in Eighteenth-Century New Spain: The View from the Nunnery,” *Hispanic American Historical Review* 85.1 (2005): 1-37.

³³ In 1741, Balbuena pleaded with the Council of Indies to pursue a reform of the order instead of its dissolution. He submitted a detailed report to the Council describing the order’s fallen condition (reiterating most of Vizarrón’s complaints) as well as a plan for the reform. AGI, Mexico, 2745, n.pag.

observed “order, modesty, and moderation” in all their activities. The reform would take place over a duration of ten years and its desired outcome was to “restore the order and its members” to the “primitive” standards of charity that originally fueled their mission.³⁴ To assist Vizzarón in the undertaking, the Pope appointed two reform-minded brothers, José Balbuena and Felipe Barbera. However, because of Vizarrón’s death in 1747, the task of overseeing the reform fell to the vicar-general and reappointed visitor-general, Francisco Javier Gómez de Cervantes.

A notice announcing the impending reform and its intentions was promptly placed on the doors to the convent of San Hipólito. Harkening back to the Council of Trent and its call for strict observance and greater austerity, the edict commanded the brothers to report any “sins, vices, abuses, bad customs, transgressions, or excesses” committed by any fellow member of the order against the “vows, statutes, and rules of the *vida común*” or the communal way of life.³⁵ The edict also instructed the reformers to conduct a census of the order and its possessions, providing detailed information of its convents and hospitals; the number of members and their specific appointments, duties, and location; and the names of fugitives, apostates, and alms-seekers.³⁶

On July 11, 1747, Balbuena and Barbera began a thorough inspection of the Convent and the Hospital de San Hipólito; unsurprisingly, they found its conditions to be grim. The dining area was “uninhabitable.” Only slightly better was the shoddy kitchen with a small table where some of the *hipólitos* ate their meals without any utensils. The reformers inspected the

³⁴ AGI, Mexico, 2744, n.pag.

³⁵ Ibid.

³⁶ AGI, Mexico, 2744, n.pag.

food prepared by the kitchen staff for both the brothers and the *pobres dementes*; it consisted of a “pot of very bad beef,” a “very small portion of meat without seasoning,” and another pot with “beans of very poor quality.” There were three broken doors, one of them leading to the cloister. While many rooms in the cloister were vacant, others accommodated two, sometimes three, brothers; most of the brothers slept on mats on the floor, as the small rooms possessed but one “most indecent bed.” Also, there were not enough candles for all of the brothers, forcing them to maneuver through the dark cloister in sets of two or three. The order’s archives were a disordered mess and the reformers found account books stashed away in cupboards with piles of various other books and papers, all “without order.” Most symbolically, perhaps, the financial and moral poverty of the Order of San Hipólito was mirrored in the “utterly deteriorated” condition of the church and sacristy, and in the sacred vestments and ornaments, which “lacked jewels” and showed signs of “uncleanliness and great indecency” and “little care for their condition and preservation.”³⁷

Needless to say, the inspections yielded depressing results. The other hospitals under the *hipólitos*’ supervision also suffered from varying degrees of material ruin and neglect; all of them were financially crippled. Financial data submitted to the visitor-general from each hospital indicated that the expenses of all eleven of the hospitals exceeded their income; the Hospital de San Hipólito, in particular, spent 17,080 pesos during a five-year period (1752-57) but only yielded 16, 485.³⁸ Aside from the paucity of funds, the order’s internal government was virtually nonexistent; hence, the brothers were left free to feud amongst themselves, to

³⁷ Ibid.

³⁸ AGI, Mexico, 2745, n.pag.; Cantela, 148.

renege on their vows, and to indulge in their vices with reckless abandon entirely remiss of their duties. Some of brothers engaged in heavy drinking, others took mistresses, and the least offensive members within the order slacked in moral rigor. Further, the reformers discovered that some of the hospitals lacked priests, and while the order possessed fourteen priests in total, some of them were without licenses to confess penitents.³⁹

Faced with this disconcerting situation, Cervantes and his associates described the order of San Hipólito as “deformed,” as having “fallen from its pristine state” for not conforming to the rules and principles of monastic living.⁴⁰ The reformers were especially troubled and angered by the pervasive abuses to the system of charity, particularly the cherished tradition of soliciting alms. Confirming an accusation made earlier by Vizzarón, they unearthed widespread misuse of the post of *demandante*, the appointed alms-seeker who publicly begged on the streets of the city and in the countryside. In theory, this position was subject to close circumspection; in practice, members of the order slyly left the convent alone, without accompaniment or the instruction of the prelate and, driven solely by their “avaricious malice,” they begged for alms with the intention to hoard the money. The reformers denounced false beggars with special vehemence: these frauds “usurped...what Christian piety had contributed for the wellbeing of the poor”; in using “false devotion” for their own material comfort and financial gain, they committed a gross injustice to the vow of poverty.⁴¹

³⁹ AGI, Mexico, 2744, n.pag.

⁴⁰ AGN, Indiferente Virreinal, caja 2512, exp. 26, f. 20.

⁴¹ Ibid., ff. 20-20v.

The reforms proceeded accordingly. To improve the moral character of the order, the visitor-general immediately prohibited the admittance of novices, as it was the young and uninitiated who were most tempted to stray from the order's strict monastic lifestyle. Cervantes then appointed a teacher to properly instruct the unqualified priests in the rituals of mass and the sacraments, ensuring that each convent and hospital had one priest to confess penitents.⁴² Next, unruly brothers were meted out and duly punished according to the rules and procedures outlined in the order's constitutions, which identified four levels of offenses and their corresponding penances. The punishment for crimes of a grave nature—such as blasphemy, drunkenness, and mortal sins—included temporary reclusion from the community and having to eat on the ground for two to three days. In the case of apostates, fugitives, and brothers who publicly violated their vows, they received the severest sentence (*pena gravissima*) of confinement in the convent's prison, the suspension or removal of office, the deprivation of the active and passive voice, and potential expulsion or excommunication.⁴³ José Perez and other members of the order who opposed the terms of the reform found themselves forced to flee to various convents outside the city where the visitor-general ordered them to remain in isolation for an unspecified time.⁴⁴

Aside from re-enforcing monastic discipline and punishing brothers who strayed from its strict and ascetic code of conduct, the reforms targeted the order's finances and introduced a

⁴² AGI, Mexico, 2744, n.pag.

⁴³ AGN, Indiferente Virreinal, caja 0246, exp.1, ff. 314-315v; AGN, Indiferente Virreinal, caja 2512, exp. 26., ff. 31-32.

⁴⁴ AGI, Mexico, 2744, n.pag.

system of surveillance and accountability. Close inspection of the order's records and financial data, which produced "much confusion and difficult calculation," revealed that the order lacked both a "viable economy" to sustain its members and institutions as well a method of transparent bookkeeping.⁴⁵ The latter was easily remedied through the appointment of an official bookkeeper, known as the *procurador conventual*, who would oversee the order's income, including the rent accrued from its dwindling estates, the contributions collected during mass, and especially the activities of the public alms-seekers or *demandantes*. The bookkeeper was to keep his careful notations in a special notebook and issue receipts to the *demandantes* every evening upon collecting the contributions.⁴⁶

Since the reformers could do little to augment the order's funds, they focused their energies mostly on restoring efficiency and integrity to the much-abused system for collecting alms. Thus, Cervantes ordered that the number of *demandantes* be reduced to four "to avoid the nuisance caused to the public by the multiplicity of beggars, and the disorder and idleness of these [individuals]."⁴⁷ He specified that the *demandantes* be chosen from among the order's "most modest" members; the order's updated constitutions also recommended that these be men of mature age, good name, and reputation who had proven themselves to be prudent, virtuous, and above all else honest.⁴⁸ They would beg in pairs—never alone—on the streets, in plazas and other public venues, and from door-to-door. They would also carry a license with

⁴⁵ AGN, Indiferente Virreinal, caja 2512, exp. 26, ff. 33v, 12.

⁴⁶ Ibid., 12.

⁴⁷ AGI, Mexico, 2744, n.pag.

⁴⁸ Ibid; AGN, Indiferente Virreinal, caja 0246, exp.1, f. 266.

them at all times, thus identifying themselves as legitimate beggars in a society where begging was becoming increasingly suspect. Furthermore, upon leaving and returning to the convent they would conduct the following ritual: in a gesture of subservience and commitment to the vow of poverty, the *demandantes* were to kneel on the ground and kiss the scapular of their superior.⁴⁹ The reformers also took care to preserve a tradition long ago introduced by Bernardino Alvarez whereby the religious solicited charity in the accompaniment of the San Hipólito's mad patients whose presence elicited both the sympathy and generosity of the public. Continuing this practice, they appointed two *pobres dementes*, Joseph Zedillo and Manuel Villegas, to accompany the *demandantes*, each patient carrying a special collections box (*alcancía*) with the sacred image of Our Lady of Charity.⁵⁰

Ultimately, these reformist efforts achieved only modest success, and when the ten-year term approached its conclusion, the Pope felt compelled to extend the reform an additional five years, to 1752. Acknowledging that the measures taken “had not been sufficient to contain the relaxation of the brothers of Charity,” Cervantes proposed the more extreme approach of dissolving the smaller convents located in the more remote areas, where it was admittedly more difficult to eradicate vice and enforce spiritual discipline, thus concentrating the order's resources on the remaining eight institutions. The Hospital de San Hipólito would remain, of course, Cervantes stated, because “it is the only one that exists in this Kingdom for the mentally ill, and it is very useful to the public and the ill who seek [its services].”⁵¹

⁴⁹ AGN, Indiferente Virreinal, caja 2512, exp. 26, f. 20v.

⁵⁰ Ibid., f. 12v.

⁵¹ AGN, Bienes Nacionales, vol.185, exp.9, n.pag.

Cervantes' proposal was not pursued, however, and the reform movement continued to founder. Although Cervantes, like Vizzarón before him, cited stubborn impiety and deeply-rooted vice as the source of the problem, the reform failed for other more pragmatic reasons. First, while it subjected the system for collecting alms to greater scrutiny and accountability, the reform did not generate additional income for the order and its hospitals, which persisted to struggle financially throughout the second half of the eighteenth century. In a report dating to 1755, Barbera, at this point occupying the office of chief brother, noted "many advances and improvements" in the order's administration to the "greatest benefit and comfort of the poor, the religious, and the divine cult." However, he went on to disclose San Hipólito's precarious financial situation. With both its two sugar plantations and haciendas in the pueblo of Olin-tepec long ago seized by creditors, the hospital subsisted primarily from charity and rental income derived from various smaller estate holdings. Since this amount was inadequate to cover its basic expenses, the institution was mired in debt.⁵² Second, in prohibiting the order from receiving novices, the reformers, wittingly or unwittingly, had rendered the brothers' diminution in number unavoidable. By 1755, the order had dwindled to nearly half its former size of 120 members, a decline that translated into a shortage of hospital personnel and consequently inferior medical attention.⁵³ At the Hospital de San Hipólito there were only eighteen brothers in total, including the prior general, the priest, the head nurse, the bookkeeper, the secretary general, and the four *demandantes*. Meanwhile, the number of mad

⁵² AGI, Mexico, 2745, n.pag. The report stated the hospital's debt totaled 628 pesos.

⁵³ The report specified that 40 members had died while 13-14 had fled the convent. A fraction of the remaining 56-57 brothers were carrying out their sentences and could therefore only perform certain menial or internal tasks.

patients admitted to the hospital had steadily increased from sixty patients in 1748 to ninety patients seven years later.⁵⁴

Although the initial wave of reforms was a mixed success, San Hipólito's fortunes began to take a turn for the better in the 1760s with the appointment of Fray José de la Peña, who succeeded Barbera as the *hermano mayor*, chief brother or prior general, of the Order of San Hipólito. Peña's ascension to power followed close on the heels of the crown's decision to reinstate the admittance of novices into the order thus promoting its future growth and prosperity. Fueled by this positive momentum, Peña enforced stricter adherence to the monastic codes of conduct; in particular, he was rigorously attentive to the brothers' mode of dress, ensuring that it was modest and without any superfluous adornment, and expressly forbid the brothers from owning possessions. Furthermore, he encouraged the study of surgery among the order's members as the "most useful exercise" to the institute of hospitality. Finally, Peña concentrated his energies on organizing the hospital's finances first by condemning the secret retention of alms and ultimately by establishing a syndicate in 1768 to oversee all economic matters.⁵⁵ It was Peña, moreover, who began to actively appeal to the state for greater financial support of the mental hospital and, in encouraging greater state involvement, the *hermano mayor* paved the way for the hospital's material transformation.

⁵⁴ Ibid.; Cantela, 149.

⁵⁵ Luisa Zahino Peñafort, *Iglesia y sociedad en México 1765-1800: tradición, reforma y reacciones* (Mexico, DF: Universidad Nacional Autónoma de México, 1996), 136-137.

The Prior's Plea: Beseeching State Assistance

In 1764, Peña approached the *ayuntamiento* or city council for financial succor. His plea emphasized San Hipólito's parlous financial situation, the pitiful conditions of hospital life, and the shortcomings of traditional medical charity. The *hermano mayor* described his situation as one of constant "mortification": dependent on charity to fulfill the needs of the hospital's inmates, he was perpetually "disturbing the republic and trying to captivate attention with humble demonstrations" in an effort to sway the citizens of Mexico city to contribute *limosna* or alms to the hospital to little avail.⁵⁶ Charitable donations were "limited," barely covering half of the hospital's total expenditures; meanwhile the number patients consistently exceeded eighty. To exacerbate the situation, the hospital suffered a shortage of personnel not only due to the recently lifted prohibition against admitting novices, but the fact that many of the servants fled San Hipólito "fearing the risks" associated with caring for the mad, which he admitted was a "very laborious, dangerous, and hazardous [*arriesgado*]" task. Peña was particularly referring to the trying feat of attending to the *locos furiosos*; their "fury wreaked the greatest havoc," he claimed, exaggeratedly adding that "many brothers had died at their hands." He too emphasized that dressing the *furiosos* was financially onerous because they often tore their own clothing to shreds during violent episodes.⁵⁷ It was the furiously insane, moreover, who damaged the already deteriorated hospital building, imposing an additional financial burden and health hazard. He wrote:

⁵⁶ AGN, Indiferente Virreinal, caja 0974, exp. 18, ff. 2v.

⁵⁷ Ibid.

What is more, today the old infirmaries suffer a continuous blow that deteriorates them because the miserable *dementes* vent their fury on the walls, doors, rails, and other places within the mental hospital [*loqueria*] making frequent repairs necessary for their security, and to ensure that they do not kill themselves or flee.⁵⁸

The *hermano mayor* too voiced frustration that San Hipólito had come to be stigmatized and viewed by the general public as an institution of the last resort. “It has been observed,” he stated, “that for those individuals who fall into the dreadful state of *demencia*, and have the resources to maintain and support their treatment, they are placed by relatives in other hospitals where they are received until all their possessions are consumed, or their relatives stop their contributions, and then they are abandoned as a last resort in this [hospital].”⁵⁹ The prior’s main concern here was, of course, money: only by admitting wealthier patients could San Hipólito ensure that its services were self-sustaining. Peña thus beseeched the municipal government to issue an order prohibiting other institutions in the capital from accepting mad patients so that, he stated, “they must come to this [hospital] be they poor or rich.” In addition, he requested that he be entrusted with the privilege of managing any personal possessions belonging to wealthier inmates to “ensure that their preservation or distribution was to the benefit of the patient.”⁶⁰ Assuaging anxieties about the social and racial mixing of the rich and poor inmates, he asserted that patients of higher status would be treated, clothed, and fed with “corresponding distinction.”⁶¹

⁵⁸ Ibid., f. 3v.

⁵⁹ Ibid., f. 3v.

⁶⁰ Ibid.

⁶¹ Ibid., f. 3.

As Peña's appeal elucidates, the move to modernize traditional healthcare stemmed not only from reform-minded state bureaucrats, who were often self-proclaimed *ilustrados* or men of enlightened thinking, but from the religious themselves who re-envisioned the hospital's role and purpose in colonial society. However, in seeking to admit a higher number of paying clients, the prior general did not aspire necessarily to abandon the hospital's traditional commitment to mad paupers. On the contrary, he believed that the greater number of self-supporting patients would in fact enable the institution to more efficiently channel the funds derived from alms to the *pobres dementes*. In this way, the hospital would not only fulfill its charitable obligation, but be of greater service to the wider public and the state. Indeed, references to San Hipólito's "utility" and "benefit to the greater public" saturate the prior general's appeal. For instance, Peña emphasized the hospital's role in keeping not just the city but the entire kingdom orderly—or "clean" (*limpiar*) as he put it—as the institution was the "only receptacle" where the mentally ill were sent "by mandate of the justices, or by the willingness of their dependents, parents, wives, brothers, or relatives."⁶² The hospital not only performed an invaluable service to the state in confining violent patients who were, in the prior's words, potentially poised to commit "many atrocities without the remedy of punishment, since [they] lacked *culpa*" or guilt.⁶³ In addition to this, it promised the potential for cure for, as Peña noted, when the hospital had possessed the necessary funds to afford daily visits from a physician it had achieved remarkable success in "restoring certain [inmates] to perfect sanity."⁶⁴

⁶² Ibid.

⁶³ Ibid., f.4v.

⁶⁴ Ibid., f.3v.

Here, we are provided with a rare glimpse into the hospital's expanding responsibilities; although still primarily focused on the shelter and care of the *pobres dementes*, San Hipólito had come to assume additional duties including the confinement of insane criminals remanded by authorities and the limited provisioning of therapy; and it too harbored ambitions to receive a higher ranking clientele. If the hospital was to continue on this more diversified path, then it desperately needed outside assistance.

In theory, the hospital lay outside the *ayuntamiento's* jurisdiction, which only included financial responsibility for the repair and maintenance of the Church of San Hipólito and monetary contribution for its annual festivities. Earlier, Peña had written to the municipal government urging it to fulfill its obligation to bestow 100 pesos annually for the festival of Saint Hippolytus describing the humiliation of having had to dress the effigy of the patron saint of Mexico City in ordinary plebian attire on multiple occasions.⁶⁵ Now, his appeal once again rested on the council's contractual and moral commitments to the church as its principal patron, noting among other things the lack of a main altar and continued limited funds to celebrate the city's anniversary with its due "pomp" and "solemnity."⁶⁶ But the prior also took it upon himself to stretch the limits of the *ayuntamiento's* role as benefactor of the Church of San Hipólito to encompass a civic obligation to the "miserable *pobres* who needed their support [*amparo*]."⁶⁷

⁶⁵ Jose Maria Marraquoui, *La Ciudad de Mexico*, 2nd. ed. (Mexico: 1969), 628.

⁶⁶ AGN, Indiferente Virreinal, caja 0974, exp. 18, ff. 4-4v; 9v-10.

⁶⁷ *Ibid.*, f. 4v.

The prior's plea was ultimately compelling. In 1766, the *ayuntamiento* agreed to assign the hospital a *tabla de carniceria*, or taxes on the butchering of cattle, which would yield 1,000 pesos annually to help finance the food and care of the hospital's poorest patients. In addition, they granted the institution four employees to begin working on the most critical repairs to the hospital's main building. Most importantly, it was the *ayuntamiento*, in collaboration with Peña, who rediscovered and revisited the 1601 mandate in which, as I discussed in the previous chapter, the viceroy had enforced the king's decree stipulating that all mad individuals from all over the kingdom in need of hospital care be brought to San Hipólito, including propertied patients who would be compelled to use their own wealth to support their hospitalization.⁶⁸ The city council agreed on the urgency of the bringing this discovery to the viceroy's attention and, as illustrated in the following chapter, evidence suggests that the mandate was indeed reissued and reinforced as the hospital's patient population began to diversify around this time.

Although the *ayuntamiento's* contribution marked an important first step in improving San Hipólito's condition, and an important turn towards state-funded public beneficence, the real turning-point in the hospital's history took place years later when Peña issued a similar appeal for assistance to the viceroy, Maria Antonio de Bucareli. The municipal government's support had apparently achieved remarkably little in the way of alleviating the hospital's financial woes. Money was once again stretched thin; and although Peña had established a syndicate to oversee the hospital's income and prevent the pilfering of alms, members of its governing board frequently resigned their posts, finding the implicit obligation to donate their

⁶⁸ Ibid., ff.13-14v.

private wealth in order to keep the hospital afloat far too onerous.⁶⁹ Moreover, the four construction workers allotted to the hospital by the city government could only introduce the most minimal of improvements to the building, which not only showed the devastating signs of nearly two centuries of wear and tear, but of the 1754 earthquake that had convulsed its floors and foundations.⁷⁰ More aggressive state intercession was clearly needed and it was viceroy Bucareli who heeded the call to rescue San Hipólito from its doom and gloom.

Remaking the Colonial Mental Hospital

Antonio Maria de Bucareli was the quintessential enlightened bureaucrat and during his tenure as viceroy (1771-1779) he implemented a number of the crown's reforms.⁷¹ Significantly, around the time that he took notice of San Hipólito's plight and began to champion its renovation, he was also overseeing the establishment of Mexico City's Poor House (Hospicio de Pobres). The Poor House represented a new, ambitious, and aggressive solution to the escalating problem of poverty in Mexico City. In the eighteenth century, the number of paupers, beggars, and vagrants who roamed streets of the capital seemed to proliferate as the colony's population expanded and poor rural people increasingly gravitated towards urban

⁶⁹ One member of the syndicate, Don Jose Martin Chavez, was reported to have contributed 18,000 pesos of his personal wealth, while other members of the board donated more than 4,000 annually. Manuel Rivera Cambas, *Mexico pintoresco, artistico y monumental*, Facisimile edition (Mexico, DF: Editorial del Valle de Mexico, S.A. de C.V., 1957), 385; AGN, Obras Pias vol.3, exp.10, ff. 125-125v.

⁷⁰ Marraqoui, 585.

⁷¹ On Bucareli's tenure as viceroy see, Bernard E. Bobb, *The Viceregency of Antonio Maria Bucareli in New Spain, 1771-1779* (Austin: University of Texas Press, 1962).

areas, especially during periods of bad harvest and epidemics. Population statistics, although rough estimates, help to document the sense of an unprecedented “urban crisis” gripping the viceregal capital, much to the shock and horror of foreign tourists and the disgust of the city’s elite.⁷² In 1747, the capital’s population had already risen to 98,000, and in 1803 the Prussian scientist Alexander von Humboldt reported that the city’s inhabitants numbered 135,000.⁷³ Of these, Humboldt stated that some “twenty to thirty thousand wretches (*zaragates y guachinangos*) swarmed the city” without proper work or even a home. “These dregs of the *pueblo*,” he added, “were composed of Indians and *mestizos*, and they bore much analogy to the Lazarones of Naples.”⁷⁴ Even decades before Von Humboldt recorded his impressions of Mexico City’s stark levels of poverty, it was clear to state authorities and reformers that the traditional system of poor relief was woefully inadequate to deal with the enormity of the problem. They consequently found themselves compelled to not only found new types of welfare institutions, but to fundamentally reorganize charity and rethink its basic premises.

Thus, when it opened its doors in 1774, three years before San Hipólito would inaugurate its rejuvenated building, the Poor House stood as a radical effort to desacralize poverty and rationalize the culture of alms-giving. Accompanying the Poor House establishment was draconian legislation that outlawed begging and categorized paupers according to their “worthiness.” While those deemed “unworthy” (*mendigos falsos*) would be

⁷² I borrow this term from Arrom, 17.

⁷³ Alexander von Humboldt, *Ensayo político sobre el reino de la Nueva España* (Mexico City: Editorial Porrúa, 2011), 78; Arrom, 17; Viera, “The Urban Underclass,” *Cities and Society in Colonial Latin America*, eds. Louisa Shell Hoberman and Susan Midgen Socolow (Albuquerque: The University of New Mexico Press, 1986), 288.

⁷⁴ Humboldt, 86.

interjected into the labor force, the “deserving” beggars (*verdaderos pobres*) were to be confined inside the Poor House, against their will if necessary, where they would not only be sheltered and fed, but “trained to be good Christians, productive workers, and responsible citizens.”⁷⁵ As Silva Marina Arrom has discussed in her study of this institution, despite the energies and optimism of state reformers, the Poor House ultimately failed both in its mission to eradicate poverty and discipline beggars, showing just how little control the state actually exerted over its multiracial urban populace.⁷⁶ Nevertheless, that state authorities even attempted to implement such an ambitious project illustrates the degree to which they were invested in social welfare reform for the purposes of promoting the Bourbon ideal of social order and economic productivity. It also provides some insight into why the viceroy would take keen interest in an institution like San Hipólito whose charitable and more coercive services, as the *hermano mayor* earlier pointed out, helped to keep the city’s streets peaceful, orderly, and safe.

To be sure, San Hipólito never formed direct part of the campaign to criminalize and institutionalize paupers; indeed, all evidence suggests that the mad were never systematically singled out as subjects fit for confinement and rehabilitation. But the viceroy did identify the mental hospital’s revival as an integral part of the Bourbon project of social reform and urban renewal, seeing fit to expand and rebuild its edifice anew, strengthen its finances, and redefine its original charitable mission in terms of a utilitarian service to the state and society.

⁷⁵ Arrom, 1. Poverty reforms, of course, were not unique to Mexico City but taking place throughout the Spanish Empire. See: J. Callahan, “The Problem of Confinement: An Aspect of Poor Relief in Eighteenth-Century Spain.” *The Hispanic American Historical Review* 51.1 (1971): 1-24; Milton, *The Many Meanings of Poverty*, esp. chapt. 6

⁷⁶ Arrom, 4.

The Renovation, 1775-77

Plans to renovate the Hospital de San Hipólito were already under negotiation when a second earthquake in the summer of 1773 dealt the hospital's main building a disastrous blow. Although none of the patients were apparently harmed, the quake violently shook the hospital's walls and foundations. The architects, Idelfonso de Iniesta Bejarano and Lorenzo Rodriguez, surveyed the premises shortly after the quake and warned of the institution's imminent ruin. The cloister was in a dreadful state with many of the walls of the dormitories and offices either shattered or on the verge of collapse. The infirmary did not fare much better: its walls were likewise weakened and crumbling; its overall condition was "ruinous." After surveying the chapel and sacristy, the architects noted that the latter's vault was broken and threatening to cave in. Additionally, they commented on the need to raise the hospital's sunken main entrance, which had rendered the building vulnerable to constant flooding during the rainy seasons. All in all, the damages were beyond repair; the architects concluded that it would be necessary to demolish the building entirely and rebuild the edifice anew. Moreover, they cautioned that the reconstruction could not await further delay. The building's cracked roofs and damaged walls endangered the lives of both the brothers and the *pobres dementes*, making it urgent to vacate certain areas to avoid potentially fatal accidents.⁷⁷

Faced with this hazardous situation, viceroy Bucareli accelerated the deliberations that would bring the hospital's remodeling into fruition. In his letter to the Minister of the Indies, he stated that it would be of great service to "this opulent city and even all of the kingdom for

⁷⁷ Archivo Histórico del Distrito Federal (hereafter AHDF), Fondo Ayuntamiento Gobierno del Distrito Federal, Sección Hospitales e Iglesia de San Hipólito, vol.2303, exp.1, ff. 28-31.

the ill of this class to have a secure hospital to facilitate their relief, assistance, and cure.”⁷⁸ The utility of the project could not be denied; how to finance it was a thornier matter. Although the crown affirmed its characteristic paternalistic concern for the plight of the *pobres dementes*, readily granting royal approval of the reconstruction, it was not fiscally strong enough to assume responsibility of the hospital in full.⁷⁹ The *ayuntamiento* had agreed to supply the 7,000 pesos needed for the repairs to the church and sacristy, plus up to an additional 2,000 for hospital’s rebuilding, which they had estimated would amount to 40,000 pesos. To cover the bulk of the costs, the viceroy solicited the support of a wealthy private party, the capital’s Merchant’s Guild or the *consulado*. On August 29, 1773, the *consulado* voted unanimously to sponsor San Hipólito’s renovation “to its complete perfection,” describing the venture as a worthy “contribution to the happiness of the monarchy.”⁸⁰ Two of its most esteemed members, Don Ambrosio Meave and Don José Gonzalez Calderón, were appointed to guide the project into completion.

Deliberations over finances did not stop there. A rejuvenated building would simply not be enough to revive San Hipólito; what the hospital desperately needed was a strengthened and durable financial infrastructure that would enable it to sustain its daily activities without heavy dependence on desultory charity. Although the brothers of San Hipólito would continue the time-worn tradition of soliciting alms on the streets of the city, the viceroy and municipal

⁷⁸ *La administración de Fray Antonio María de Bucareli y Ursúa*, 167.

⁷⁹ In her study of Mexico City’s Poor House, Arrom emphasizes that while the crown enlarged its role in

⁸⁰ AHDF, Fondo Ayuntamiento Gobierno del Distrito Federal, Sección Hospitales e Iglesia de San Hipólito vol. 2303, exp.1 f. 18v; Marroqui, 585-586.

government negotiated further arrangements to secure more stable funding. The *tabla de carnicería* assigned to the hospital by the *ayuntamiento* would continue to provide an annual sum of 1,000 pesos. On top of that, the city government proposed allotting the hospital proceeds from two additional sources: the *temporalidades*, assets formerly belonging to the Jesuits but confiscated by the state during their 1767 expulsion, and the *gremio de panaderos* or the public granary. In addition, the Congregation de la Purísima, which had earlier created an endowment in honor of the *pobres dementes*, would continue its support. In his 1776 *instrucción* (instruction) to the viceroy regarding the particulars of San Hipólito's renovation, Charles III voiced his approval of these funding strategies, which in truth were not new, but a continuation of a long-standing tradition whereby institutions of charity enjoyed mixed sources of income from public, private, and ecclesiastical sectors.⁸¹ The novelty perhaps resided in that a formerly derelict and bankrupt institution received heightened public awareness of its utility and financial demands. It was also evident in the city council's suggestion that the other cities, villages, and pueblos of the jurisdiction should be required to contribute a fixed annual pension towards the patients' food and clothing since the hospital's services, it was argued, extended well beyond the capital's limits.⁸² In 1776, the viceroy, backed by royal endorsement, enforced this stipulation through an official document that circulated throughout the neighboring municipalities reminding local officials of their vested interest in supporting an institution that

⁸¹ AGN, Indiferente Virreinal, caja 4122, exp. 6, ff. 1-2. On the complexity of hospital finances during the colonial period, see: David Cahill, "Financing Health Care in the Viceroyalty of Peru: The Hospitals of Lima in the Late Colonial Period," *The Americas* 52.2 (1995): 123-154; Arrom, 50-59.

⁸² *La administración de Fray Antonio María de Bucareli y Ursúa*, 169; Marraquoi, 586.

promoted the peace and order of their respective communities.⁸³ This was, indeed, a far cry from alms collecting, but a concerted effort to rationalize the distribution of charitable assistance.

Finally, these efforts to bolster San Hipólito's financial apparatus targeted the hospital's indigenous patients. Since its inception, San Hipólito had welcomed mentally troubled natives into its facilities seeing as the Royal Indian Hospital lacked appropriate accommodations for the insane. However, no specific provisions were in place to finance the care of this small but growingly visible minority of inmates, even though the Royal Indian Hospital possessed solid funding from the crown and Indian tribute. All government entities agreed that this was a problem that was easily remedied: either the indigenous patients of San Hipólito should be promptly transferred to the Royal Indian Hospital, or else San Hipólito should be duly compensated for these services which lay outside the traditional economy of charity. The administrator of the Royal Indian Hospital favored the latter option, citing not only the hospital's lack of cages to restrain unruly patients, but the comfort and security of the other occupants.⁸⁴ Thus, from hereon the administrator of the Royal Indian Hospital would be required to keep a monthly tally of the number of indigenous patients hospitalized at San Hipólito and pay the institution approximately one *real* and a half per inmate per day.⁸⁵

⁸³ AGN, Indiferente Virreinal, caja 5380, exp. 3.

⁸⁴ AGN, Obras Pías, vol.3, ff. 132-132v; AGN, Indiferente Virreinal, caja 4122, exp. 6, ff. 1-2; *La administración de Fray Antonio María de Bucareli y Ursúa*, 170.

⁸⁵ These records are located at the Instituto Nacional de Antropología e Historia (hereafter INAH), Fondo Hospital de los Naturales. See table 3.4.

Although deliberations over funding were a protracted process that involved lengthy correspondence between the viceroy, municipal government, *consulado*, and the king of Spain, the hospital's physical remodeling was relatively quick, lasting a period of two years. During the interim, the hospital's patients were housed in a makeshift facility (we know not where). On January 20, 1777—significantly, on Charles III's birthday—San Hipólito celebrated its much anticipated reopening in a solemn ceremony. In attendance was the viceroy who afterwards wrote to the Bourbon bureaucrat and visitor-general of New Spain, José de Gálvez, lauding the new structure and declaring, somewhat exaggeratedly, that it far out-rivaled any hospital he had ever seen in Europe.⁸⁶ Months later, Bucareli recalled the “pious demonstration” that had taken place on the hospital's debut as the *pobres dementes* were transferred from their provisional accommodations to the “new magnificent house.”⁸⁷ He also lauded the “sacrifice, love, and zeal” of *consulado*, without whom the remodeling would have been unfeasible.⁸⁸ In truth, however, the *consulado*'s donation of 14,000 pesos fell glaringly short of the total cost of the renovation, which had exceeded the initial estimate of 40,000 pesos, totaling instead 61, 832. Both Calderón and Meave furnished the remaining sum out of pocket and were subsequently reimbursed by the viceroy who extracted the funds from the *avería*, a tax imposed on merchant-convoys.⁸⁹

⁸⁶ *La administración de Fray Antonio María de Bucareli y Ursúa* No.30 (Mexico: Talleres Gráficos de la Nación, 1939), 418-419.

⁸⁷ *Ibid.*, 419; AGN, Correspondencia de Virreyes vol. 96, exp.1, f. 1.

⁸⁸ *La administración de Fray Antonio María de Bucareli y Ursúa*, 418.

⁸⁹ AGN, Correspondencia de Virreyes, vol. 96, exp.1, f. 1.

Given the original building's dismal condition on the eve of its renovation, any repair to the structure would have been touted as an improvement. However, this was no modest touch-up but wholesale reconstruction from top to bottom. The municipal government, which had commissioned the initial surveying of the original building, had found it to be wholly inadequate. Aside from the obvious destruction caused by the earthquake, not to mention centuries of wear and tear, their main objection was the building's size, which barely accommodated sixty-six wooden *jaulas* or cages to confine recalcitrant *furiosos*.⁹⁰ While this number may have been acceptable in earlier times, it was now ill-suited for an institution whose operations had expanded and were growing each day. The finished product addressed this chief concern: it was larger and more spacious than its predecessor; most strikingly, its sixty-six cages used to pacify the *furiosos* and large single-room wards reserved for the rest of the inmate population had been replaced with a greater number of private cells that encircled the whole building.

The Mexican historian, Josefina Muriel, has suggested that the main architect, whose identity unknown,⁹¹ took the inmates' comfort and humanity into consideration when he redesigned the facility. He did away with the large wards that kept inmates chained to their beds and the *jaulas* that caged them like animals; and, in their place, he introduced small

⁹⁰ AHDF, Fondo Ayuntamiento Gobierno del Distrito Federal, Sección Hospitales e Iglesia de San Hipólito, vol. 2303, exp.1, ff. 28-30.

⁹¹ Although the architects Idelfonso de Iniesta Bejarano and Lorenzo Rodriguez were hired to survey the initial building, it is not clear what part they played in the hospital's redesign. The floor plan submitted by the viceroy to the king of Spain does not contain a signature to identify its creator. Given that Rodriguez was the main architect of the Royal Indian Hospital, it is possible he also redesigned San Hipolito, but there is no way to corroborate this hypothesis. Certainly, the design of the Royal Indian Hospital differs substantially from that of San Hipolito, as Muriel has pointed out. See Josefina Muriel, "El modelo arquitectónico," 117.

individual rooms that not only granted the inmates the luxury of privacy, but the freedom of movement.⁹² But financial motives were also at play in the appearance of the private cells in addition to humanistic concerns: given the prior-general's voiced ambitions to admit patients of higher social standing, the individual rooms were also meant to temper misgivings about the mixing of clients of different social and racial status. However, the extent to which the private cells represented some kind of "moral architecture" is unclear.⁹³ The Jesuit priest and director of the Colegio de San Idelfonso, Juan de Viera, who visited the hospital shortly after its reopening, penned a description of the institution in which he still referred to the cells as *jaulas* or cages, and one could imagine that these tight, cramped and dark quarters would come to evoke the oppressiveness of prison cells. Viera further noted that while the rooms flaunted doors of the "finest cedar," prison-like, they too possessed tiny windows (*tronerias*), which were used to deliver food to the *furiosos* thus sparing the nurses the danger of direct contact.⁹⁴

Although the private cells were a novel development that implied a new approach to the management of mental disease, the building itself, with its emphasis on the interlacing of sacred and medical space, did not signal a radical departure from traditional forms of hospital architecture. Although the new design, quite dramatically, severed the infirmary from the

⁹² Ibid., 118.

⁹³ The term "moral architecture" is employed by Nancy Tomes who, building on the work of David Rothman, examines the role of asylum design and management in bringing about therapeutic and moral changes. See Nancy Tomes, "A Generous Confidence: Thomas Story Kirkbride's Philosophy of Asylum Construction and Management," in *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, ed. Andrew Scull (Philadelphia: University of Pennsylvania Press, 1991), 121-143

⁹⁴ Juan de Viera, *Breve y compendiosa narración de la ciudad de Mexico, corte y cabeza de toda la America septentrional, La ciudad de Mexico en el siglo XVIII (1690-1780)*, ed. Gonzalo Obregón (Mexico, D.F.: Consejo Nacional Para la Cultura y las Artes, 1990), 250.

convent, this was not an aesthetic decision, nor even a philosophical one, but due to jurisdictional battles entailing that the *ayuntamiento* only finance the convent's reconstruction.⁹⁵ Both structures nevertheless remained connected through a small hallway that granted the brothers easy access to the patients and enforced the traditional linkage between monastic and hospital life. A ground sketch of the remodeled facility originally submitted by the viceroy to the king of Spain is featured in figure 2.1. As illustrated here, the new building comprised a single two-storied rectangular structure that unfolded around two large airy interior patios, which were flanked by classical archways. The private cells tightly filled both stories with their small *troneras* facing inward toward the patios; the patios each showcased fresh water fountains at center. Both floors were also lined with ample corridors that enabled the nurses to efficiently feed and deliver other services to the inmates. While the building's design (like that of its predecessor) did not adopt the popular cruciform plan that was common in the medieval and early modern hospitals of Roman-Catholic countries, its layout unfolded according to a similar logic: namely, the central positioning of the chapel (sandwiched between both patios) whose convenient location enabled patients who were confined to their cells to hear the mass.⁹⁶

Contemporaries lauded the rejuvenated edifice as a marvelous sight. It was simple but aesthetically pleasing, spacious and sturdy; it enhanced the beauty and grandeur of the viceregal capital. The Jesuit priest, Juan de Viera, in his first hand-account, was impressed by the

⁹⁵ Muriel, "El modelo arquitectónico," 119.

⁹⁶ On this cross-shaped model and on hospital design more generally, see: John Henderson, *The Renaissance Hospital: Healing the Body and Healing the Soul* (New Haven: Yale University Press, 2006); Grace Goldin, *Work of Mercy: A Picture History of Hospitals* (Ontario: Boston Mills Press, 1994), chapt.5; also, Katharine Park and John Henderson, "The First Hospital Among Christians': The Ospedale Di Santa Maria Nuova in Early Sixteenth-Century Florence," *Medical History* 35 (1991): 164-188.

building's "construction" and "symmetry." San Hipólito was, by his estimation, a "marvel" to behold with its "magnificent" patios that, when aligned with those of the adjacent convent, offered a perspective that resembled the ancient theaters of Rome or a grand Spanish bull-fighting ring.⁹⁷

Figure 2.2, a nineteenth-century lithograph of both the Church and Hospital de San Hipólito's facade, shows that the exterior of the remodeled building betrayed little indication of its status as an institution designed to confine the insane and unruly; instead, its simple but elegant architecture blended seamlessly into the urban tapestry of the capital, marked by its ubiquitous churches and palatial buildings. As the lithograph also shows, the ground floor exterior contained several *asesorías* or offices; these were rented out to artisans or businesses, the profits of which would benefit the hospital.⁹⁸

⁹⁷ Juan de Viera, *Breve y compendiosa narración de la ciudad de Mexico, corte y cabeza de toda la America septentrional, La ciudad de Mexico en el siglo XVIII (1690-1780)*, ed. Gonzalo Obregón (Mexico, D.F.: Consejo Nacional Para la Cultura y las Artes, 1990), 250.

⁹⁸ Muriel, "El modelo arquitectónico," 119; Ballenger, 45.

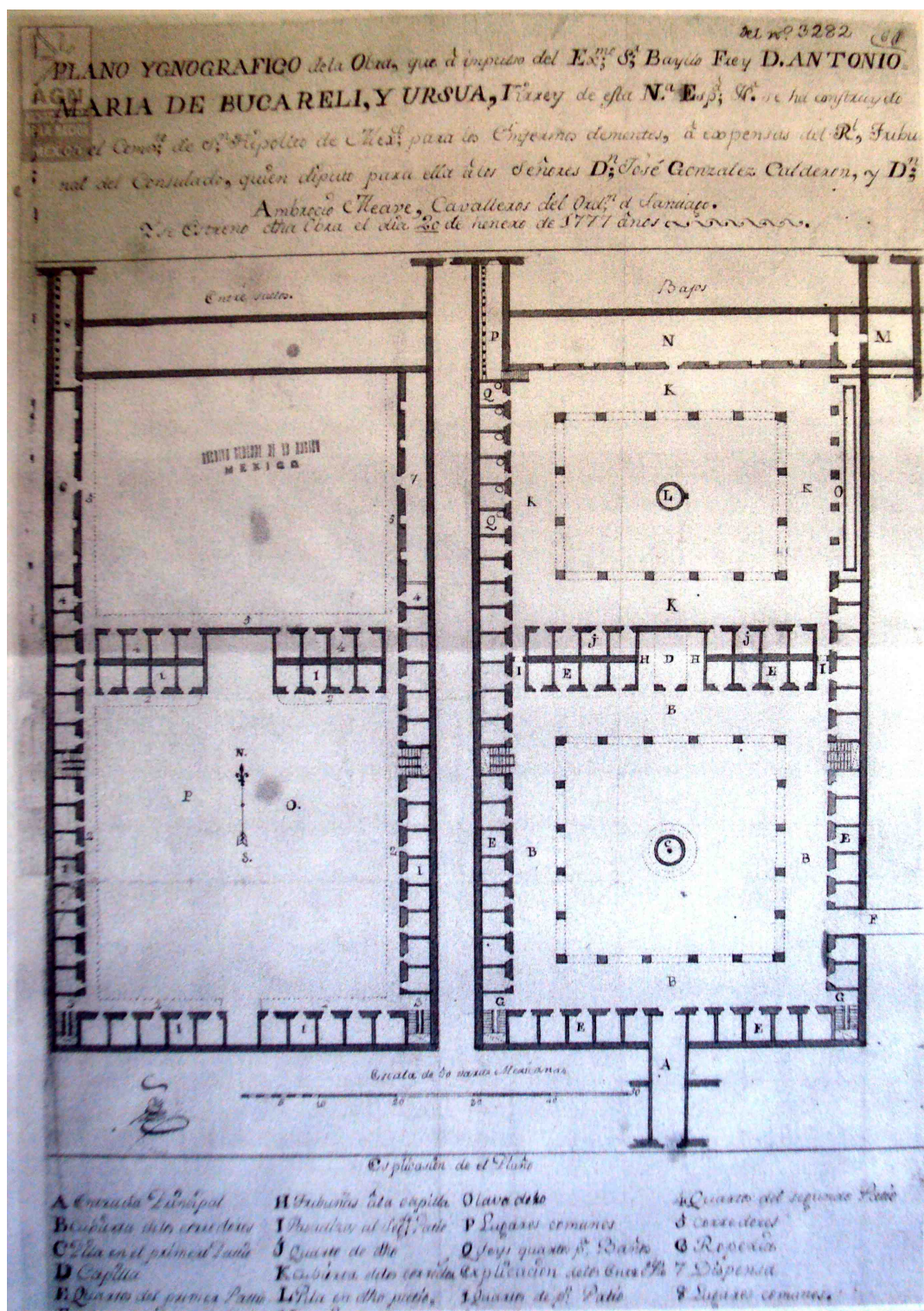


Figure 2.1. San Hipólito's remodeled ground design, c. 1777. Key to plan on following page. Source: AGN, Correspondencia de Virreyes, 1^a serie, vol. 96, exp.1.

Key:

A Main entrance	J individual rooms	1 individual rooms
B arched hallway	K arched hallway	2 walkway
C fountain in 1 st patio	L fountain in 2 nd patio	3 stairs
D chapel	M kitchen	4 individual rooms
E individual rooms	N dining room	5 walkway
F hallway to convent	O laundry room	6 closet
G stairs	P communal spaces	7 pantry
H platform to chapel	Q six bathrooms	8 communal spaces
I hallways to 2 nd patio		

Figure 2.1 (Continued). San Hipólito's remodeled ground design, c. 1777



Figure 2.2. Lithograph of Church and Hospital de San Hipolito, ca. 19th century. The hospital is on the far left. Source: Manuel Riveras Cambas, *México pintoresco, artístico y monumental* (Mexico, DF: Editorial del Valle de Mexico, S.A. de C.V., 1957; Facisimile edition).

Returning to the hospital's layout, we can see that the main entrance was located on the south end of the building. To the far north, past the second patio and fountain, was a spacious dining room and, to its right, the kitchen (both located on the ground level); to its left, were the common areas (on the second and first floor) where patients who were not violent could presumably congregate. If we are looking for novel improvements when compared to the former plan (aside, of course, from the introduction of the private cells), then these would reside in the heightened emphasis on hygiene which was evident throughout the new facility. Above all, an augmented if not entirely newfound concern with hygiene and therapy was manifest in the hospital's large and open construction—in contrast to the closed structure of the previous building—which permitted the circulation of air and thereby prevented the harmful putrefaction of humors within the body.⁹⁹ Attention to hygiene can also be seen in the hospital's numerous bathrooms (a total of six, all located on the northwest side of the building) and, opposite to the bathrooms, its large *lavendera* or laundry room for the washing of the inmates' soiled clothes and bed linens. Even the two patios with their glistening fountains and verdant gardens served a therapeutic function, as they would have provided ambulatory patients with comfort and solace.¹⁰⁰ Finally, in addition to these hygienic and therapeutic facilities, the building possessed, on its second floor, two large storage units: a closet (*roperia*) and pantry (*despensa*).

⁹⁹ See Henderon's discussion of the importance of fresh air and heightened ceilings in renaissance hospital design in *The Renaissance Hospital*, 157-161.

¹⁰⁰ Muriel, "El modelo arquitectónico," 118.

Taken together, the hospital's design and spatial arrangement all bore testament to a reformed and revitalized institution with an updated mission that combined the ideals of utilitarian service, civic order, and what contemporaries termed *piedad ilustrada* or "enlightened piety."¹⁰¹ This was certainly the impression of San Hipólito provided by Juan de Viera when he visited the newly reopened institution:

On one site there is a gorgeous fountain with two basins in the middle, and from a curious pillar that serves as a pedestal, the main stream of water descends to the mentioned basins that, from their various movements, push to water to the fountain providing a splendid sight of the surrounding patio.

On the first floor it has a curiously tidy and devout chapel, with a railing that serves as a door so that the *dementes* that are experiencing fits [*intervalos*] can hear the mass from outside.

It possesses a refectory where with great comfort it can hold up to two-hundred *dementes*, with sturdy tables and benches to eat and dine, and it is pleasing to attend lunch or dinner there, for although only those who are tolerable and not violent can attend, [the patients] are usually very grateful. The brothers serve them food with great humility and modesty, and while they consume lunch or dinner one brother sings the Christian doctrine in a very somber tone, having a catechism at hand. The kitchen is a gorgeous room with all its conveniences, and before entering it there is another room that serves as a bakery with a semi-circular coffered ceiling and many shelves of crockery for the service.¹⁰²

¹⁰¹ In contrast to highly ritualized and ostentatious nature of Baroque Catholicism, enlightened piety stressed simplicity, restraint, and interior spirituality. See: Pamela Voekel, *Alone Before God: The Religious Origins of Modernity in Mexico* (Durham: Duke University Press, 2002); Brian Larkin, *The Very Nature of God: Baroque Catholicism and Religious Reform in Bourbon Mexico City* (Albuquerque: University of New Mexico Press, 2010).

¹⁰² Viera, 250.

At the time of Viera's visit, the hospital comfortably housed over 140 inmates. The way the *dementes* "subjected themselves with such care and respect" to the orders of the religious *niño*, or boy, who apparently looked after them the day he visited, was truly a "marvel," Viera claimed with palpable admiration.¹⁰³ Having plunged to its financial and material (even moral) ruin years earlier, San Hipólito had now reached its zenith. Its pristine rooms and novel luxuries captivated the Jesuit priest who, downplaying the maddened fits of the *furiosos* who remained locked inside their cells, portrayed the institution in the most flattering of terms, as a model of Bourbon order and enlightened piety. We must, of course, be wary of interpreting Viera's rosy description too literally. Somewhat suspiciously, he presented an idyllic scene of hospital life, with its plentiful meals, uplifting religious counsel, and docile inmates.

We must likewise be wary of overestimating the significance of these state interventions and their transformative effect. For one, the parsimonious crown was never fiscally strong enough to support the hospital in full. Although San Hipólito came to enjoy greater state financial support like never before, evidence suggests that this amount was ultimately insufficient and the hospital persisted to struggle financially in the decades that followed, beholden to the culture of alms-giving to sustain its activities. Evidence of continued financial stress comes from a 1794 exchange between viceroy Revillagigedo and Peña's successor as *hermano mayor*, Fray José de Castro. In the previous year, the viceroy had ordered the hospital to discontinue the practice of welcoming spectators on both the feast days of the Holy Innocents and Saint Hippolytus for the purposes soliciting charitable donations. Such spectacles, he reasoned, only served to disrupt "good order," "irritate" the hospital's patients,

¹⁰³ Ibid., 251.

and turn them into the laughing stock of the city.¹⁰⁴ However, the following year, the *hermano mayor* begged Revillagigedo to reconsider, his persuasive plea hinging on an issue of deep importance to both the hospital and viceroy—money: “The constant poverty and lack of properties of this hospital prompts me to express to your Excellency the great suffering we’ve endured for having closed the doors [to the hospital] on those days.”¹⁰⁵ According to Castro, the act of shunning visitors on both the day of the Holy Innocents and on the feast day of the hospital’s own patron saint had the effect of “hardening” [*resfriar*] the charitable goodwill of the faithful citizens of Mexico who were not able to behold the “sight of the objects worthy of their compassion such as these poor miserable [patients],” for whom he also claimed the festivities served as a healthy form of distraction and respite [*desahogo*].¹⁰⁶ Clearly aware of the financial burden San Hipólito posed to the state should it fail to stay afloat, Revillagigedo ultimately rescinded his previous decree, condoning the hospital’s participation in the public festivals on the condition that its personnel exercise the utmost “zeal and vigilance” to avoid any “disorder.”¹⁰⁷ Clearly, then, state support had its limits and did not sever the hospital’s traditional reliance on Christian charity.

In many ways, San Hipólito’s reform and rebuilding was characteristic of the general trajectory of the mishmash of projects lumped together as part of the Bourbon officials’ reformist agenda. Although born of great vision and implemented energetically and with lofty

¹⁰⁴ AGN, Indiferente Virreinal, caja 2187, exp. 2, ff. 45-45v.

¹⁰⁵ Ibid., f. 48v.

¹⁰⁶ Ibid.

¹⁰⁷ Ibid., f. 50.

rhetoric, the crown's varied projects, especially its social and medical reforms, were often plagued with contradictions and introduced in a piecemeal fashion, exposing the state's weaknesses and its shaky grasp on its overseas domains and their inhabitants. As Silvia Arrom has written: "Far from a hegemonic Leviathan, the Bourbon state was a complex entity riddled with internal conflicts."¹⁰⁸ Given this state of affairs, it is hardly surprising that the reforms, more often than not, produced uneven outcomes and generally failed in their much trumpeted objectives to reform colonial society and improve the lives of colonial subjects.¹⁰⁹ This was certainly the case for San Hipólito, which reopened its doors in 1777 to much fanfare and optimism, but gradually declined once again as its finances wore thin.

Moreover, as this account has also elucidated, the traditional narrative of the Bourbon period as one marked by "state encroachment and religious retreat" is far too simplistic when applied to developments in the domain of social welfare and medicine.¹¹⁰ While the Bourbon crown and its ecclesiastical allies attempted to curb the independence of the unruly *hipólitos* and bring them and their institutions under tighter state control, the reform of the order, as we saw in the first half of the chapter, was more than anything an attempt to "rechristianize" the hospital rather than secularize it. By contrast, as the second half of this chapter illustrated, the events surrounding San Hipólito's rebuilding were marked by efforts to modernize and even medicalize hospital care, couched in the enlightenment discourses of social improvement and

¹⁰⁸ Arrom, 50.

¹⁰⁹ Warren, 14.

¹¹⁰ Paula de Vos, "The Art of Pharmacy in Seventeenth- and Eighteenth-Century Mexico," (Ph.D. Dissertation: University of California, Berkeley, 2001), 262.

public utility. What this points to is a far more complex and even messy picture with hospitals remaining bastions of charity and tradition while assimilating, however unevenly, more modern and novel aspects.

By the closing decades of the eighteenth century, San Hipólito appears to have operated not as a radically transformed institution but rather as a hybrid of its former self. On the one hand, the hospital remained at its core a charitable institution firmly committed to the welfare of the *pobres dementes*. On the other hand, evidence from its patient registers (discussed in the following chapter) and Inquisition and criminal records (discussed in chapters four and five) indicate that around this time, and even earlier, it was beginning to assume new responsibilities and receive a diversifying body of inmates.

CHAPTER THREE

The Patients of San Hipólito: The View from the Admissions Records

The *enfermero mayor* or head nurse of San Hipólito kept busy and aside from overseeing the activities of the other nurses, coordinating with the hospital's visiting physician (when it could afford one), and ensuring the spiritual and physical wellbeing of the *pobres dementes*, he was also entrusted with the task of receiving new patients. Upon admission, he was supposed to record each new inmate's name in a special notebook, jotting along whichever additional personal information he could gather or deemed relevant. He was likewise expected to diligently monitor the number of inmates who had perished within the hospital's premises and those that had exited the institution either because they had been formally discharged, returned to the custody of relatives and in some rare instances fully recuperated, or had furtively taken flight—a not uncommon scenario. This chapter uses these annotations to discern patterns of admission, discharge, and mortality, as well as to construct a broad portrait of San Hipólito's inmate population.

In this task, we are limited by the fact that only two sets of registers of patient admissions have survived.¹ The first of these covers a short nine-year period (1697-1706). Aside from including the patient's name and surname and the date of arrival (with the occasional marginal comment on the date of death or release), it sporadically references such

¹ These records are the following: AGN, Indiferente Virreinal, caja 1005, exp.5; AGN, Indiferente Virreinal, caja 4951, exp.47.

characteristics as the inmate's race, parentage, marital status, and place of origin. The second set of registers, which exists as a fully intact leather-bounded notebook (see figure 3.1), is a veritable treasure-trove of information: it lists the details mentioned above (with the addition of the inmate's age), but its records are far more sophisticated and standardized and its time-span is considerably broader (1751-1786), covering the critical decades before and after San Hipólito's renovation and physical amplification.² In addition, the *enfermero mayor* who kept this second body of registers frequently alluded to the circumstances that occasioned institutional confinement, mentioning, for example, that an inmate had arrived at the recommendation of a local priest, with a medical certification, or by order of a law-enforcement official. Although chapters four and five examine individual cases of inmates who arrived at San Hipólito by mandate of the Inquisition and secular criminal courts, the admission records constitute the most expansive and comprehensive data available on the hospital's patient population as a whole; as such, they offer invaluable insight into not just the numbers but the types of patients the hospital admitted, their social backgrounds and racial identities, as well as important clues to why they came and left.

² The records for the year 1786 are incomplete, with the last entry dating to September 28. The dates seem to correspond to the tenure of Fray Jose Felipe Ruiz as *enfermero mayor*.

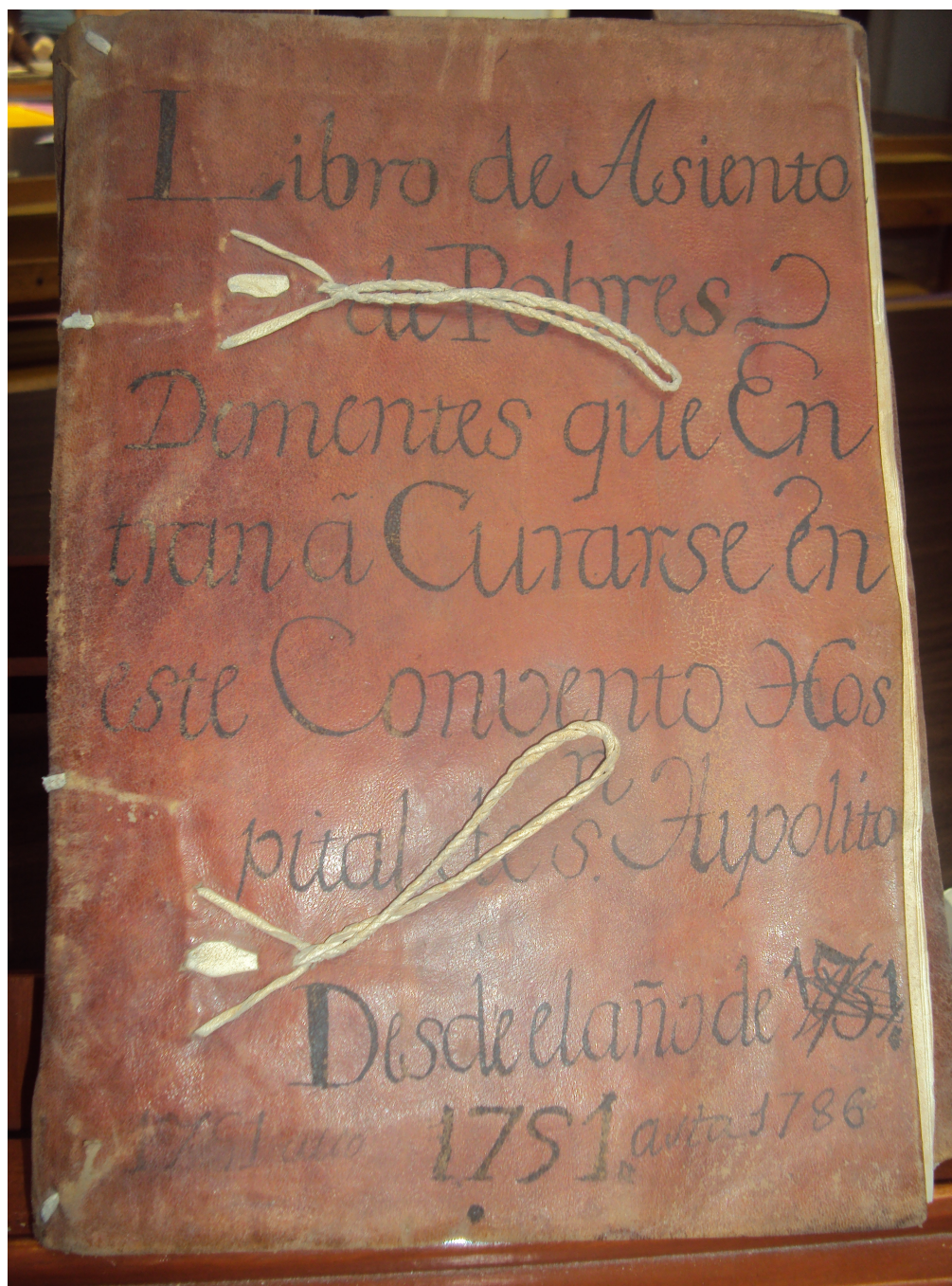


Figure 3.1. San Hipólito's admissions notebook, 1751-1786. Source: AGN, Indiferente Virreinal Caja 4951, exp. 47.

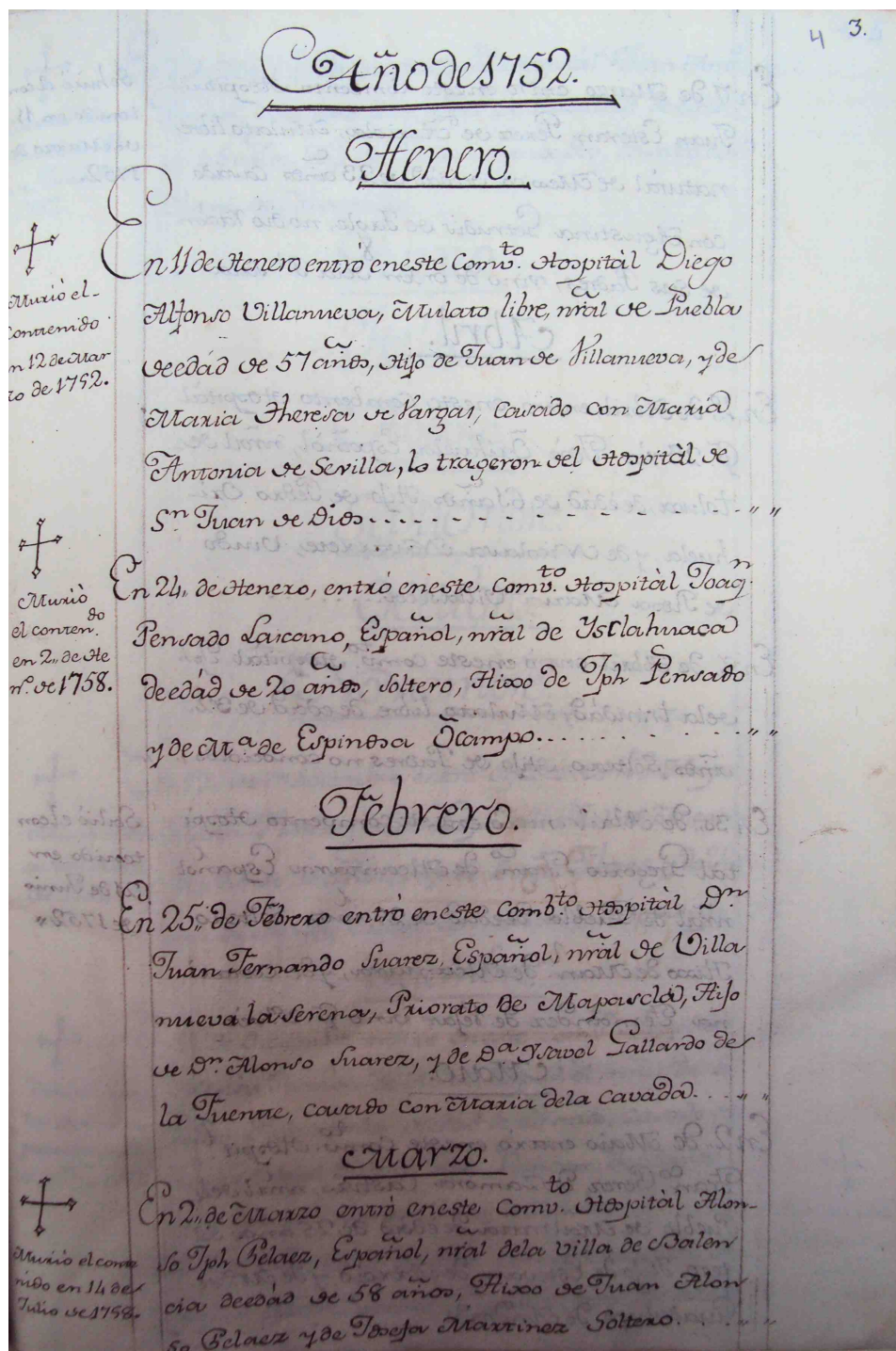


Figure 3.2. Representative Patient Register, January - March, 1752. Source: AGN, Indiferente Virreinal Caja 4951, exp. 47.

Although we must account for the forty-four year gap (1707-1750) not covered by the two sets of registers, a close examination and careful comparison of their contents enables us to chart critical shifts in the hospital's uses and inmate population, as well as meaningful continuities. In general, these records provide evidence of an institution whose patient population not only grew in number during the course of the eighteenth century, but whose clientele and uses also diversified. They show that by the 1780s, San Hipólito provided both long and short-term care—and in some instances administered cures—to a mixed body of *dementes* that included paupers and humble colonial citizens of all ages and races, respectable *españoles* fallen on hard times, and military personnel. In addition, the hospital's more coercive aspects had intensified as it came to receive a small and motley cohort of allegedly insane criminals, accused of crimes ranging from blasphemy to murder, remanded from the Inquisition and all avenues of the secular law enforcement.

While San Hipólito's patient population overwhelmingly represented the poorer strata of colonial society, and showcased some its most marginal and troublesome members, the portrait of the daily comings and goings of the hospital's patients offered by the registers is a far cry from the sensationalistic and harrowing depictions of madhouses that have pervaded the popular imaginary. Although we must reckon with the small but looming presence of the criminally insane, who blurred the divide between charity and punishment, these records hardly depict the hospital as a warehouse for the dregs of colonial society or a "tool of empire." Instead, they point to a much more mundane, humane, and complex local reality. They illustrate an institution hard at work in provisioning care to the insane, meeting (however

imperfectly) the diverse and contradictory needs of the changing colonial society in which it was embedded.

Admissions, Deaths, and Discharges

Much can be gleaned from a close analysis of data pertaining to rates of admission, death, and discharge. These numbers have been compiled and are reproduced in table 3.1. Before scrutinizing their contents and extrapolating broader conclusions, some important caveats are in order. Owing perhaps to tighter administrative organization and a proliferating body of patients to manage and account for, the *enfermero mayor* who kept the second body of registers, identified as Fray José Felipe Ruiz, dutifully tallied total admissions, deaths, and exits annually. Although the detailed entries and marginal notations he provided for each admission are by no means straightforward, these records do quite accurately plot the flow of patients in and out of the hospital. The earlier set of registers, however, warrants more circumspection, for these do not contain such annual summations. What we have here instead is an excerpted list of annual admissions with marginal annotations recording the date of death or release of particular inmates included in that nine-year list. In other words, because there are no yearly tallies, the total number of discharges and deaths listed on the table for the earlier period is misleading—deceptively low it would seem—since the demise or exit of patients admitted before 1697 went undocumented in these records. While this would not be such a problem if the sample was more extensive, the short time span covered by these earlier registers (1697-1706) renders their numbers suspect (with respect to rates of discharge and death, that is, but

necessarily rates of admission). The following discussion bears these limitations of evidence in mind.

To begin with, despite their drawbacks, these registers clearly chart a gradual increment in the number of newly admitted inmates, confirming mid-century complaints about issues of overcrowding at San Hipólito. In the early eighteenth century (between 1698-1706), the hospital received an average of fourteen annual admissions. By the 1750s (between 1751-1759) that average had risen to twenty-five new inmates, twenty-one in the 1760s, twenty-eight in the 1770s, and twenty-four between 1780-1785. In 1779, San Hipólito's annual intake peaked to an all-time high of forty-two new patients; indeed, yearly admissions for the period following its 1777 renovation were consistently elevated, reflecting the hospital's expanded capacity, improved finances, and growing attractiveness as an institutional solution for managing madness. While the *enfermero mayor* who documented the influx of patients never recorded the hospital's total inmate population at any given time, we can arrive at these numbers by consulting other sources. In 1730, the periodical *Gaceta de Mexico* proudly announced that San Hipólito's infirmaries "served with ineffable charity more than sixty *pobres dementes*."³ Documents pertaining to royal *visitas* (inspections) of the hospital during the order's protracted reform, as discussed in the previous chapter, indicate that by midcentury that number had slowly but steadily climbed to ninety patients.⁴ It proceeded to mount in the ensuing decades

³ *Gaceta de México* tomo 1, num. 31 (Mexico: 1730), 244-245.

⁴ AGI, Mexico, 2745, n.pag.

Table 3.1. Records of Admissions, Discharges, and Deaths at the Hospital de San Hipólito, 1697-1706, 1751-1785* (*1786 is not included because its records are incomplete)

Year	Admitted	Discharged	Died
1697 (Sept. – Dec.)	3	0	0
1698	13	0	3
1699	10	1	2
1700	16	0	5
1701	8	0	2
1702	13	0	2
1703	18	0	7
1704	24	0	1
1705	14	0	0
1706	10	0	0
1707 - 1750	-----	-----	-----
1751	15	7	0
1752	19	3	8
1753	28	12	7
1754	39	15	16
1755	37	20	12
1756	27	13	8
1757	20	11	8
1758	18	8	8
1759	19	7	10
1760	27	12	11
1761	26	7	9
1762	22	5	6
1763	11	3	6
1764	21	8	9
1765	22	12	7
1766	15	4	10
1767	23	8	10
1768	20	8	9
1769	21	13	6
1770	34	22	6
1771	21	10	9
1772	18	8	10
1773	18	6	4
1774	21	1	7
1775	29	10	10
1776	30	15	12
1777	30	14	13
1778	36	15	10
1779	42	15	17
1780	23	5	13
1781	26	6	8
1782	34	14	16
1783	34	10	13
1784	35	4	11
1785	25	1	4

Source: AGN, Indiferente Virreinal caja 1005, exp.5 and caja 4951, exp.47.

such that shortly following the hospital's renovation, if we can trust the estimates provided by the Jesuit priest, Juan de Viera, San Hipólito's occupants surpassed 140.⁵

Coupled with this increase in new admits after midcentury was a higher patient turnover. Of the 129 patients admitted between 1697 and 1706, only one was registered to have been discharged from San Hipólito during that nine-year period. This gives the impression that the hospital was not, in the first place, a site of therapy but rather of eternal reclusion intended for the hopeless and forlorn—or the extremely dangerous—whose madness was incurable. Of course, given the reservations outlined above, the number of inmates released during the late seventeenth and early eighteenth centuries was likely much higher. Nevertheless, the image of San Hipólito as functioning mostly during this time as a long-term repository for the inveterately insane is largely corroborated by references in the early registers to the prolonged duration of hospitalization. In 1697, the hospital's bookkeeper, Fray Basilio Patricio, noted the length of committal of the fourteen patients listed on the admissions sheet;⁶ with the exception of four patients who had arrived more recently, the length of hospitalization for the remaining ten inmates spanned from seven years to twenty.⁷ Even the only recorded discharge, the Creole *demente* Joseph Jaramillo, resided at San Hipólito for six years before he

⁵ Viera, 240.

⁶ For the first documented year of the early admission book (1697), the bookkeeper included fourteen entries with the length of committal noted for each. Only three of those inmates had arrived that year. It is not clear why the bookkeeper included the eleven other entries, but I hesitate to think it represented the patient population in its entirety, since that would mean it was exceedingly small (14 patients) and ballooned rapidly in the following years. In general, this first set of registers is riddled with problems and must be interpreted with caution.

⁷ AGN, Indiferente Virreinal, caja 1005, exp. 5, ff.2-2v.

was released in 1705.⁸ These observations, aside from reflecting the intransigent nature of mental disease and the hospital's more custodial role, illustrate that San Hipólito's documented financial troubles and administrative crisis were not only compounded by increasing admissions, but also by the slow accumulation of chronically ill inmates who filled the hospital's crowded wards and taxed its limited resources.

To be sure, this pattern of chronic, extended internment persisted well into the 1780s (and probably much later) although its predominance began to compete with rates of patients who were more rapidly discharged. In 1768, Pablo de Aguilera, an *español* originally from Irapuato, was admitted to San Hipólito; the *enfermero mayor* recorded that he died at the hospital seventeen years later in 1785.⁹ Admitted in 1755, the indigenous patient Vicente Rafael spent a staggering forty-four years in confinement—from the age of thirty to seventy-four—before fleeing the hospital's premises in 1799.¹⁰ Similar entries documenting the demise or exit of inmates who had been hospitalized for decades are scattered throughout the later registers. To that we might add the hefty portion of admissions for whom no fate was recorded; this was either because of sloppy bookkeeping practices or quite possibly due to the fact that these inmates did not die or leave the institution until after 1786 when Ruiz's tenure as *enfermero mayor* ended and he ceased to take records.

Yet, while the registers document the continued retention of long-term, chronically ill patients, they too reveal that after 1750 a substantial fraction were released shortly within a

⁸ Ibid., ff. 5.

⁹ AGN, Indiferente Virreinal caja 4951, exp.47, f. 51v.

¹⁰ Ibid., f. 16

couple of years to a few months—and even weeks or days—of hospitalization. For instance, the indigenous patient, Lázaro Guzman, admitted in the summer of 1751, only resided at San Hipólito for one month.¹¹ Francisco Gonzalez’s 1754 internment was even briefer, lasting just twenty days.¹² These short-term hospitalizations can be interpreted in a number of ways. In part, they reflected the hospital’s growing therapeutic capabilities and a shifting preference to admit acute cases in greater numbers. Such a view is supported by the fact that, starting in the late 1770s, annotations recording exits began to remark that a particular client left hospital in “good health” (“*salio bueno*”) and was reintegrated into society. In 1778, San Hipólito’s most successful year, therapeutically speaking, the hospital discharged approximately fifteen patients; of these, eight (or 53 percent) were described as leaving in “good health,” and most having been hospitalized for only two to less than one year. While it is not clear from these records what constituted recovery and how it was achieved, it is obvious that the hospital could only lay a modest claim to therapeutic efficacy. When analyzed in relation to the inmate population as a whole, its highest success rate was quite low, and far more common was it for the registers to announce merely one to three recoveries per annum. That said, it would be unfair to entirely dismiss this evidence of recovery because of minuscule numbers; given the limited options available to contemporaries—and the poor especially—San Hipólito was performing an invaluable service in offering charitable care and protection to mentally troubled and difficult individuals, and at the very least the promise, if not necessarily the fulfillment, of cure.

¹¹ Ibid., f. 3v.

¹² Ibid., ff. 10v-11.

Clearly, then, while the discharge of recovered patients marked an important therapeutic milestone, not all who left San Hipólito did so in good health. Short-term hospitalizations may have also been symptomatic of an institution that was strapped for resources and space, and thereby forced expel inmates prematurely. One might imagine that this was especially true for the decades preceding the hospital's amplification when overcrowding and depleted finances were well documented. Rapid turnovers also appear to reflect the specific needs of the families of mentally disturbed kin who came to rely on the hospital's services intermittently. While the perspectives of spouses and relatives remain difficult to access from these terse documents, we know from the marginal notations left by the *enfermero mayor* that patients were often discharged at their behest. In addition, the *enfermero mayor's* varied scribbles reveal a number of other insightful patterns. For instance, on some occasions patients were discharged so they could be transferred to other hospitals to treat other kinds of illnesses. Such was the case for the mulatto patient, Rafael Cortes, who left San Hipólito in 1788 "cured of madness" ("*bueno de la demencia*"), but suffering from the *mal de San Anton* (Saint Anthony's fire).¹³ Inmates were also discharged only to later be readmitted. Indeed, recidivism was common with patients re-entering San Hipólito up to five times, further casting the shadow of doubt on the hospital's therapeutic achievements. Finally, in addition to formal discharges, a number of exits recorded in the registers (roughly 11 percent) were those inmates who had left the hospital clandestinely by taking flight—an issue to which I will later return. Taken together, these notations, jotted at the margins of the entry-book by the *enfermero mayor* who tried to keep track of the hospital's swelling body of inmates, suggest that during the

¹³ Ibid., f. 94v.

second half of the eighteenth century, San Hipólito's uses did indeed diversify; while it continued to house the incurably mad for the long duration, it also became a site of curative treatment, however limited, and temporary confinement.

In addition to charting the entrance and exit of patients, table 3.1 shows the number of annual deaths. Given the limitations of the earlier registers, it is only possible to draw tentative conclusions from the rates of mortality provided for the period between 1687 and 1706. We are on firmer ground with the later body of registers, which indicate that after midcentury an average of nine to ten mental patients died in the wards of San Hipólito each year. The *enfermero mayor* judiciously noted deaths in the admission books by drawing a sign of the cross next to the name of the deceased, often followed by the date of demise, although he was largely reticent about the cause of mortality. On two occasions, however, he marked specific deaths as suicides. Next to the entry for Leandro Muñoz Montero, a *mestizo* of forty-five years of age, he wrote on August 29, 1760: “*murió degollado por su propia mano*” (“he died by cutting his own throat.”)¹⁴ Similarly, in 1774, he noted that the inmate José Antonio Robles, an *español* of twenty-one years of age, took his own life (“*el mismo se mato.*”).¹⁵ These brief but troubling references to self-murder elicit momentary insight into the mental world and suffering of some of San Hipólito's most tragic cases. Although suicide was considered an “unnatural” death—similar to homicide, infanticide, and abortion—ecclesiastical authorities likely permitted sacred

¹⁴ *ibid.*, f. 29v.

¹⁵ *Ibid.*, f. 61.

burial in these specific instances in light of the individual's impaired psychological reasoning ("non compos mentis").¹⁶

Taking the total number who died as a percentage of total admissions, we can see that the hospital's morality rate was quite high, approximating 36 percent. While it might be tempting to interpret to this as a sign of poor conditions and rudimentary medical attention, resorting to old stereotypes of hospitals as unsanitary cesspits or "gateways of death," high morality was also a reflection of the type of patients the hospital admitted. Although San Hipólito appears to have made an effort to attract curable cases that could efficiently be treated and discharged, and while its rate of turnover certainly increased, it was not unwilling to receive the severely debilitated and moribund. This is illustrated by the surprisingly brief time-span separating date of admission from date of death in many of the entries, indicating that lots of patients reached the hospital in truly dire condition. On July 4, 1782, for example, the twenty-five year old black slave, Manuel Trinidad, was transferred from the Hospital del Espiritu Santo to San Hipólito; he died just a week later.¹⁷ By and large, however, it appears that the majority of deaths registered in the entry-books were still those of the chronically ill inmates who lived out their final days at San Hipólito. One such patient was Bartolomé Sanchez, an *español* and a native of Puebla, who died on January 20, 1781, after nearly twenty-two years of hospitalization.¹⁸

¹⁶ Zeb Tortorici, "Reading the (Dead) Body: Histories of Suicide in New Spain," *Death and Dying in Colonial Spanish America*, eds. Martina Will de Chaparro and Miruna Achim (Tucson: The University of Arizona Press, 2011). 54.

¹⁷ AGN, Indiferente Virreinal, caja 4951, exp. 47, ff. 119v.

¹⁸ *Ibid.*, f. 27v.

How did one gain admission to San Hipólito? Although the hospital's ordinances make no reference to a selection process by which candidates were judged to be suitable or unsatisfactory for internment, the admission books do provide a number of clues to indicate that its services were not issued indiscriminately. Particularly striking is the reference to patients who were admitted with documented proof of mental illness in the form of a medical certificate. These references to the "*certificación del medico*" do not appear in the early set of registers, indicating that the requirement for documentation by a medical expert—usually a licensed physician or surgeon, although one patient entered with a "plea of the apothecary"—was a novel development that pointed to greater medicalization of both madness and hospital.¹⁹ The earliest reference to a medical certificate appears in 1755 when the Creole patient, Manuel Castil de Oro, was admitted and discharged just three months later.²⁰ Similarly, in 1773, José Cervantes arrived to the hospital with a certificate penned by the physician Bernardo Cortes, "who had been treating him of the madness he suffered."²¹ The appearance of the medical certificate thus underscores an important new trend: namely, a nascent shift to define the criteria for admission in medical terms rather than strictly poverty or need. We can see this shift more dynamically played out in the highly contested arenas of the inquisitorial and criminal courts, as discussed in chapters four and five, where colonial magistrates increasingly came to rely on the expert testimony of physicians before finally opting to institutionalize allegedly mad suspects.

¹⁹ Ibid., f. 27.

²⁰ Ibid., f. 16.

²¹ Ibid., f. 67.

That said, not all hospital applicants arrived with official letters from medical experts; in fact, the majority did not. The requirement for medical certification seems to have applied only to non-pauper candidates, or patients transferred from other hospitals or institutions, who bore the burden of demonstrating an urgent reason for internment. By that same token, not all formal endorsements came from medical men; many patients arrived with letters of recommendation from local priests, judges, or esteemed members of the community. These letters of recommendation have not survived so their contents remain a mystery, but they likely attested to a potential patient's personal background, family and financial circumstances, and mental health, presenting a compelling case for internment. For instance, in September 1779, the patient Nicolas de Olivares arrived with two *cartas* or letters: one from the local magistrate of the pueblo of Huamantla, located in the present-day state of Tlaxcala, and another from the Franciscan friar, Francisco José Rangel.²² Similarly, in June 1762, the hospital received the mulatto patient Luis with a recommendation from the priest of Orizaba.²³ That the majority of recommendations came from parish priests is hardly surprising given the central role that they played within the parish community, both as collectors and distributors of charity, and as practitioners of “spiritual physic”—that is, the use of prayer, confession, communion, and even exorcism as tools for alleviating a range of afflictions of the mind, body, and soul.²⁴ Letters from priests may very well have affirmed that the candidate in question was a good Christian

²² Ibid., f. 101.

²³ Ibid., f. 36.

²⁴ Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 1999), 44; see also, David Lederer, *Madness, Religion and the State in Early Modern Europe: a Bavarian Beacon* (Cambridge: Cambridge University Press, 2009).

who had recently confessed, as well as disclosed more intimate details about his personal and emotional life. However, as with the medical certificates, not all patients appeared to have furnished these documents—or at least the *enfermero mayor* did not record that they did. Nevertheless, these references to accompanying letters of support indicate that the process of admitting patients was not arbitrary, but based on the careful assessment of personal need and the severity of the condition. And, a time when the medical profession had not yet achieved a monopoly on madness, a range of authorities held sway over who was admitted.

The Many Faces of Madness

In addition to keeping track of the entrance and exit of patients, the *enfermero mayor* jotted such variables as race, parentage, marital status, age (mentioned only in the later records), and place of origin as a way to identify a particular inmate. Based on these details and characteristics, tables 3.2 and 3.3 provide an overview of San Hipólito's inmate population between the periods of 1697-1706 and 1751-1786 respectively. A close examination of this evidence enables us to flesh out a more nuanced portrait of the hospital inmates, to move beyond the generic categories of *pobre demente* and *loco furioso* and capture the varied faces and experiences of madness.

Next to the name and surname, the *enfermero mayor* usually specified the inmate's racial makeup, known varyingly as *casta* or *calidad*,²⁵ thus designating the primacy of racial categories

²⁵ In New Spain, *casta* generally referred to degrees of racial purity while *calidad* carried connotations of honor and social class. In the eighteenth century, the latter term became increasingly racialized and more widely used. See María Elena Martínez, *Genealogical Fictions: Limpieza de Sangre, Religion, and*

as markers of colonial identity and status. In certain situations, he was even compelled to speculate (“*al parecer mulato*” or “he appears to be a mulatto”) when the inmate himself could not identify his particular *casta* or race. In colonial Spanish America, generations of racial mixing among peoples of Spanish, indigenous, and African descent produced a hierarchical system of racial and social classification, known as the *sistema de castas* (“race-caste system”), that categorized colonial inhabitants according to relative degrees of racial “purity” or “mixture.” The complexities and ambiguities of colonial systems of racial classification and taxonomy colored, quite literally, San Hipólito’s admissions records, which referenced a broad gamut of socio-racial types. Interestingly, although these records show that the hospital’s patients were culturally and racially diverse, the largest constituency was identified as *españoles* or Spaniards. These were, by and large, American-born creoles or *criollos*, although peninsular Spaniards too figured among the inmate population, albeit in small numbers. As illustrated in table 3.2 A, between 1697–1706, *españoles* comprised well over half (approximately 59.3 percent) of the hospital’s inmates. By startling comparison, only 5 percent (specifically, 7 patients) were classified as *indios* or Indians, while 18.6 percent were described as black or belonging to the group of mixed-blood *castas* (specifically, *mestizos*, *mulatos*, and two *moriscos*). Of the twelve black and mulatto patients, four were explicitly identified as slaves. Two of them, Ventura de la Cruz and Pascual Ignacio, belonged to the treasurer of the Spanish royal mint, while Felipe de la Cruz, an enslaved mulatto, was sent to San Hipólito by his owner, a *caballero* of the military Order of Santiago. The fourth slave was Pedro de Paramo, owned by Dona Isabel Picazo y

Gender in Colonial Mexico (Stanford: Stanford University Press, 2008), 247-248; “The Language, Genealogy, and Classification of ‘Race’ in Colonial Mexico,” *Race and Classification: The Case of Mexican America*, ed Illona Katzew and Susan Deans-Smith (Stanford: Stanford University Press, 2009).

Table 3.2. Overview of San Hipólito's Inmates, 1697-1706.

A. <i>Race</i>	Number	%
Español	83	59.3
Indio	7	5
Negro	6	4.3
Casta	20	14.3
Unspecified	24	17.1
B. <i>Marital Status</i>		
Single	44	31.4
Married	51	36.4
Widowed	2	1.4
Unspecified	43	30.7
C. <i>Place of Origin</i>		
Mexico City	37	26.4
Other cities/villages in New Spain	47	33.6
Spain	16	11.4
Other	4	2.9
Unspecified	36	25.7
Total Admissions	140	100

Source: AGN, Indiferente Virreinal, caja 1005, exp. 5

Table 3.3. Overview of San Hipolito's Inmates, 1751-1786

A. Race	Number	%
Español	493	54.9
Indio	99	11
Negro	8	.9
Casta	147	16.4
Unspecified	151	16.8
B. Marital Status		
Single	361	40.2
Married	339	37.8
Widowed	53	5.9
Unspecified	145	16.1
C. Place of Origin		
Mexico City	221	24.6
Other cities/villages in New Spain	454	50.6
Spain	71	7.9
Other	8	.9
Unspecified	144	16
D. Age Group		
14 and under	7	.8
15-29	234	26
30-44	331	36.9
45-59	141	15.7
60 plus	39	4.3
Unspecified	146	16.3
E. Parentage		
Cited both parents	640	71.2
Cited one parent	25	2.8
Unspecified	233	26
F. Title		
Don	96	10.7
Untitled	802	89.3
Total Admissions	898	100

Source: AGN, Indiferente Virreinal, caja 4951, exp. 47

Medina; he was eventually transferred out of San Hipólito to the Hospital del Espíritu Santo where he died in 1698.²⁶

Although the hospital's population expanded throughout the course of the eighteenth century, table 3.3 A suggests that the racial composition of its inmates underwent subtle rather than dramatic changes. Spaniards still constituted a meaningful majority (55.1 percent), although the proportion of Indians significantly more than doubled (from 5 percent to 11), the outcome, in part, of tighter coordination between the Royal Indian Hospital and San Hipólito. As described in the previous chapter, one way San Hipólito's finances were bolstered was by requiring the capital's hospital for natives to fund the care of any mad indigenous patients San Hipólito admitted. This new financial arrangement logically entailed stronger interaction between the two hospitals over the payment of funds and occasionally the transfer of patients. Based on the records of the Royal Indian Hospital, table 3.4 shows that San Hipólito housed anywhere between 9 to 25 indigenous patients per month for the period between 1774 and 1799, with the highest concentration occurring between 1784 and 1786. San Hipólito's indigenous inmates represented a broad social and cultural spectrum: one patient, Juan Antonio Quintano, admitted in 1767, identified himself as a *cacique* or an Indian of noble lineage, while others were designated as *tributarios* or tributaries.²⁷ The registers further denoted varying degrees of "Indianness" or hispanization (for example, "*indio hormite*" versus "*Indio mexicano*"). Moreover, blacks and *castas* continued to comprise a sizeable minority (17.8 percent). In addition to *mestizos*, *mulatos*, and *moriscos*, which were also cited in the earlier

²⁶ AGN, Indiferente Virreinal, caja 1005, exp. 5, f. 4v, 10v, 3.

²⁷ AGN, Indiferente Virreinal, caja 4951, exp. 47, f. 51.

records, the later registers included a number of new taxonomies: namely, *castizos*, a handful of light-skinned mulattoes known as *pardos*, and one *coyote*. The appearance of these more refined appellations reflected the general widening of the *casta* system during the late colonial period to accommodate a population that was becoming increasingly interracial and racially ambiguous. Finally, as with the earlier records, a small handful of blacks and mulattos (approximately 5 patients) were marked as slaves.

Table 3.4. Monthly Tally of the Indigenous Patients at San Hipólito According to the Records of Royal Indian Hospital (Hospital Real de los Naturales)

1774		1776		1778		1779	
August	17	January	15	January	18	January	18
September	17	February	15	February	18	February	18
October	18	March	15	March	18	March	19
November	16	April	15	April	17	April	19
December	18	May	15	May	17	May	18
		June	15	June	18	June	18
		July	15	July	18	July	18
		August	15	August	18	August	18
		September	15	September	18	September	18
		October	15	October	18	October	18
		November	15	November	18	November	18
		December	15	December	18	December	18
1781		1782		1783		1784	
January	21	January	22	January	22	January	25
February	21	February	22	February	22	February	25
March	21	March	22	March	23	March	25
April	21	April	22	April	23	April	25
May	21	May	23	May	23	May	27
June	21	June	23	June	22	June	27
July	22	July	23	July	22	July	27
August	22	August	23	August	23	August	27
September	22	September	23	September	23	September	27
October	22	October	23	October	23	October	28
November	22	November	22	November	25	November	27
December	22	December	22	December	25	December	27
1785		1786		1790		1791	
January	27	January	26	January	19	January	13
February	27	February	26	February	19	February	13
March	27	March	26	March	19	March	13
April	27	April	26	April	19	April	13
May	27	May	25	May	19	May	13
June	26	June	25	June	19	June	11
July	26	July	25	July	19	July	11
August	26	August	25	August	14	August	11
September	26	September	24	September	13	September	10
October	26	October	24	October	13	October	10
November	26	November	24	November	13	November	10
December	26	December	24	December	13	December	10

Table 3.4 (Continued). Monthly Tally of the Indigenous Patients at San Hipólito According to the Records of Royal Indian Hospital

1792		1793		1794		1796	
January	10	January	12	January	13	January	14
February	10	February	12	February	13	February	14
March	10	March	13	March	13	March	14
April	9	April	13	April	13	April	15
May	10	May	13	May	13	May	16
June	10	June	13	June	13	June	15
July	11	July	13	July	15	July	15
August	12	August	13	August	15	August	15
September	12	September	13	September	15	September	15
October	12	October	13	October	15	October	15
November	12	November	13	November	15	November	15
December	12	December	13	December	15	December	15
1797		1798					
January	15	January	15				
February	15	February	15				
March	15	March	15				
April	14	April	15				
May	14	May	15				
June	15	June	15				
July	15	July	15				
August	15	August	15				
September	15	September	15				
October	15	October	15				
November	15	November	15				
December	15	December	15				

Source: INAH, Hospital Real de los Naturales 18:15; 20:5; 24:8; 14:4; 15:9; 17:4; 22:7; 21:9; 23:10; 26:2; 28:12; 29:8; 30:7; 31:6; 32:7; 33:7; 35.1; 36:9; 37:8

While this racial breakdown contrasted starkly to that of colony as a whole, where Indians vastly outnumbered Spaniards and creoles, it did not deviate drastically from the racial composition of Mexico City, which was the political, economic, and cultural hub of Hispanic society. By 1790, census records indicate that 49 percent of the capital's population was designated as Spanish, while 27 and 24 percent were respectively *castas* and Indians.²⁸

This discussion is complicated, of course, by the fact that the race of a considerable fraction of hospital's inmates (17.1 percent in early seventeenth century and 16 percent in the later period) went unreported in the records. Furthermore, it must be stressed that the *sistema de castas* was by no means a fixed paradigm. Rather, largely a construction of the colonial elite to control its multiracial populace, it was a widely unstable and fluid system in social practice.²⁹ Factors such as skin pigmentation, birth status (legitimacy or illegitimacy), degree of hispanization, wealth and occupation, and even self-perception all played a role in racial identification and racial labeling during this period.³⁰ And, given this fluidity, it was not uncommon for someone to pass as an *indio* in one context, and *mestizo* in another.

Nevertheless, the number of *españoles* who populated San Hipólito's wards was overwhelming, challenging assumptions that Indians, blacks, and *castas*, because they disproportionately comprised the lower tiers of the social hierarchy, were the primary recipients of medical charity. Although surprising, this observation dovetails with other studies that have

²⁸ Arrom, 100.

²⁹ On the malleability of racial categories and the instability of the *casta* system, see: R. Douglas Cope, *The Limits of Racial Domination: Plebeian Society in Colonial Mexico City, 1660-1720* (Madison: The University of Wisconsin Press, 1994).

³⁰ Martínez, 145-146; Patricia Seed, "The Social Dimensions of Race: Mexico City, 1753," *Hispanic American Historical Review* 62.4 (1982), 573-574.

emphasized the staggering presence of Spanish occupants within institutions of poor relief.³¹ The willingness of colonial citizens claiming full Spanish ancestry to solicit the services of welfare institutions such as hospitals highlights the fact that racial categories and class divisions never neatly mapped onto one another—this was especially true for the late colonial period—even though the colonial elite were almost exclusively peninsular Spaniards and their creole brethren. It also strongly indicates that San Hipólito's patients—by the eighteenth century, at least—were not all hopeless indigents or *pobres miserables*. Certainly, a portion of the hospital's Spanish inmates appear to have been the white beggars who formed part of the *gente baja* (or underclass).³² But, in addition to them, the hospital housed a considerable body of *dementes* who came from more respectable families of limited resources. While some of these patients would have been identified as *pobres de solemnidad* or *pobres vegonzonates* (solemn or shamefaced poor)—that is, *gente decente* (“decent people”) who had fallen on hard economic times—others possibly came from middling families of moderate means who relied on the hospital for help in managing a difficult relative. Either way, the presence of these more “respectable” patients is signaled in the admissions books by the appearance of the honorific title “*don*” before the client's full name, which surfaces occasionally in the earlier records and with much more frequency in the later ones (see table 3.3 F). For instance, in 1752, San Hipólito admitted the patient Don Juan Fernandez Suarez, an *español* married to Maria de la Cavada and the

³¹ Arrom, 89-92, 100-102; Bradley Lewis Chase, “Medical Care for the Poor in Mexico City, 1770-1810,” Ph.D. Dissertation (University of Maryland, 1975), 159. See also, Milton, *The Many Meanings of Poverty*.

³² On the underclass in Mexico City, see: Gabriel Haslip-Viera, “The Underclass,” *Cities and Society in Colonial Latin America*, eds. Louisa Schell Hoberman and Susan Migden Socolow (Albuquerque: University of New Mexico Press, 1986), 285-308.

legitimate son of Don Alonso Suarez and Dona Isabel Gallardo de la Fuente.³³ It is not, however, clear whether these more distinguished patients were recipients of charity or paying clients. Given that the hospital's administrators petitioned the state to enforce the mandate that all insane patients seeking shelter in a hospital be admitted only to San Hipólito, families of more financial means may very well have funded, whether partially or in full, the care of a loved one whose condition was too burdensome to treat at home. As noted in chapter one, extant account books do in fact register the receipt of funds for specific patients but these transactions were few and far between.

In stark contrast to patients who claimed the right to bear the honorific title *don* were a body of inmates who were shrouded in varying degrees of anonymity. While the majority of patients cited either both or a single parent (see table 3.3 E), a small minority were identified as *huérfanos* or orphans.³⁴ A considerably larger group, which spanned all racial classes, made no mention of their parents whatsoever ("*no dio raxon de sus padres*") or claimed to be of "unknown parentage" ("*padres no conocidos*"), which was possibly a means to camouflage illegitimacy.³⁵ In addition to inmates with obscure family origins were the mad paupers or *miserables* who were only identified by their abject poverty and helplessness. In some of these instances, the *enfermero mayor* recorded only a first name, or no name at all, referring to the inmate as "*este pobre*" ("this poor one") or "*asimplado*" ("this simpleton"). Some of these poor inmates were

³³ AGN, Indiferente Virreinal, caja 4951, exp. 47, f. 4.

³⁴ I only cite evidence from the later body of registers here because the earlier records only make reference to parentage in about half of the entries. Existing notations in these earlier records do, however, suggest patterns similar to those of the later registers.

³⁵ Ann Twinam, *Public Lives, Private Secrets: Gender, Honor, Sexuality and Illegitimacy in Colonial Spanish America* (Stanford: Stanford University Press, 1999), 26.

brought to San Hipólito by concerned citizens who found them ambling aimlessly through the streets; others, like the indigenous patient Cristobal Santana, were deposited in the hospital by local priests.³⁶ Some came willingly or even by accident. On July 31, 1755, the *enfermero mayor* recorded the admission of a poor Spaniard named Juan Ballejo: “This poorman,” he wrote, “was wandering through the streets, and by accident came to this hospital; moved by his cries and [out of] charity he was received.”³⁷ On another occasion, in 1786, the *enfermero mayor* recorded the arrival of four unnamed *pobres* who were transferred from the Convent of San Roque in Puebla by the Father Juan de Charola.³⁸ In yet other scenarios, inmates simply lacked the wits to identify themselves and had no family or accompanying letters to vouch for them. Such was the case of José de Vega who was admitted to San Hipólito in 1775; although the *hermano mayor* recorded Vega’s full name in the registers, he noted that he was unable to extract further personal details as Vega had arrived from the Hospital de San Juan de Dios “totally delirious.”³⁹ Similarly, in 1779, he remarked that the patient Esteban Joaquin del Romo, who was brought to San Hipólito from the Hospicio de Pobres (Poor House), was incapable of identifying himself (“*incapaz de dar razon*”).⁴⁰ Interestingly, these opaque entries to anonymous inmates appear only in the later records. Although the earlier registers are far less detailed and informative, all of the patients are fully named and roughly accounted for (even though

³⁶ AGN, Indiferente Virreinal, caja 4951, exp. 47, f. 36.

³⁷ Ibid., f.78v-79.

³⁸ Ibid., f.51v.

³⁹ Ibid., f.81.

⁴⁰ Ibid., f. 101.

parentage was often omitted), pointing to the hospital's smaller operation and more manageable body of inmates.

Another variable consistently documented by the *enfermero mayor* was marital status. Although it is reasonable to expect that single and widowed clients would dominate the registers since they lacked spousal support, tables 3.2 B and 3.3 B show that married and single individuals were admitted to the hospital in roughly equivalent numbers, with widowers comprising a surprisingly small, almost negligible, minority.⁴¹ In the early eighteenth century, only two patients (1.4 percent) were identified as being widowed; by the second half of the century, that number had risen marginally to 53 inmates (or 5.9 percent). Certainly, we must bear in mind that the marital status of a good proportion of the inmate population went unreported; one patient, a *negro* named Joseph de Cardenas, admitted in 1702, could not recall if he was married or not.⁴² Nevertheless, this evidence strongly indicates that marriage did not necessarily provide protection against committal to San Hipólito; likewise, neither did widowhood or unmarried status necessarily signal a greater likelihood of internment.

Tables 3.2 C and 3.3 C show that San Hipólito's inmates were not all natives of Mexico City but originated from all parts of the Spanish empire. Only about one-fourth of the inmates were identified in both sets of registers as being *naturales* ("natives") of the viceregal capital, while the majority (33.6 percent between 1697-1706 and 50.6 percent between 1751-1786) cited origins in other areas (rural and urban) of New Spain. These included the nearby villages

⁴¹ Contrast this finding with Mexico City's Poor House where widows comprised 31% of inmates in 1795. See Arrom, 101.

⁴² AGN, Indiferente Virreinal, caja 1005, exp. 5, f. 7v.

of Coyoacan, Xochimilco, San Angel, Cuernavaca, and Toluca; parts of central Mexico (especially Puebla, but also Queretaro, Guanajuato, Guadalajara, San Luis Potosi, Michoacan, and Tlaxacala); the port city of Veracruz; the mining district of Zacatecas; and even the southern stretches of Oaxaca. In addition, a small proportion were identified as *peninsulares*, that is Spaniards born in Spain; a minuscule number cited provenance in Peru, Guatemala, Florida, Havana, Portugal, and even France.

It would be a mistake, of course, to equate geographical origins with the hospital's catchment area. Mexico City, after all, was a magnet for migrants. As discussed in the previous chapter, it was during the eighteenth century that periodic bad harvests and epidemics forced peasants and laborers to migrate from rural areas to the capital in droves in search of employment and public assistance.⁴³ It is thus reasonable to assume that the majority of patients with origins outside Mexico City were among those countless migrants who drove the capital's population to spike and the number of poor, unemployed, and uprooted urban dwellers to multiply. Although by the late eighteenth century, San Hipólito had achieved national fame or notoriety, it was primarily a local institution that served the capital city and its neighboring districts. That said, we should not underestimate the hospital's wider appeal to interests beyond its immediate vicinity. Evidence also indicates that some patients trekked long distances to be admitted; given San Hipólito's specialized services and the tendency of other hospitals to shun the insane, it is not difficult to understand why they did so. Moreover, colonial officials dealing with insane criminals or rowdy disrupters of the public peace who

⁴³ Arrom, 17.

could not be confined in jail were especially keen and willing to have these troublesome individuals shipped out to San Hipólito from places far afield.

With respect to the age of the inmates, the second body of registers is revealing. Table 3.3 D documents the age breakdown of the patients, showing that San Hipólito admitted individuals of all ages, although the majority (36.9 percent) of its occupants were adults ranging from the ages of 30 to 44. Younger adults spanning the ages of 15 to 29 also comprised a substantial group (26 percent). The hospital too received the elderly: San Hipólito's oldest client was a 95 year-old "*yndio tributario*" (Indian tributary) named José Gabriel who was admitted on August 27, 1783 and discharged just weeks later.⁴⁴ To be sure, José Gabriel was more the exception than the norm: patients over 60 are underrepresented in the records (only 4.3 percent), most likely a reflection of the shorter average life expectancy of colonial Spanish Americans rather than the hospital's reluctance to receive patients suffering from age-related dementia. On the opposite end of the spectrum were children who were sporadically admitted by concerned parents (only one of them was identified as an orphan). San Hipólito's youngest patient was eight year-old José Ignacio Barriento, described as *español*, who was admitted in 1782 and perished a year later.⁴⁵

More infrequently, the *enfermero mayor* sometimes recorded the inmate's *oficio* or occupation. These notations are indeed sparse, in part because the chronically insane could not hold steady jobs. Nevertheless, the extant notations reinforce the observation that while San Hipólito's inmates disproportionately represented the poorer strata of colonial society, they

⁴⁴ AGN, Indiferente Virreinal, caja 4951, exp. 47, f. 126.

⁴⁵ Ibid., f. 116v.

were not all beggars and vagrants. Some were listed in the records as petty merchants and others as humble laborers. For instance, the Spanish inmate Raymond Benavides, admitted in 1772, declared his occupation to be that of an *hortelano* or gardener.⁴⁶ Admitted in 1779, the *castizo* patient José Maria Paderes was listed in the records as a *carpintero* or carpenter, while Alfonso Antonio de Islas, also a *castizo* who was “crippled from injury” on his right side and admitted in 1780, was as an *arriero* or mule-driver by occupation.⁴⁷

Another substantial group of inmates whose occupation was recorded in the registers were mentally disturbed soldiers usually admitted at the request of a military superior or by viceregal command. In March 1783, for example, the colonel of the Infantry of Asturias, Don Dionisio Duque, transferred two of his soldiers, Pedro Gonzales and Don Fernando Rivera, to San Hipólito.⁴⁸ The appearance of soldiers within San Hipólito’s wards underscores the extent to which the hospital had deviated from its original mission to shelter mad paupers. In accepting greater amounts of state support, the hospital found itself obligated to receive patients sent from royal and city authorities, the military included.

In sum, these registers show that San Hipólito’s patient population was not homogenous. By the late eighteenth century, the category of *pobre demente* had become ever more flexible, accommodating gradations in status, means, and occupation. This observation dovetails with Cynthia Milton’s study of poverty in late colonial Quito, which argues that “poverty is a condition as well as a social construct” and emphasizes the broad gambit of

⁴⁶ Ibid., f., 67.

⁴⁷ Ibid., f.107, f. 108.

⁴⁸ Ibid., f. 123.

colonial subjects—from the most wretched *miserables* to honorable *dons* and *doñas* lacking resources commensurate to their status—who could and did claim assistance from the Spanish crown.⁴⁹ Or perhaps it was becoming increasingly the case that the hospital's population was slowly shifting from *pobres dementes* to simply *dementes*. As noted earlier, references to patients entering the hospital with medical certification certainly give the impression that a medically diagnosed condition was becoming just as important a criterion for admission as compelling evidence of poverty and need. Moreover, the rising number of insane criminals (discussed below) filling the hospital's cells and diluting its charitable reputation also suffices as proof that by the late eighteenth century, the hospital's population was not wholly comprised of *pobres dementes* deserving of *caridad*.

Coercion and Subversion: The Unwilling Inmates and the Unexpected Uses of Confinement

The question inevitably arises about the extent to which San Hipólito operated as a site of forced confinement or a calculated method of “social control,” to employ the fraught term. The prevalent stereotype of pre-nineteenth century mental hospitals—and also the poorhouses with which they are sometimes indiscriminately lumped together—is that they were institutions of the last resort frequented only by the utterly wretched and hopeless. In the most extreme renditions, such facilities have been cast (and castoff) as little more than warehouses for the idle, indigent, criminal, and deviant (of which the mad formed part) allied with the interests of the elite or the all-encompassing and powerful state. In the case of San Hipólito, this image

⁴⁹ Milton, *The Many Meanings*, 2.

simply does not hold up against the evidence. Although it housed some of colonial society's most impoverished, marginal, and unruly subjects, this was not out of some out some systematic scheme to confine the insane, nor a manifestation of some new and tightening connection between madness and criminality in the minds of colonial authorities. Most of the hospital's patients came voluntarily, either out of personal volition or through the will of the relatives and acquaintances who committed them. They sought the charitable services long bestowed to them by a society committed to succoring the needy, as well as medical treatment and quite possibly the dim prospect of recovery. Moreover, as we have seen, for many patients internment was intermittent; just as they freely came, so too they left, further illustrating that the colonial mental hospital was not some quasi-detainment facility or "total institution" for society's incorrigibles. Certainly, given the nature of the condition it managed, particularly the violent and chilling outbursts of the *locos furiosos*, and its well documented and enduring financial struggles, internment at San Hipólito was anything but pleasant. But its primary function in colonial society was a charitable and medical one and it should be primarily viewed in that context.

Charity and coercion, of course, are not mutually exclusive and it was certainly the case that for a minority of inmates interment in the colonial mental hospital involved varying degrees of force and imprisonment. This was especially true for the second half of the eighteenth century when the hospital became a receptacle of sorts for a small but visible throng of mad criminals and peace-breakers forcefully committed by mandate of colonial authorities. While this hardly amounts to evidence of a colonial "great confinement"—indeed, it was not—it shows that on top of its charitable and medical activities, San Hipólito found itself hard-pressed

to serve its due part in maintaining the colonial order. However, the extent to which it succeeded in this endeavor—imposed from outside rather than within—remains highly dubious.

Who were the unwilling inmates of San Hipólito? Evidence from the admissions records indicates that many were rowdy madmen who had disrupted the public peace with irrational outbursts or made a nuisance of themselves through begging. The hospital's new utilitarian mission meant its services and spaces were increasingly recruited for the sake of keeping the city's streets and other public venues peaceful and orderly. In 1759, for instance, an *español* named Francisco Mora was admitted to San Hipólito at the request of the deacon of the Mexico City cathedral for provoking "inquietude" during church. Little else is known about Mora except that he was no stranger to San Hipólito: the records noted that this was his fourth time being committed, indicating that he was a repeat offender for whom the mental hospital only provided a temporary solution.⁵⁰ In 1772, the Indian Quintero Moreno was also apparently forcefully brought to the hospital after he was spotted distastefully begging for alms near the Hospital de San Roque in Puebla.⁵¹ Similarly, a related group of unwilling inmates were the *pobres dementes* who directly arrived from the capital's newly opened Poor House. As discussed in chapter two, this institution was founded in 1774, three years before San Hipólito's renovation, as part of an ambitious project to eradicate poverty in the viceregal capital by confining and rehabilitating the city's paupers. While Silvia Arrom has emphasized the project's failures in achieving its objectives, she has also observed that the immediate years following the Poor House's establishment witnessed some of the most energetic campaigns by

⁵⁰ Ibid., f. 28.

⁵¹ Ibid., f. 67.

urban officials to police beggars by routinely rounding them up off the city's streets and delivering them to the *hospicio*.⁵² Given the growing hostility towards beggars by the state officials and the colonial elite in the second half of the eighteenth century and the Poor House's reluctance to receive the insane, it is not unreasonable to suspect that an increasing number of mad paupers were taken to San Hipólito with less than altruistic intentions.

Other inmates clearly arrived as prisoners accused of serious crimes, or had at least fallen afoul of colonial authorities in some capacity. The *enfermero mayor* usually received theses inmates, particularly the more severe and dangerous cases, under express commands to keep them in isolation and under strict daily surveillance. Table 3.5 provides a summary of the inmates who are recorded to have entered the hospital through correctional outlets and any available details about their interment and identities. This table shows that the hospital received offenders from all the major colonial institutions concerned with policing crimes, religious as well as secular, and administering justice and order: namely, the Holy Office of the Inquisition, the high criminal court or Real Audiencia (also listed as the Real Sala del Crimen), and the Tribunal of the Acordada, the latter being a law enforcement agency established in the eighteenth century to patrol highway banditry and regulate crime within the capital city. In addition, the *enfermero mayor* made numerous references to the arrival of inmates directly from public or royal jails and by mandate of the viceroy or any one of the array of lesser judicial officials operating at the district or local level, including *alcades mayores* and *alcaldes ordinarios*, *corregidores*, *tenientes*, and constables or *aguaciles*.

⁵² Arrom, *Containing the Poor*, see chapt. 3.

Table 3.5. San Hipólito's Criminal Inmates—An Overview

Admissions Records, 1697 – 1706

Date of Admission	Name	Personal Details	Source of Admission	Date of Exit, Flight or Death
March 1698	Francisco Solano	Free black; married	Real Audiencia	Died April 1698
December 1702	Rafael Antonio	Mestizo; 30 years old	Corregidor, sent from jail	
October 1705	Jactinto Ortiz	Indian; widower	magistrate from Tlaxcala	

Admissions Records, 1751 -1786

Date of Admission	Name	Personal Details	Source of Admission	Date of Exit, Flight, or Death
August 1751	Antonio Garcia	<i>español</i> ; native of Santiago Tianguistengo; married; 48 years old	Real Sala del Crimen	Left September 1751
November 1751	Juan Antonio Reyna	<i>Castizo</i> ; native of Taneplanta; single	carcel de la corte	
March 1752	Juan Estevan Perez de Arriola	free <i>mulato</i> ; native of Mexico City; married; 23 years old	Real Sala del Crimen	Fled March 1752
December 1752	Manuel Gomez	<i>español</i> ; native of Mexico City; single; 37 years old	Viceregal orders	
April 1753	Bonafacio de Vargas	<i>español</i> ; native of Acazingo; married; 35 years old, married	Alcalde del Crimen	

Table 3.5 (Continued). San Hipólito's Criminal Inmates—An Overview

Date of Admission	Name	Personal Details	Source of Admission	Date of Exit, Flight, or Death
May 1753	Juan de Cordova	<i>Castizo</i> ; native of Orizaba; married	Alcalde Mayor	Fled June 1753
July 1754	Gabriel dela Mirada Oveido	<i>Español</i> ; native of Mexico City; married; 45 years old	Alguacil Mayor, Señor Provisor	
July 1754	Vicente Limon	<i>Español</i> ; native of Zacatlan; married; 55 years	Alcalde Mayor of Zacatlán	
March 1755	Manuel de Campos	<i>Español</i> ; native of Mexico City; 36 years old, married	Order of local magistrate; entered for the 4 th time	Fled July 1755
April 1755	Francisco (no last name given)	<i>Gachupine</i> (i.e. peninsular Spaniard)	Viceregal orders	Fled June 1755
April 1755	Juan Baptista Novela	Free <i>mulato</i> ; native of the Colima; married; 40 years old	Magistrate of Colima	Left March 1757
September 1755	Manuel Campos	<i>Español</i> ; native of Mexico City; married; 36 years old	Court order; entered for the 5 th time	
September 1755	Manuel Campos	<i>Español</i> ; native of Mexico City; married; 36 years old	Court order; entered for the 5 th time	

Table 3.5 (Continued). San Hipólito's Criminal Inmates—An Overview

Date of Admission	Name	Personal Details	Source of Admission	Date of Exit, Flight, or Death
July 1760	Manuel José Velasquez	Castizo; native of Mexico City; single; 32 years old	Real Sala del Crimen	Fled March 1762
February 1761	Agustin Pacheco	Indian; native of Oaxaca; single; 38 years old	Real Sala del Crimen	
October 1761	José de Mata	<i>Español</i> ; native of Alfaiuca; single; 28 years old	Justicia and Alcalde Mayor of Alfaiuca	
October 1761	Francisco Xavier	<i>Español</i> ; native of Amacueca; single; 21 years old	Inquisition	
March 1763	Don Joaquin Bustillo	Native of Asturias; 38 years old	Corregidor; viceregal orders	Died December 1766
May 1763	Juan Pablo Echegoyen	<i>Español</i> ; native of San Sebastian de Vizcaia; 39 years old	Inquisition	
July 1763	Marcelino de la Torre	<i>Español</i> ; native of Guadalajara; single; 60 years old	Real Audiencia de Guadalajara	Fled July 1764
November 1763	José Figueroa y Avila	<i>Español criollo</i> ; single; 19 years old	Senor Provisor, for committing homicide and declaring himself mad	
January, 1766	Juan Antonio Infante	<i>Español</i> ; married	Real Sala del Crimen	Left March 1766

Table 3.5 (Continued). San Hipólito's Criminal Inmates—An Overview

Date of Admission	Name	Personal Details	Source of Admission	Date of Exit, Flight, or Death
October 1766	Bernabe Garcia	Free <i>mulatto</i> ; native of San Martin TsemelUCA; married	Senor Corregidor	
May 1768	Don José Mathias Gamaio	<i>Español</i> ; native of Pachuca; single, 44 years old	Viceregal orders; transferred from Valladolid	
May 1769	Mariano Ramirez		Local jail	
September 1769	Antonio Trinidad	Married	Alcalde Mayor of Otumba	Left January, 1770
January 1770	Juan de la Luz Cervantes	Single	Corregidor	Fled, January 1770 (4 days following admission)
May 1770	Juan de Silva	<i>Español</i>	Inquisition	
May 1770	José Montes de Oca	<i>Español</i> ; 51 years old	Real Sala del Crimen	
August 1770	José Maria Jaime	<i>español</i> ; native San Pedro; 29 years old	Ecclesiatical judge of San Pedro	
September 1770	Antonio Ramirez	<i>Coyote</i> ; native of Santiago Tecosacla; married; 40 years old	<i>Teniente</i> of Santiago Tecosacla	
March 1771	Juan de Silva	<i>Español</i> ; single; native of Madrid	Real Audiencia of Guadalajara	Fled
March 1772	Juan Francisco Mendoza	<i>Español</i> ; native of Coyoacan; 35 years old	<i>Teniente</i> of coyoacan	

Table 3.5 (Continued). San Hipólito's Criminal Inmates—An Overview

Date of Admission	Name	Personal Details	Source of Admission	Date of Exit, Flight, or Death
September 1772	Juan Diego Andeaon Roman		Transferred from Oaxaca by order of the <i>alcalde ordinario</i>	Died August 1781
September 1772	Bartolome de Leon, known as "Tabaco"		Transferred from Oaxaca by order of the <i>alcalde ordinario</i>	Fled March 1775; readmitted and died August 1781
March 1773	Diego de Mendoza	Spanish (<i>Andaluz</i>)	Inquisition	
December 1773	Phelipe Guillermo Cano	<i>Español</i> ; widower; 60 years old	Jail	
May 1774	<i>un pobre demente</i> ("a poor madman")		Courts of Guadalajara	
August 1774	Marcos Jacinto	Indian, native of Puebla, married	Orders of the governor of Puebla	Initially sent to Hospital de San Roque (in Puebla), then transferred to San Hipólito
August 1774	Pedro Petarte, "a poor simpleton"		<i>Alcalde</i>	Initially sent to Hospital de San Roque (in Puebla), then transferred to San Hipólito
March 1776	Sebastian Briones	Free <i>mulato</i> ; native of San Pablo in Cordova; married; 40 years old	<i>Alcalde Mayor</i> of Cordova	Died
September 1776	Vicente Berrocal	Married	Inquisition	Died June 1784

Table 3.5 (Continued). San Hipólito's Criminal Inmates—An Overview

Date of Admission	Name	Personal Details	Source of Admission	Date of Exit, Flight, or Death
January 1777	Diego de Rivera	<i>Castizo</i>	Public jail	
June 1777	Vicento Pino	<i>Español</i> ; native of Veracruz; single; 25 years old	Viceregal orders; came from carcel de corte	
July 1777	Don Pedro Portillo	<i>Español</i> ; native of Fresnillo; married; 41 years old	Alcalde Ordinario	Left recovered, January 1778
November, 1777	Jose Joaquin Montezuma	<i>Español</i> ; native of Sayula in Guadalajara; single; 20 years old	Viceregal orders	Fled, December 1778
July 1779	Antonio Francisco Rodriguez	<i>español</i> , native of Cosamaluapa, 50 years old married	Carcel de la corte	Left January, 1780
September 1779	Don Manuel Remolina	<i>español gachupin</i>	Carcel de la corte	Died October, 1779
January 1781	Bernardo Antonio	<i>Español</i> ; native of Salvatierra; single; 30 years old	Carcel de la corte	Fled, March 1781
November 1781	Antonio Manuel Chimalpopoca	Indian cacique; native of Tlaxcala; married	Real Sala del Crimen	Fled, September 1782
December 1781	Don Benito Busta		Viceregal orders	
February 1782	Don Sebastian Posadas	Native of Asturias; single; 29 years old	Viceregal orders	Left recovered, October 1782
February 1782	Jose Ezcorcia	<i>Español</i> ; native of Real de Monte; married; 36 years old	Carcel de corte	Fled January, 1785; died January, 1787

Table 3.5 (Continued). San Hipólito's Criminal Inmates—An Overview

Date of Admission	Name	Personal Details	Source of Admission	Date of Exit, Flight, or Death
February 1782	Agustin Severino	Black; single; 40 years old	Carcel de corte	
June 1782	Franciso Xavier Manceras	Indian; native of Mexico City; 35 years old	"carcel de abajo"	Left recovered, October 1782
December 1782	Don Nicolas	<i>Español</i> ; native of Toluca; resident of Mexico City; married; 45 years old	Corregidor	Left May, 1783; returned same month; fled, August, 1783
June 1783	Antonio Aptim	French	Corregidor	Died June, 1783
October 1783	Juan Maria de la Pena	<i>Español</i> ; native of the city of Compostela; married; 48 years old	Real Audiencia of Guadalajara	
1784	Pedro (no last name given)		Acordada	
1784	Cipriano Antonio	Indian; from Yautepeque	Alcalde Mayor	
October 1785	Jose Antonio Tobal	Indian; native of a village near Santuario de Nuestra Senora; married; 26	Sala del Crimen	
December 1785	Antonio Reynoso	<i>Español</i> ; native of Havana; widowed; 58 years old	Inquisition	

Table 3.5 (Continued). San Hipólito's Criminal Inmates—An Overview

Date of Admission	Name	Personal Details	Source of Admission	Date of Exit, Flight, or Death
March 1786	Tomas Flores	<i>Mulato</i> ; native of Mexico City; single; 26 years old	Acordada	Entered hospital for the 4 th time
March 1786	Jose Ignacio Ledesma	<i>Espanol</i> ; native of Zilao; 34 years old	Acordada	
June 1786	Francisco Miguel de Luzes	native of Guanajuato; 34 years old; single	Inquisition	Fled March 1787
July 1786	Don Melchor Donaique	<i>Espanol</i> ; native of Castille; single; 27 years old	Corregidor	
August 1786	Juan Jose Sorribas	Native of Mexico City; married; 30 years old	Provisor	Fled March 1787

Source: AGN, Indiferente Virreinal, caja 4951, exp. 47.

To some extent, the rising presence of criminal inmates within San Hipólito's wards did not signal a radical or novel departure from the hospital's original charitable mission and activities. Rather, it was a heightened continuation of its traditional function to not only protect the mad from self-harm and public abuse or ridicule, but also to protect society from their occasionally disruptive, violent, and dangerous actions. From the onset, San Hipólito's widely lauded religious mission to care for the *pobres dementes* had glossed over its less savory activities centered on the rigorous restraint of recalcitrant *furiosos*. As illustrated in Table 3.5, for the earlier period, only three inmates entered the hospital through correctional channels. These included the free black Francisco Solano, admitted by order of the Real Audiencia in 1698; Rafael Antonio, a *mestizo* transferred from a local jail in 1702; and the Indian Jacinto Ortiz, remanded to the hospital in 1705 by a local magistrate in Tlaxcala. For the later period, the registers identified a total of sixty-one inmates as law-breakers or religious offenders in some shape or form. These were a multi-ethnic lot that included Indians and the mixed-race *castas*, long denounced by colonial authorities as inherently prone to criminal and disobedient conduct, in addition to a large fraction of *españoles*. Evidence suggests that San Hipólito's criminal inmates may very well have comprised an even larger group than is implied by the registers. For example, the Indian Antonio Manuel Chimalpopoca, admitted in 1781, appears in these records, but there is no mention that his forced hospitalization was occasioned by a run-in with the law when, eight years earlier, he had boldly proclaimed himself the Count of Moctezuma and publicly demanded the privileges befitting his "noble" status.

In general, the admissions books are reticent about the types of crimes these prisoner-patients had committed to wind up at the colonial mental hospital under heightened

surveillance. However, in November of 1763, the *enfermero mayor* made one exception, describing the nineteen year-old Creole patient, José Figueora y Avila, as a perpetrator of homicide who had “declared himself mad.”⁵³ Evidence from Inquisition and criminal trials, discussed at length in chapters four and five, reveal that these troublesome inmates had not only committed violent crimes such as murder, but engaged in a wide-range of offenses that included robbery, rebellion, bigamy, blasphemy, and heresy.

However, if San Hipólito had come to incarcerate a growing number of criminals, its convent-like halls and claustrophobic cells increasingly enlisted in the complex and difficult task of enforcing law and order throughout the capital city and even in the colony at large, evidence also suggests that it was inept at doing so. Of the sixty-one criminals the hospital confined between 1751 and 1786, thirteen of them (or 22 %) were also reported to have secretly fled the premises. Admitted in August of 1751 by order of the Real Sala del Crimen, the Creole inmate, Antonio García, absconded just one month later, while Juan de la Luz, hospitalized in 1770 by order of his local *corregidor*, only remained in San Hipólito for four days before he also fled.⁵⁴ Less successful was the escape of Bartolomé de Leon, known vulgarly as “Tabaco.” Transferred from a local jail in Oaxaca in 1772 by command of an *alcalde ordinario*, he managed to stealthily slip away from the hospital’s confines in 1775 but was later found and readmitted.⁵⁵

⁵³ Ibid., f. 42.

⁵⁴ Ibid., f. 57.

⁵⁵ Ibid., f. 66.

The high incidence of flight among San Hipólito's criminal inmates not only exposes the hospital's porous boundaries and the inability of the hospital staff, stretched thin among a proliferating number of patients, to wholly monitor the activities of some its most devious occupants. It also raises intriguing questions about the intentions and agency of the inmates themselves, and the ways in which they creatively and subversively used the hospital to their own ends. As I discuss in the following chapters, both the Inquisitors and the secular justices (especially the former) worried incessantly about the possibility that a criminal might feign madness to evade punishment for their unlawful actions and, indeed, the recurring incidence of flight seems to have confirmed these deep-seated suspicions. However, whether they deliberately pretended to be mad or were genuinely ill does not elide the fact that many of San Hipólito's inmates actively resisted institutionalization. And it was not just the patient-prisoners in trouble with the law who appear to have done so. As noted earlier, the hospital's total flight rate for the later period was quite high (11%) and among those escapees were soldiers who possibly used the hospital to avoid military duty and slaves seeking to escape bondage. The latter scenario was evidently case with Fulgencio de la Cruz, a black slave who was admitted in the summer of 1771, fled the following month, was readmitted a year later and fled once again.⁵⁶ As studies on slavery in antebellum America have shown, it was not uncommon for slaves to feign any number of illnesses, including madness or idiocy, as a resistance strategy and a way to gain reprieve from the toils of coerced labor.⁵⁷

⁵⁶ Ibid., f. 62.

⁵⁷ See Sharla Fett, *Working Cures: Health, Healing and Power on Southern Slave Plantations* (Chapel Hill: The University of North Carolina Press, 2006), chapt. 7.

The realities of flight and feigned madness underscore the ways in which the hospital could become a site of colonial contestation and struggle, utilized by authorities concerned with the preservation of the status quo or the enforcement of law and order, and transformed by some its more resourceful patients into a “weapon of the weak.”⁵⁸ But it would be misguided to view the range of dynamics taking place within San Hipólito’s walls as simply one of colonial control and resistance. As this chapter has shown, the hospital’s diverse inmates—indeed, far more heterogeneous than is implied by the generic category of *pobre demente*—underlie what had become by the late eighteenth century a hybrid institution with a multifaceted role in colonial society that encompassed a spectrum of charitable, medical, and coercive functions. To its most impoverished and homeless inmates, San Hipólito likely represented a place where one could find charitable shelter and a warm meal. To families struggling financially, it was a long- or short-term solution to managing a difficult relative and potentially curing them. To the unwilling inmates who arrived via correctional channels, it was undeniably a prison; and to the resourceful and crafty among them, it was possibly a means of fooling authorities and evading the law.

This chapter has begun the task of “peopling” San Hipólito with the multitude of *dementes* who passed through its halls and occupied its cells—willingly, unwittingly, or by force. Their stories are difficult to extract from these terse documents, but we nonetheless gain glimpses of who they were and why they came and left or fled. In general, the lives and

⁵⁸ The term comes from James C. Scott’s study of peasant resistance strategies in 20th century Malaysia. See: *Weapons of the Weak: Everyday Forms of Peasant Resistance* (New Haven: Yale University Press, 1985); also, *Domination and the Arts of Resistance: Hidden Transcripts* (New Haven: Yale University Press, 1990).

experiences of the insane are difficult to reconstruct from the extant archival material and it is no surprise that the history of madness is more often than not a study of representations, medical professionals, or institutions whose occupants are anonymous statistics. In the case of San Hipólito, however, the lives of some its most troublesome and problematic inmates can be rescued from the litany of files that make up the archives of the inquisitorial and criminal courts. While we must be wary of making these cases speak for the inmate population as a whole, they offer rare and precious insight into the elusive “patient’s perspective,” extensive discussions of popular and educated understandings of madness, and even revealing glimpses of hospital life. Moreover, they cast into relief the complex local dynamics involved in the confinement of insane criminals. These cases defy a simple narrative of colonial control and resistance—although sometimes that was indeed the case—showing that authorities, for the most part, did not confine the insane out a vindictive impulse. Rather, the story is a far more complicated and colorful one centered on the ad hoc implementation of the insanity defense, the difficulty of arriving at a concrete medical diagnosis, and the problem of providing for the custody and care of potentially dangerous individuals.

CHAPTER FOUR

The Inquisitor and the Madman: Inquisition, Diagnosis, and the Impulse to Institutionalize

In 1762, the Mexican Inquisition arrested Juan Pablo Echegoyen, a Spanish royal naval pilot who belonged to a Scottish society of freemasons, on charges of heretical propositions and the possession of prohibited books. Following a grueling eight months of imprisonment and intense questioning, on a December evening, Echegoyen experienced a wild hallucination in which a group of armed soldiers barged into his cell and stabbed him in the face. The next morning, he related news of this violent encounter to the inquisitors, explaining that he had emerged from it unharmed because the Virgin Mary had interceded on his behalf, healing his wounds with her miraculous touch.¹ In the months that followed, Echegoyen's hallucinations persisted, complemented by other strange and erratic behavior. In addition to reporting apparitions of Mary and the crucified Jesus, he declared himself a victim of *hechicera* or witchcraft and sometimes refused to eat, believing his food was poisoned. On another occasion, he tore his mattress to shreds and accused the physician who came to examine him of being the devil.² By the spring of 1763, if not earlier, the inquisitors suspected that the prisoner was mentally unsound and, while medical reports were inconclusive, the *fiscal* (prosecutor) deemed them compelling enough to demand Echegoyen's transfer to San Hipólito.³

¹ AGN, Inquisicion, vol. 1013, exp., 1, ff. 229-229v.

² Ibid., ff. 232-233v.

³ Ibid., ff. 236-38.

Nearly forty years later, in 1801, the Holy Office reached a similar conclusion when it ordered for the internment of Juan José Ruiz, also a native of Spain and an itinerant merchant who had resided in Guanajuato and Cuautitlán. In 1799, Ruiz aroused the attention of the Holy Office when he directed to it a series of verbose letters; while some of them were nonsensical, others accused certain inquisitors and clerics of making pacts with the devil.⁴ Upon questioning, Ruiz fully confessed to penning the letters, but he insisted that they were directly inspired by God and the Virgin Mary; and, in a comment that struck inquisitors as odd, he expressed concern over his Adam's apple (*nuez de la garganta*), which he claimed had been "broken" through some "diabolical art" involving *muñecos* or dolls.⁵ The inquisitors initially tried to reason with Ruiz, telling him that his Adam's apple was intact and that his writings were nothing more than foolish ramblings. Soon, however, they determined that he was "without any doubt...possessed of partial madness [*demencia parcial*] that rendered him incapable of being punished."⁶ He was subsequently shipped out to San Hipólito under orders that he "not be permitted to leave or write to anyone."⁷

The cases of Juan Pablo Echegoyen and Juan José Ruiz were not anomalies. In colonial Mexico, other individuals had similar unfortunate run-ins with the Holy Office, were at some point in the inquisitorial proceeding determined to suffer from madness, and were forcefully interned at San Hipólito. The hospital's admission books, as I discussed in the previous

⁴ AGN, Inquisicion, vol. 1378, exp. 21, f. 259.

⁵ Ibid., ff. 322-322v.

⁶ Ibid., f. 323.

⁷ Ibid., f. 258v.

chapter, document the influx of these unique prisoner-patients whose presence raises questions about the hospital's growing collusion with the inquisitorial regime and the blurred divide between charity and coercion. In this chapter, I examine the Inquisition cases involving some of San Hipólito's inmates—and one female suspect committed to the Hospital del Divino Salvador—asking how inquisitors determined that these suspects were not heretics but victims of mental disease, and why, in the eighteenth century, the Holy Office increasingly resorted to sending these mad suspects to hospitals, and San Hipólito in particular, for medical treatment and custodial surveillance.

The inquisitors of Holy Office in New Spain sent suspects to San Hipólito for two primary reasons. As illustrated in the example of Ruiz, they had determined that the suspect in question had committed a religious offense while evidently suffering from impaired judgment and thus dismissed the case. The inquisitorial courts—like the secular criminal courts to be discussed in chapter five—upheld a version of the insanity defense rooted in medieval law codes like the *Siete Partidas*, which accorded individuals protection from punishment for crimes committed without “intelligence.”⁸ In this instance, internment in San Hipólito often served as a gentler alternative to conviction—one that combined a traditional pastoral concern for the salvation of the suspect's soul and personal wellbeing, with an interest to segregate the offender for his own protection and that of society. In other scenarios, as exemplified in the case of

⁸ *Las Siete Partidas, Volume 1: The Medieval Church*, trans. Samuel Parsons Scott, ed. Robert I. Burns, S.J. (Philadelphia: The University of Pennsylvania Press, 2001), 8. On the development of the insanity defense more generally, see: Daniel N. Robinson, *Wild beasts & Idle Humours: The Insanity Defense from Antiquity to the Present* (Harvard University Press, 1996); Katherine Denise Watson, “Criminal Responsibility and the Insanity Defence,” *Forensic Medicine in Western Society: A History* (New York: Routledge, 2011): 72-97; H.C. Erik Midelfort, *A History of Madness in Sixteenth Century Germany* (Stanford: Stanford Univeristy Press, 1999), chapt. 4.

Echegoyen, the inquisitors dealt with the problem, not uncommon, of a suspect who had lost his sanity while actually detained in the Holy Office's secret prisons in the midst of his trial, succumbing to what we can imagine must have been tremendous emotional and psychological stress. In this instance, madness posed an impediment to formal prosecution and punishment, and internment at the mental hospital was meant to be provisional: the inquisitors institutionalized mad prisoners so that their health might improve, and even recover, or else they hoped that the hospital would provide the kind of diagnostic attention needed to make an accurate assessment about the nature of the suspect's illness. Either way, their end goal—not always achieved—was that the trial be resumed and punishment upheld.

Although not all Inquisition cases involving insanity resulted in the suspect's transfer to a mental hospital, between 1700 and 1821 nearly a third of them did, with the majority of these suspects winding up within San Hipólito's confines.⁹ This chapter interrogates this phenomenon, arguing that the mental hospital provided inquisitors with an attractive solution

⁹ I base this estimate on the work of María Cristina Sacristán who has combed the inquisitorial archives for cases involving madness. For the period between 1571-1760, she has identified 25 cases dealing with madness; 58 cases (including secular criminal trials) for the period between 1760-1810. Of this last group, she states that a third of them resulted in the suspect's transfer to a mental hospital of some sort. Most of these suspects were male and they were sent to San Hipólito, although one suspect was sent to the Hospital de Santísima Trinidad (also known as the Hospital de San Pedro), which was reserved for clerics suffering from age-related dementia. This estimate holds if we expand the timetable to encompass the period 1700-1821 and only include inquisition cases, as I have done. Many of the cases cited by Sacristán—i.e. those dealing explicitly with the Hospital de San Hipólito—are also analyzed in this chapter. See María Cristina Sacristán, *Locura e inquisición en la Nueva España, 1571-1760* (Mexico: Colegio de Michoacán, 1992) and *Locura y disidencia en el México Ilustrado, 1760 –1810* (Mexico: El Colegio de Michoacán, 1994). On madness in the Spanish inquisitorial context, see: Hélène Tropé, "Locura y Inquisición en la España del Siglo XVII," *Norte de Salud Mental* 8.36 (2010): 90-101, and "Inquisición y locura en la España del Siglo XVI y XVII," *Bulletin of Spanish Studies* 87.8 (2010): 57-79; Dale Shuger, "Madness on Trial," *Journal of Spanish Cultural Studies* 10.3 (2009): 277-297; Teresa Ordorika Sacristán, "¿Herejes o Locos?" *Cuicuilco* 45 (2009): 139-162. Sara T. Nalle has also written an excellent microhistory of single inquisition case: *Mad for God: Bartolomé Sánchez, the Secret Messiah of Cardenete* (Charlottesville: University Press of Virginia, 2001).

to dealing with the unique practical, moral, and epistemological challenges madness posed. In what follows, I will elaborate on these challenges, some of which were unique to the Inquisition as a tribunal concerned with matters of belief, and others of which reflected more generally the complex problems of administering justice to individuals deemed mentally incompetent in any criminal context in colonial Mexico. These challenges included the practical dilemma of where to house violent and delusional prisoners; the moral and legal quandary of how to pursue a case where the suspect was technically innocent by reason of insanity, but potentially dangerous or morally reprehensible; and the epistemological difficulty of diagnosing madness with any certainty, compounded by the nagging suspicion that resourceful suspects feigned insanity to mock religious authority. An analysis of Inquisition cases dating to the eighteenth century, especially the latter decades, shows that inquisitors, whether they issued swift judgments or deliberated *ad nauseam*, consistently enlisted the resources of a hospital like San Hipólito to sort through these issues. However, this is not to suggest that relations between the two institutions were necessarily synergistic; in these exchanges over inmates whose mental health was of interest to the Inquisition, San Hipólito emerges as the reluctant partner, obligated to perform tasks and assume responsibilities not originally envisioned as part of its charitable mission.

The Inquisitor's Quandary: The Challenge of Madness in the Inquisitorial Courts

In more recent decades, studies of the Inquisition, both in Spain and its American colonies, have challenged its characterization as the despotic institution of social repression that

formed an integral part of the *leyenda negra* or “black legend.”¹⁰ While the Inquisition was certainly a force to be reckoned with, its activities were far more mundane than the black legend implied, operating “not [on] the presumption of heresy, but the conviction that the faithful needed instruction, correction, and discipline.”¹¹ This was especially true of the Inquisition as it developed in New Spain. Although the early tribunals that accompanied the “spiritual conquest” persecuted natives—often quite ruthlessly—who were unwilling to convert, or blended Christian and pagan rituals, the Holy Office that was established in 1571 was a much more sober version of its predecessors.¹² For one, it lacked jurisdiction over the natives who were by the mid-sixteenth century considered neophytes in matters of religion, concentrating its authority instead on Old World Spaniards, their creole and mestizo offspring, as well as blacks and mulattos.¹³ Only a small fraction of the cases it tried involved formal heresy, and even fewer elicited the use of torture. For the most part, the tribunal was occupied

¹⁰ For a discussion of trends in the historiography on both the Spanish and Mexican Inquisition, see: Jesus M. de Burjanda, “Recent Historiography of the Spanish Inquisition (1977-1988): Balance and Perspective,” *Cultural Encounters: The Impact of the Inquisition in Spain and the New World*, ed. Mary Elizabeth Perry and Anne J. Cruz (Berkeley: University of California Press, 1991), 221-247; Richard Greenleaf, “Historiography of the Mexican Inquisition: Evolution of Interpretations and Methodologies,” *Cultural Encounters*, op. cit.

¹¹ Richard Boyer, *The Lives of the Bigamists: Marriage, Family, and Community in Colonial Mexico*, abridged ed. (Albuquerque: University of New Mexico Press, 1995), 16.

¹² On the history of the Inquisition in sixteenth-century Mexico and its various phases, see Robert E. Greenleaf, *The Mexican Inquisition of the Sixteenth-Century* (Albuquerque: University of New Mexico Press, 1969).

¹³ Although Indians were excluded from the Inquisition’s jurisdiction, the activities and beliefs of indigenous communities were nevertheless monitored by local priests and the regular clergy, and by the episcopal courts of the Provisorato de Indios y Chinos. Moreover, as Laura Lewis has shown, Indians were often implicated in trials involving witchcraft through the selling of “powders, herbs, instructions, and cures” to non-Indians. Although they were not punished, Indians, and indigenous culture and beliefs more broadly, were central to these witchcraft cases. See Laura Lewis, *Hall of Mirrors: Power, Witchcraft, and Caste in Colonial Mexico* (Durham: Duke University Press, 2003), 38-39.

in less severe instances of social disciplining centered on crimes involving offensive speech, sexual impropriety, and practices deemed superstitious such as *hechicera* or witchcraft.¹⁴

Furthermore, unlike the medieval Inquisition, which was under papal jurisdiction, the Inquisition of early modern Spain and the Americas was an instrument of the state. As such, it was arguably more powerful and willing to police political crimes in the name of religion. But nevertheless, as Irene Silverblatt has emphasized, it was very much a bureaucratic institution “larded with procedures, protocols, and regulations.”¹⁵ Although the accused were severely disadvantaged in that they carried the presumption of guilt, the inquisitors tended not to make arrests without studiously examining the evidence first, questioning witnesses—more was better—and ratifying their testimonies. Moreover, the inquisitors rarely pursued an investigation on of their own initiative; rather, they conducted their inquiries largely on the basis of denunciations made by members of the community or self-accusations by individuals (mostly women) seeking to divulge their troubled consciences. Once an accusation was lodged, the tribunal voted on whether to proceed. If the case went forward, they would conduct a preliminary investigation, the findings of which resulted in a lengthy official summary called the *sumaria*. In theory, only once the *sumaria* was scrutinized by theological evaluators or consultants known as *calificadores*, and only if the *calificadores* determined that the mounted

¹⁴ Although only surveying the period up to 1700, Solange Alberro provides the following estimates: 34.4%, minor religious crimes; 18.8%, magic and witchcraft; 14.8%, heresy; 13.2%, sexual transgressions; 8.9%, civil crimes; 6.6%, solicitation; 1%, idolatry and heterodoxy. See: Solange Alberro, *Inquisición y sociedad en Mexico 1571-1700* (Mexico, D.F.: Fondo de Cultura Económica, 1988), 205.

¹⁵ Irene Silverblatt, *Modern Inquisitions: Peru and the Colonial Origins of the Civilized World* (Durham: Duke University Press, 2004), 57.

evidence was sufficient to warrant prosecution, was the suspect then supposed to be apprehended, his goods confiscated, and summoned for questioning. When a case did lead to trial, this was usually a long, drawn-out affair consisting of a series of interrogations of the accused carried out in the presence of an *escribano* (notary) and formal hearings called *audiencias* in which both the prosecution and defense respectively pursued and refuted the charges.¹⁶

In spite of its rigid rules and procedures—or, perhaps, because of them—the Holy Office did not issue foreordained verdicts.¹⁷ Indeed, cases involving defendants whose sanity was in question call attention to the indeterminacy of Inquisition *procesos*, exposing inquisitors not as rabid fanatics bent on burning and torturing bodies, but as concerned—albeit forbidding—judges and churchmen who worried about evidence and motive, and the possibility of wrongfully punishing an innocent madman or woman—and, by that same token, of letting the guilty go free.¹⁸

Unlike the secular criminal magistrates, who were far more concerned with criminal acts and their corresponding retribution, the inquisitors of the Holy Office were keenly

¹⁶ Henry Kamen, *The Spanish Inquisition: A Historical Revision* (New Haven: Yale University Press, 1997), 183, 196.

¹⁷ Silverblatt, 7, 65-70.

¹⁸ The indeterminacy of Inquisition cases has been discussed in the context of trials dealing with mystics and the discernment of spirits. Recent studies of mysticism have emphasized the hermeneutic challenges involved in determining sanctity from fraud, and divine from demonic possession. See Andrew Keitt, *Inventing the Sacred: Imposture, Inquisition and the Boundaries of the Supernatural in Golden Age Spain* (Boston: Brill, 2005); Anne Jacobson Schutte, *Aspiring Saints: Pretense of Holiness, Inquisition, and Gender in the Republic of Vencie, 1618-1750* (Baltimore: The Johns Hopkins University Press, 2001); Moshe Sluhovsk, *Believe Not Every Spirit: Possession, Mysticism, and Discernment in Early Modern Catholicism* (Chicago: The University of Chicago Press, 2007). On Mexico: Nora Jaffary, *False Mystics: Deviant Orthodoxy in Colonial Mexico* (Lincoln: University of Nebraska Press, 2004). Recently, Dale Shuger has also extended this scholarship into the domain of madness. See Shuger, “Madness of Trial,” op. cit.

interested, if not obsessed, with the morals and motives underpinning deviant thoughts and behavior.¹⁹ Although, as I discuss in chapter five, by the late eighteenth-century the criminal courts too would begin to exonerate criminals on the basis of faulty judgment, it was in the inquisitorial setting that questions about motive and conscious intent took their earliest and most elaborate form. The inquisitors, lest we forget, were in the business of assessing interior states, and in their efforts to probe the depths of the human soul and conscience, they investigated the mysteries of the mind. As Maria Cristina Sacristán has remarked, “for the Holy Office it was very important to know the mental state of the denounced, since what the tribunal punished was not the sinful act itself, but the *intention* that swayed a Christian to commit it.”²⁰ Inquisition *procesos* therefore hinged on the intense interrogation of reasoning and belief. The inquisitors desired to know the motivations behind an unorthodox assertion or an erroneous conviction and to arrive at the source of heretical error and misguidance, as they perceived it, they necessarily scrutinized the state of mind of the accused—was he or she sane or mad? drunk? simple-minded? demonically possessed? In attaining answers to these questions, they relied not only on their own acumen with the aid of interrogation manuals, but on the input of myriad witnesses and experts—e.g. friends and family of defendant, bystanders who witnessed the crime in question, priests, lawyers, prison inmates, physicians and surgeons, hospital personnel. The stakes were indisputably high: the confirmation of madness—or, for that matter, any mitigating

¹⁹ Lewis, 43; Shuger, *Don Quixote in the Archives*, 31.

²⁰ Sacristán, *Locura e Inquisición en la Nueva España*, 23-24, my emphasis. Also quoted in Dale Shuger, *Don Quixote in the Archives: Madness and Literature in Early Modern Spain* (Edinburgh: Edinburgh University Press, 2012), 31.

factor thought to dull judgment such as ignorance, excessive emotions, drunkenness, youth—justified more lenient treatment.²¹

In these investigations into the mental state of the defendant, the issue of feigned madness—much like the issue of feigned holiness in trials involving mystics—loomed large. The popular Inquisition manual written by the fourteenth-century Dominican friar from Aragon, Nicolau Eimeric, had warned against the cunningness of heretics, who would often fake ignorance, or pretend to be ill, physically weak, or deranged to skirt punishment for their crimes. Eimeric even advocated the implementation of torture as a legitimate means to determine if the madness was authentic or fraudulent, emphasizing that torture should only be administered in situations where the inquisitor possessed compelling doubt, and so long as it did not “result in the danger of death.”²² However, in spite of this stipulation, torture seems to have been rarely administered in cases involving madness in Spain, and to my knowledge it was never employed in colonial Mexico against any suspiciously insane individual.²³ Instead, the inquisitors resolved these more difficult cases in two main ways: sometimes they prosecuted the suspects as mentally competent individuals;²⁴ other times, they interned them at a mental hospital where their illness could be better monitored and their imprisonment prolonged.

²¹ Shuger, *Don Quixote in the Archives*, 31; Hélène Tropé, *Locura y Sociedad en La Valencia de los Siglos XV al XVII* (Valencia: Centre d’Estudis d’Historia Local, 1994), 186.

²² Nicolau Eimeric, *Manual de inquisidores para uso De Las inquisiciones de España y Portugal* (Nabu Press, 2010), 17-19; 44. This is a facsimile of the 1821 edition based on the sixteenth-century Spanish jurist Francisco Pena’s annotated version.

²³ Hélène Tropé cites only one case for early modern Spain. See: “Inquisición y locura en la España del Siglo XVI y XVII,” op. cit.

²⁴ Nora Jaffary cites examples of Mexican *ilusos* and *alumbrados* who were suspected of suffering from mental illness but eventually convicted as heretics. See, *False mystics*, esp. chapt 5.

This last option, however, while it endorsed more humane treatment of the mad, and dubiously mad, did not entirely assuage fears that potential frauds were duping the system.

Ironically, in theory, no madman or woman should ever have had to answer to the Inquisition in the first place. The Catholic Church taught its followers that all sin was voluntary, and by this logic the mad were exonerated from their crimes since they lacked the consciousness—or *juicio*, meaning judgment—to willfully attack the faith.²⁵ As mentioned earlier, the notion that individuals with impaired cognition were not subject to the law was a basic tenet of Spanish legal codes like the *Siete Partidas*. In practice, however, the mad did find themselves under the discerning gaze of the Holy Office. Notwithstanding those individuals who had lost their sanity during the inquisitorial proceeding, whose cases I will later discuss, the mad were sometimes denounced to the tribunal by witnesses who possessed no knowledge of their preexisting illness; or, if aware of their rumored insanity, they harbored enough doubt to file a complaint with the tribunal. The most common crime that would earn a madman the attention of the Inquisition and a potential trip to San Hipólito was the spewing of remarks that rang sacrilegiously to ears of bystanders. These criminal speech acts ranged from blasphemy to the more ambiguous category of “heretical propositions,” “that is, statements which potentially indicated thoughts that were in error in matters of faith and were thus sinful.”²⁶ In reporting these sinful utterances to the Holy Office, the denouncer fulfilled his or

²⁵ Sacristán, *Locura e Inquisición*, 23. For a refutation of the argument that mental illness was viewed as a consequence of sin, see: Jerome Kross and Bernard Bechrach, “Sin and Mental Illness in the Middle Ages,” *Psychological Medicine* 14.3 (1984): 507-514.

²⁶ Stuart Schwartz, *All Can be Saved: Religious Tolerance and Salvation in the Iberian Atlantic World* (New Haven: Yale University Press, 2008), 18. On blasphemy in colonial Mexico, see: Javier Villa-Flores,

her obligation to denounce behavior that was religiously offensive—an obligation that was enforced through local preachers and the publication of the Edict of Faith during Lent—leaving the more thorny task of determining whether these insults had been hurled during a moment of sanity squarely on the shoulders of inquisitors.²⁷

For example, in 1771 Josefa Manuela Leiba denounced Juan de la Vega to the Inquisition for calling the Virgin Mary a *puta cambuja* (“swarthy whore”) and Christ a *maldito cambujo* (“damn dark-skinned person”) among other shocking insults.²⁸ When the inquisitor Tomás Cuber y Linian questioned Josefa about Vega’s state of mind when he issued these profanities, she unhesitatingly responded that he was in his “*sano juicio y entero conocimiento*” (“sane judgment and full reasoning”) and that never drank.²⁹ Vega, identified in the records as *español* or Spanish, was described by other witnesses as a nuisance and a vagabond who lacked an occupation (*sin oficio*); these other witnesses too judged him to be mentally competent. Although she intimated that Vega’s offensive utterances might be due to the “movement of the moon,” Andrea Valdes concluded that Vega was of sound mind. Likewise, Maria Alvina, the indigenous servant who had witnessed Vega senselessly throw rocks at sacred images, stated that

Dangerous Speech: A Social History of Blasphemy in Colonial Mexico (Tucson: University of Arizona Press, 2006).

²⁷ This problem was not unique to insanity cases, as Maureen Flynn has shown in her study of blasphemy in sixteenth-century Spain. See Maureen Flynn, “Blasphemy and the Play of Anger in Sixteenth-Century Spain,” *Past and Present* 149 (1995): 29-56.

²⁸ AGN, Inquisición, vol. 1058, ff. 152-153. In colonial Mexico, *cambujo* was a caste category that could signify several different mixtures, including indigenous with African, *chino*, and *lobo*. As an adjective, *cambujo* also denoted swarthy skin tone.

²⁹ *Ibid.*, ff. 154.

the suspect “was in his full reasoning,” showing no signs of excessive passion nor of being demonically possessed (*enagenado*).³⁰

Vega’s case was in many ways typical: he was denounced to the Inquisition under the presumption that he was *cuerdo*, or sane, for what was a common offense, and the charges against him were eventually dismissed once compelling testimony could confirm a preexisting illness that would exonerate his actions. Although the witnesses cited above denied Silva was *demente*, his brother-in-law, Joseph Juarez, contended otherwise. When summoned, Juarez informed the tribunal that for the past six years Vega suffered from *locura* and “injury” (*lesion*) to his mental faculties. Because of this, he was prone to shout, act compulsively, and do “other ungodly things” (*intempestivas*). Juarez reported that at one point his brother-in-law had attempted to strangle a servant in a maddened frenzy, leaving him and his wife, Vega’s sister, with no option but temporarily intern him at San Hipólito where he was diagnosed with “incurable madness.” Apparently, the inquisitors were not yet fully satisfied that Vega was mad, for they immediately contacted the hospital to corroborate Juarez’s testimony. It was San Hipólito’s head nurse, Fray Felipe Joseph Ruiz, who provided the deciding testimony, informing the tribunal that Vega was indeed suffering from madness and fatuity (*fatuidad*).³¹

As we will see time and time again, the inquisitors marshaled in the resources and personnel of San Hipólito in their efforts to determine whether the suspect in question was genuinely mad and thus technically innocent of the charges brought against him. That Vega had previously been interned at the mental hospital worked to his benefit, as the inquisitors

³⁰ Ibid., ff. 165-166.

³¹ Ibid., f. 171.

were able establish solid grounds for dismissing the charges with uncharacteristic efficiency. Like many of the madmen described here, the inquisitors treated Vega with paternal lenience. He was never made to appear before the tribunal for interrogation; rather, the magistrates of the Holy Office based their decision on the compelling testimony of the hospital's nurse.

Another madman who was released from San Hipólito only to fall afoul of the Inquisition was José Ventura Gonzalez, nicknamed "Tebanillo." According to the testimony of José Piña and his wife María, who denounced Gonzalez to the *comisario* (commissary) of Toluca in 1789, he had made a host of irreverent claims and gestures. For instance, he denied the existence of purgatory and hell and insulted the Virgin Mary, calling her a *muñeca vestida*, or a "dressed-up doll."³² Although the inquisitors, like many of the Gonzalez's neighbors in Toluca, were well aware of the fact that he had formerly been interned at San Hipólito, they nevertheless granted the *comisario*, Mariano José Casasota, permission to proceed with a preliminary investigation.

As he rounded up witnesses, the *comisario* specifically inquired about the outward *señales* or "signs" of Gonzalez's mental unrest. Accordingly, most witnesses testified to Gonzalez's strange antics, but the most colorful description came from his neighbor, Andrea Josefa Estrada. She reported that the suspect habitually carried an image of the Virgin Mary, which he casually referred to as "*su muger*"—literally, "his woman," meaning wife—and that he would often sleep with the image. Estrada also claimed to have seen him take cigarettes and fruit to the image of Mary but, seeing as she would not accept the offerings, he became irate and smacked the picture. Estrada believed Gonzalez was a *verdadero loco*, or "a true madman," based on his

³² AGN, Inquisición, vol. 1505, exp. 3, f. 109.

odd comportment, “the extravagance with which he ate,” and his eccentric mode of dress.³³ Another witness, María Tomasa de la Luz, described the suspect as child-like and informed the commissary that she many times saw him dig ditches in the ground, which he would then fill with dirt and claim they were graves for his deceased wife.³⁴ By the looks of it, Gonzalez was a grieving spouse. Indeed, the investigation revealed that his wife had died four months following his release from San Hipólito and that since then his mental health had steadily deteriorated. All of Gonzalez’s neighbors understood this about him except, Casasota noted, for the “vulgar” folk who believed he was *endemoniando*, or demonically possessed.³⁵

Unlike Vega who was placed into the custody of his sister and her husband, the inquisitors ordered on July 1790 that Gonzalez be promptly returned to the Hospital de San Hipólito. They further specified that the process of transporting Gonzalez from Toluca to Mexico City should be undertaken with the utmost “caution,” such that even those tasked with the feat should “remain ignorant of the goal of their mission.” Their reasoning for the covert operation was that were Gonzalez to learn of his impending hospitalization he would likely attempt to evade authorities.³⁶

This verdict and the matter in which it was carried out seems harsh given that, as many witnesses portrayed him, Gonzalez was a harmless madman. It is possible that he was interned because, unlike Vega, there was no one to look after him. More speculatively but not

³³ Ibid., ff. 115v-116v.

³⁴ Ibid., f. 118.

³⁵ Ibid, f. 131.

³⁶ Ibid., ff. 137-137v.

farfetched, it was the collection of naughty images and accompanying garbled text recovered by the *comisario* during his investigation that may have informed the decision to have Gonzalez institutionalized once more. An embroiderer by occupation, Gonzalez kept a notebook on which he would draw embroidery designs and artistic images. Some of these were innocuous illustrations of flowers and animal scenery clearly intended for stitching; others, however, consisted of more crude drawings of people and animals with pornographic overtones, often accompanied by written commentaries on various themes including matrimony and illicit sexual desires and acts. To begin with, in figure 4.1, he illustrated various human and animal couples with the caption on the right reading “*casamiento*” or marriage; an indigenous figure is shown on the left urinating or masturbating next to a fountain surrounded by phallic imagery. In figure 4.2, on the left side, he drew what appears to be a tonsured priest ejaculating into a cup held by a woman who is on her knees; the caption above references *potencias* or “powers” bestowed by the priest to the woman in order to choose a husband. Other drawings featured naked couples in sexually explicit poses. In figure 4.3, on both the lower right and left sides, he drew a man masturbating a woman as she sat in a chair. Figures 4.5 and 4.6 both show couples fornicating while a voyeur stands to the side, while in figure 4.7, he drew various figures engaged in sexual acts, including bestiality, beneath their gowns. Finally, figures 4.8 and 4.9 both contain disparaging references to the *pecado nefando*, or sodomy, the former illustration also depicting a violent scene of death.³⁷

³⁷ Asunción Lavrin has reproduced some of these illustrations in her essay on sexuality in colonial Mexico, but she does not engage with the actual Inquisition case to which they belong. Nevertheless, I have found some of her captions helpful. See Asuncion Lavrin, “Sexuality in Mexico: A Church Dilemma,” *Sexuality and Marriage in Colonial Latin America*, ed. Asunción Lavrin (Lincoln: University of Nebraska Press, 1989), 47-95.



Figure 4.1. Illustration from the notebook of Jose "Tebanillo" Ventura Gonzalez. Source: AGN, Inquisición, vol. 1505, exp. 3. Strange drawing depicting various human and animal couples surrounding a fountain, replete with phallic imagery. The caption on the upper right-hand side references "casamiento" or marriage. An

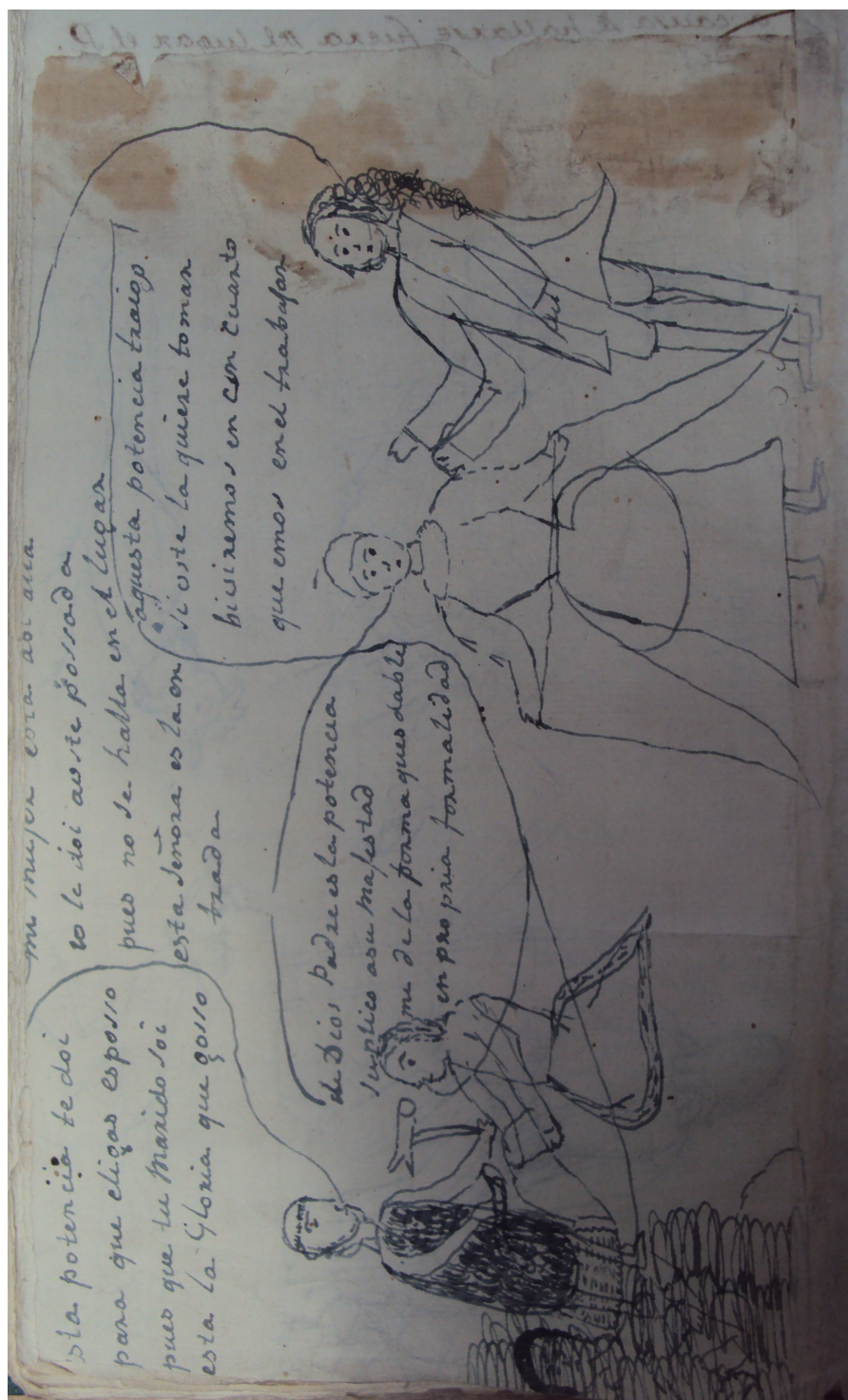


Figure 4.2. Illustration from the notebook of Jose "Tebanillo" Ventura Gonzalez. Source: AGN, Inquisición, vol. 1505, exp. 3. Illustration of two couples. The couple on left consists of a tonsured priest with a woman kneeled before him. The speech bubbles reference "potencias" or "powers" that are bestowed by priest to the woman in order to choose a husband

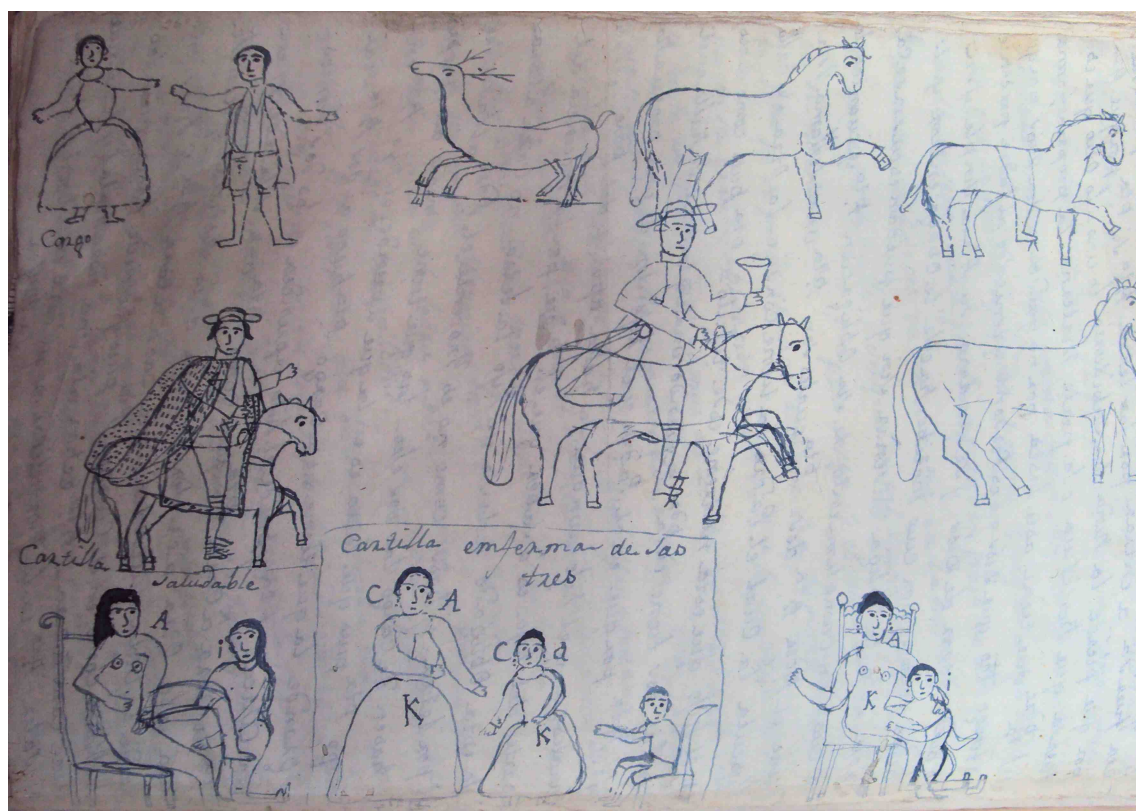


Figure 4.3 (above). Illustration from the notebook of Jose “Tebanillo” Ventura Gonzalez. Source: AGN, Inquisición, vol. 1505, exp. 3. Drawing depicting two men on horseback at center and a man and woman on the upper left-hand corner. The lower half of the image shows a man masturbating a woman on each corner, and a woman standing next to a young girl and little boy at center.



Figure 4.4. Illustration from the notebook of Jose “Tebanillo” Ventura Gonzalez Source: AGN, Inquisición, vol. 1505, exp. 3. Close-up of figure 4.3, showing a man with long hair masturbating a woman.

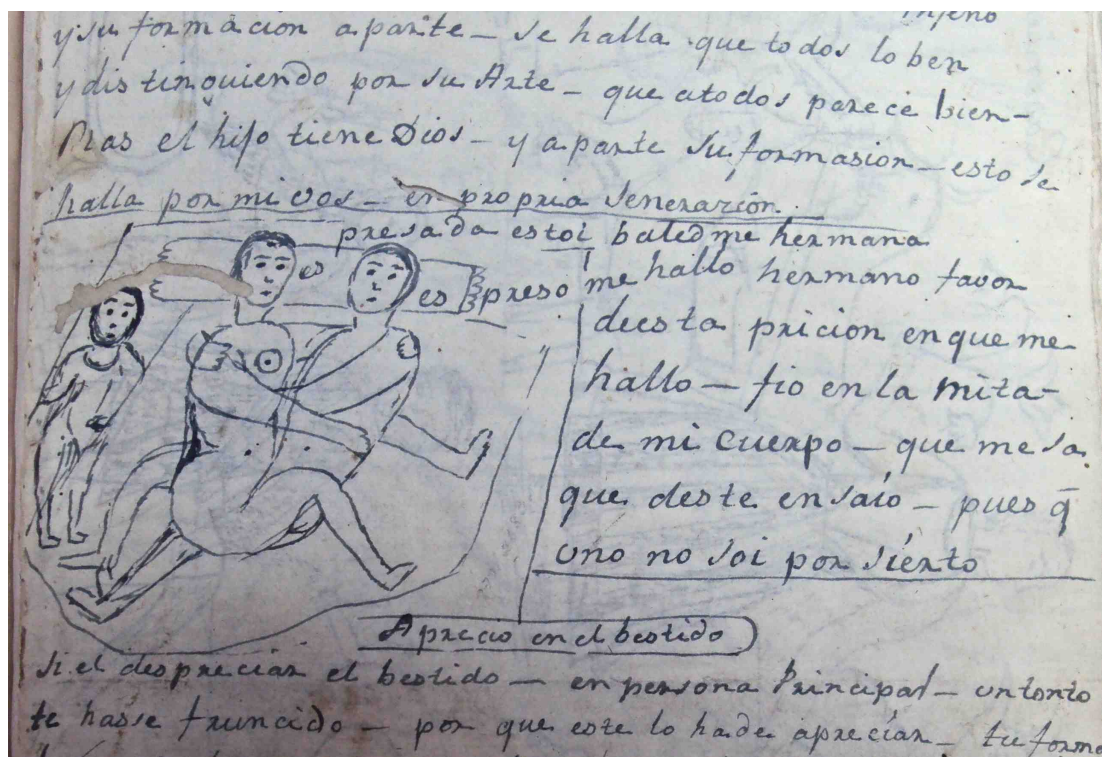


Figure 4.5 (above). Illustration from the notebook of Jose "Tebanillo" Ventura Gonzalez. Source: AGN, Inquisición, vol. 1505, exp. 3. Image of couple engaged in sexual intercourse. The image shows a man and woman with male voyeur in background, surrounded by written text.

Figure 4.6. Illustration from the notebook of Jose "Tebanillo" Ventura Gonzalez. Source: AGN, Inquisición, vol. 1505, exp. 3. Picture depicts two couples of ambiguous gender engaged in sexual intercourse with a female voyeur standing to the side.



Figure 4.7. Illustration from the notebook of Jose "Tebanillo" Ventura Gonzalez. Source: AGN, Inquisición, vol. 1505, exp. 3. Illustration of various figures engaged in sexual acts, including bestiality (on the upper left side), beneath their gowns.



Figure 4.8. Illustration from the notebook of Jose “Tebanillo” Ventura Gonzalez. Source: AGN, Inquisición, vol. 1505, exp. 3. The right side of the image includes a bird and two same-sex male couples, one of them possibly engaged in anal sex. The opposite side showcases a violent scene of death depicting a stabbed couple and a skeleton, with two additional couples on either side. The writing states that while men are “obligated” to place their male members in “obscure” places, sodomy is a “great act of indecency”

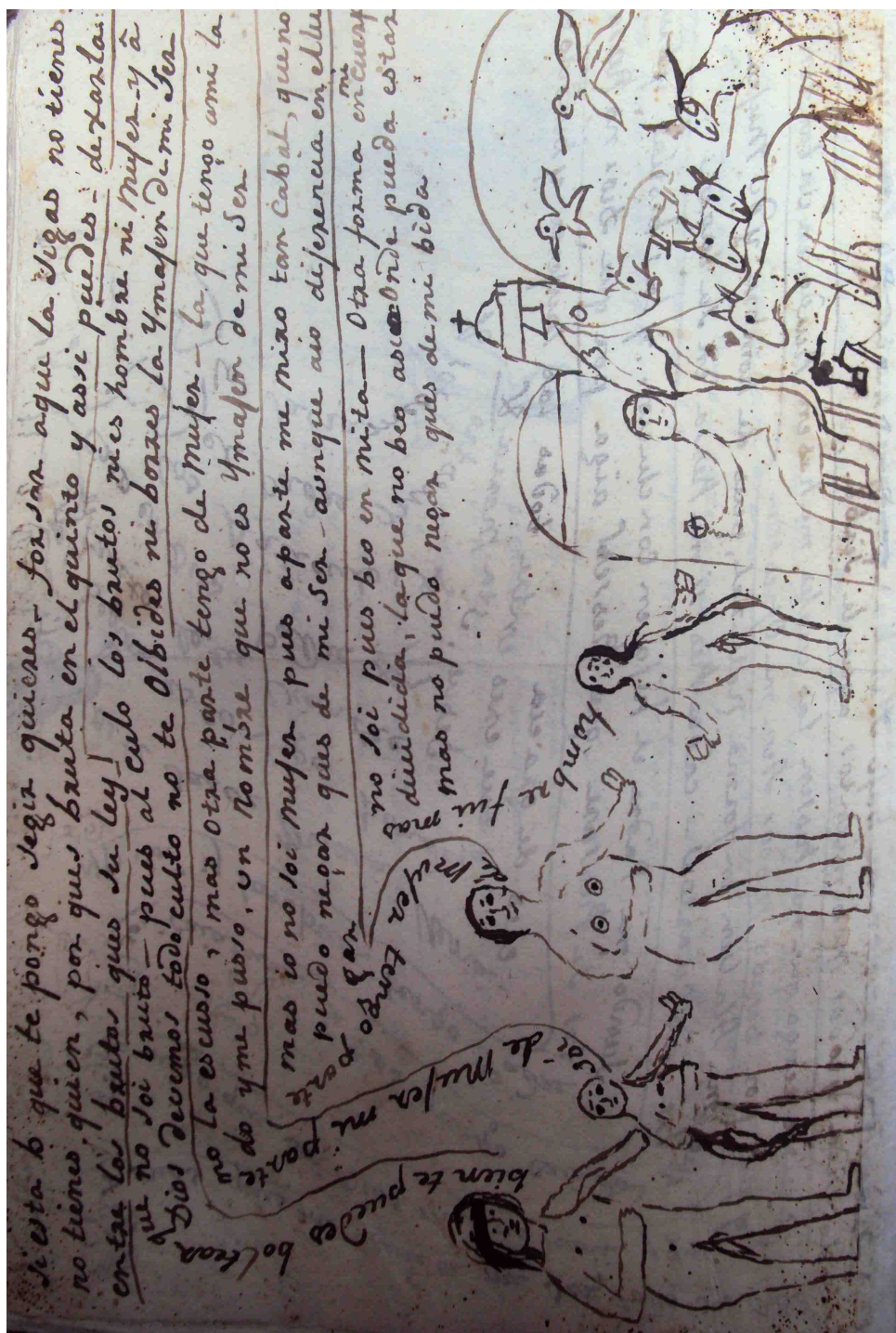


Figure 4.9. Illustration from the notebook of Jose "Tebanillo" Ventura Gonzalez. Source: AGN, Inquisición, vol. 1505, exp. 3. Illustration of naked figures; the captions above make disparaging references to sodomy.

To the modern historian, these illustrations provide a rare glimpse into the worldview of a madman coping with, among many things, the recent loss of his wife. They also amply illustrate what Asunción Lavrin has described as the disjunction between Church teachings on sexuality and the reality of everyday practice in colonial Mexico.³⁸ To the inquisitors, charged with extirpating heresy and enforcing Christian morality, the sexually charged and indecent images materialized in a disquieting way the perverse ideas of a troubled mind and the broader problem of managing the crimes of the insane within a pastoral framework. Under normal circumstances, inquisitors and priests could manage sexual sin and indecency among the laity through confession and penance. But a madman like Gonzalez could not be made to repent, since in theory he had committed no sin to begin with because all sin was voluntary. This fact placed Gonzalez's obscene drawings in a grey area, much to the inquisitor's discomfort. To be sure, this problem was not specific to Gonzalez's risqué sketches. The madman's tenuous relationship to language and his body turned his irreverent utterances and gestures into equally ambiguous affronts. Witness testimony in Inquisition cases involving alleged madmen often characterized them—and sometimes with palpable contempt—as bad Christians who not only spoke profanities, but did not attend mass; or if they did, they did not show proper reverence and they did not abide by its cherished rules and traditions. Of course, one way of sorting through these ambivalences regarding the madman's putative innocence was to intern him at

³⁸ Lavrin, *op cit.* For a fascinating study on criminal sexuality—specifically crimes deemed “unnatural” by authorities such as sodomy and bestiality—in colonial Mexico, see: Zeb Tortorici, “*Contra Natura: Sin, Crime, and ‘Unnatural’ Sexuality in Colonial Mexico, 1530-1821*” (Ph.D. Dissertation: University of California, Los Angeles, 2010).

the mental hospital; in so doing, the inquisitor removed the offender from society, but also performed an ostensible act of charity.

The zealotry with which the Inquisition recommended internment for these problematic offenders is illustrated in the case of Diego Mendoza, who was denounced to the Holy Office in 1773 for criminal speech acts. While at the house of Joaquin Hermosa, a group of witnesses had heard him pronounce, “I am God, better than God, I command and govern Him,” and “Christ is my nephew.” When one of the witnesses reprimanded Mendoza for his irreverent assertions and threatened to denounce him to the Inquisition, he defiantly shouted that he “shat on the inquisitors, and on the Inquisition!”³⁹ In many ways, Mendoza was prime candidate for internment. A native of Andalucia and a former soldier, he had fallen into a life of poverty and become a beggar. One witness described him as a “vagabond, without an occupation, who lived off *limosna*” or alms.⁴⁰ Labeled by the community as “*el loco*” (the madman), he was often seen to wander through the streets of Mexico City, hollering improprieties and styling himself as the “Archbishop and Viceroy of Mexico and Cousin of God.”⁴¹

The problem was that most witnesses judged Mendoza to be sane. Pedro de Lomber, who was the first to bring Mendoza’s impious outbursts to the attention of the tribunal, maintained that he was in his “full judgment [*entero juicio*], and that he had not drunk anything,

³⁹ AGN, Inquisicion vol. 1119, exp. 9, f. 180.

⁴⁰ Ibid., f.179.

⁴¹ Ibid., f. 206v.

although some people were of the opinion that he was mad.”⁴² Pablo de las Revillas y Villamor also believed Mendoza was sane because, aside from his blasphemies, he was able to speak cogently on many matters.⁴³ Other witnesses argued that Mendoza’s madness was feigned, including Joaquin Hermosa who described the suspect as “mad by convenience.”⁴⁴ Of the twenty-two testimonies the inquisitors gathered, only three of them expressed misgivings about Mendoza’s sanity. Santiago Trelles, who had known the suspect since he had arrived from Spain sixteen years earlier, told inquisitors he suspected Mendoza’s *juicio* was “perturbed,” although he too voiced uncertainty.⁴⁵ Pedro Gonzalez de Peredo referred to Mendoza as a “true madman,” although he noted that he had many years ago observed him to be “rational, moderate, and modest,” showing no indications of “stupidity” (*lerdo*).⁴⁶ Finally, Miguel Gonzalez testified to the suspect’s bizarre conduct and wayward moods and related how neighbors once inquired into having him admitted to San Hipólito, only to be discouraged when one of the friars informed them that a medical certificate was necessary for internment.⁴⁷

As in the previous cases, the inquisitors did not summon the suspect for questioning; rather, basing their decision on these last three testimonies, which they deemed compelling (or perhaps convenient), they opted to have the case suspended and ordered that Mendoza be

⁴² Ibid., f. 173.

⁴³ Ibid., f. 183.

⁴⁴ Ibid., f. 199.

⁴⁵ Ibid., f. 205v.

⁴⁶ Ibid., f. 208v.

⁴⁷ Ibid., ff. 206v-207.

transferred to San Hipólito for a period of two months.⁴⁸ They did so as a gesture of leniency traditionally shown to the mentally impaired, and to temporarily rid themselves of a harmless but bothersome individual who was antagonizing religion and public morality. Implicit in their injunction, moreover, was the belief that once committed to San Hipólito Mendoza's illness could be exposed as either genuine or inauthentic and, if the former, appropriately treated. The case was never revisited, leaving us to assume that Mendoza was exonerated of his crimes by virtue of being *demente*.

From Madness to Sickness: Medical Testimony and the Classification of Mental Illness

As I discussed in chapter three, San Hipólito's admissions books underscore a nascent but growing trend to define the criteria for admission to the hospital in medical terms rather than strictly poverty or need. The best illustration of this development is the appearance of the *certificación del medico* (medical certificate) increasingly provided by inmates upon entrance. Moreover, as we have just seen, although the neighbors of *el loco*, Diego Mendoza, sought to have him institutionalized as a social pariah, they failed to do so because they could not produce the required documentation indicating that he was mad. The Inquisition apparently possessed the authority to sidestep this prerequisite, as it mandated for Mendoza's internment even though no medical expert had examined him. However, in many cases, the inquisitors did solicit the opinion of a licensed physician or surgeon—and often more than one expert—prior to forming an opinion about whether a suspect should be prosecuted as a criminal who had

⁴⁸ Ibid., f. 209.

violated the faith with conscious intent or committed to the hospital as a madman. In fact, Sacristán's research reveals an overwhelming tendency in late colonial Inquisition *procesos* involving madness to summon medical expertise and to privilege it over the testimony of non-experts.⁴⁹ To state the obvious: what this evidence suggests is that both within the context of the hospital and the inquisitorial investigation, madness had become an increasingly medicalized condition.

Here, we will examine three cases that pivoted on the testimony of expert witnesses.⁵⁰ Unlike hospital records, which are largely reticent about the patient's interactions with physicians, these cases yield some of the richest insights into the medical encounter. However, as we will also see, medical testimony could sometimes be a double-edged sword: on the one hand, it provided inquisitors with the elusive "proof" of madness they so desperately sought; on the other hand, it often served only to magnify uncertainty. In these highly technical debates over diagnosis, the inquisitors utilized San Hipólito not a place to resolve their pastoral commitments to the mad, but as a site in which to observe and address rationalist models of disease.

⁴⁹ Sacristán, *Locura y Disidencia*, passim.

⁵⁰ The role of expert testimony—and the related issues of trust, credit, evidence, etc.—in the production of scientific knowledge has received much scholarly attention. The seminal study is Steven Shapin's *A Social History of Truth: Civility and Science in Seventeenth-Century England* (Chicago: University of Chicago Press, 1994). More recent studies have extended these concerns to investigate the role of medical expertise in debates about miracles, mysticism, demonic possession, etc. See readings cited in fn.18. Also: Fernando Vidal, "Miracles, Science, and Testimony in Post-Tridentine Saint-Making," *Science in Context* 20.3 (2007): 481-508; Giana Pomata, "Malpighi and the Holy Body: Medical Experts and Miraculous Evidence in Seventeenth-Century Italy," *Renaissance Studies* 21.4 (2007): 568-585. On legal medicine, see: Silvia De Renzi, "Witnesses of the Body: Medico-Legal Cases in Seventeenth-Century Rome," *Studies in the History and Philosophy of Science* 33 (2002): 219-242; "Medical Expertise, Bodies, and the Law in Early Modern Courts," *Isis* 98.2 (2007): 315-322.

Madman or Drunkard? The Case of Felipe Zarate

In the case of Felipe Zarate, a *mestizo* weaver from Tlaxcala, medical expertise helped inquisitors navigate the nebulous terrain between mental illness and inebriation. On August 21, 1789, Zarate caused a public scandal when he ran amok down the streets of Texcoco hurling blasphemies in what appeared to be a drunken stupor. According to witnesses, Zarate had cried: “*Me cago en Dios, y en la Maria Santissima*” (“I shit on God and the Virgin Mary!”), “*es un carajo Dios*” (“God be damned!”), and “*maldito sea el que me crio*” (Damn the one who created me!”). Eventually, he was subdued by a group of angry neighbors and deposited in the local jail. While incarcerated, Zarate continue to blaspheme throughout the day and night, much to the irritation of the other inmates, who beat him in a vain effort to silence him. When the priest of Texcoco, Fray Manuel de Arpide, learned of Zarate’s verbal assaults on the faith, he denounced him to the Holy Office.⁵¹

As the inquisitors gathered testimony from witnesses, neighbors, prison deputies and inmates, there was much confusion as to whether the suspect’s offensive utterances were the products of mental illness or inordinate drinking. Most witnesses simply dismissed Zarate as a drunkard. Zarate’s employer, Joaquin de Campos, who had many times heard him renounce the faith and issue other *disparates* or “foolish remarks,” attributed these to the fact that he frequently drank *pulque* (an alcoholic beverage made from fermented cactus).⁵² Josef de Ariza, a weaver who had known Zarate for about eighteen years, cited his drinking habit in a long list of

⁵¹ Ibid., ff. 64-64v.

⁵² Ibid., ff. 69v-70.

vices that included gambling, living in concubinage, and not confessing regularly.⁵³ Another witness reported that Zarate was “inclined to drink, and when he drank something, he would begin to laugh” and talk to himself.⁵⁴ Significantly, medical opinion postulated that alcohol could cause mental disorder by producing hot vapors, which would rise up towards the brain resulting in muddled judgment and delirium.⁵⁵ The creole physician, Juan Venegas, included *embriaguez*, or inebriation, in his treatise on practical medicine, describing excessive drinking as a “species of *frenesi*,” or frenzy, in which the imbiber became “heated” and “infuriated”; was prone to “shout,” “tremble,” “do petulant things”; and experience “anxiety, violent vomiting, fluxes in the blood, and palpitations of the heart.”⁵⁶

Zarate, however, proffered a different justification for his unruly conduct: he was under the sway of the devil. According to the one of the prison deputies, Zarate had stated that an ominous “wind” had whispered in his ear, urging him to utter blasphemies and the following scandalous chant in particular: “*Ave Maria, tu barriga con la mia*” (“Ave Maria, your belly against mine.”) Zarate also told the deputy that,

. . . on some occasions when he was weaving he saw on the fabric an image of our lady of Ocotlán who appeared dancing with a crucifix, and because the fabric was moving, he could no longer continue to weave. . . That one night he went to sleep in a barn, and the next day while he was shaking off the hay that was stuck to his sleeve, a voice spoke into his ear and it told him not to shake off [the hay] . . . That on another night as he was about to go to bed he saw a worm crawling

⁵³ Ibid., f. 77.

⁵⁴ Ibid., f. 76.

⁵⁵ Nalle, 153.

⁵⁶ Juan Manuel Venegas, *Compendio de la Medicina* (Mexico: 1788), 109.

around the end of the candlestick, and the same voice said that it was the worm of [his] conscience.⁵⁷

When questioned before the tribunal, Zarate confirmed to have experienced this vision. He was not a drunkard, he adamantly told the inquisitors, but a victim of the devil's malice.

That Zarate chalked up his behavior up to the devil's cunningness merits deeper discussion. The devil was a powerful figure in popular religion, embodying the convergence of native concepts and Christian beliefs. Since the early contact period, Spanish missionaries instructed the natives in the malicious influences of the devil, a European concept, and they likewise "demonized indigenous deities, renaming them 'devils' ('*diablos*' and '*demonios*.')"⁵⁸ By the late colonial period, however, belief in the devil's existence appears to have waned, "demoted to mere 'superstition'" in the eyes of educated Spanish officials and ecclesiastics.⁵⁹ Nevertheless, the devil loomed large in the popular imaginary, and while Zarate cited demonic forces as responsible for his crimes, these ideas carried little traction among the inquisitors, increasingly wedded to what Dale Shuger calls "rationalist standards of evidence."⁶⁰ Ultimately, they sided with the testimony provided by the tribunal's appointed physician, Francisco Rada—but not without some reservations.

⁵⁷ AGN, Inquisición, vol. 1206, ff.. 71-71v.

⁵⁸ Lisa Sousa, "The Devil and Deviance in Native Criminal Narratives from Early Mexico," *The Americas* 59.2 (2002): 163, 164. See also, Fernando Cervantes, *The Devil in the New World: The Impact of Diabolism in New Spain* (New Haven: Yale University Press, 1994); Louise Burkhardt, *The Slippery Earth*, 39-44; Behar, "Sex and Sin," op. cit.; Sonya Lipsett-Rivera, "Mira Lo Que Hace El Diablo: The Devil in Mexican Popular Culture, 1750-1856," *The Americas* 59.2 (2002): 201-219.

⁵⁹ Sousa, 162.

⁶⁰ Shuger, "Madness on Trial," 290.

In a concise medical report dated to April 22, 1790, Rada, whose name we will encounter again, confirmed that while Zarate did not display the symptoms of “melancholy delirium, furor, or mania,” his judgment was most certainly impaired by a “form of fatuity” that indicated his “mind was not perfect.”⁶¹ However, in medical terms, this diagnosis was vague; unlike melancholy or mania, *fatuidad* did not correspond to a concrete set of symptoms that were rooted in an underlying physiological imbalance, leaving room for uncertainty. And, while the inquisitors valued the physician’s input, they did not accept it blindly; rather, they considered it alongside their own observations of the suspect’s conduct and responsiveness during his interrogation. Thus, the prosecuting judge, or *fiscal*, noted that Zarate “responded with understanding [*acuerdo*] and reflection” to questions pertaining to his “genealogy, provenance, occupation, and [knowledge of] doctrine.” However, when pressured to discuss the circumstances of his imprisonment, he became reticent and reserved. To the *fiscal*, these inconsistencies pointed to the fact that Zarate was more inclined to “malice rather than fatuousness.”⁶² Yet, having voiced this misgiving, he nevertheless advocated for Zarate’s internment at San Hipólito for a period of twelve to fifteen days so his condition could be closely monitored. Zarate’s hospitalization appears to have confirmed the diagnosis of fatuity because the case remained suspended on the grounds that he was “*medio demente*” or “somewhat mad.”⁶³

⁶¹ AGN, Inquisición, vol. 1206,, f. 104v.

⁶² Ibid., ff. 108v-109.

⁶³ Ibid., f.115.

The Melancholy Bigamist: The Case of Antonio de la Cruz

The role of medical expertise is even more explicit and contentious in the case of Antonio de la Cruz, nicknamed *el Chavindero*—because his mother was a slave in the Hacienda of Chavinda—who was admitted to San Hipólito in 1739 as a diagnosed melancholic. Two years prior to his internment, Cruz had been arrested by the *alcalde mayor* of Taxco for the “bad treatment” of his wife, Polonia Rosales, during which time it was also suspected that Cruz had committed the crime of bigamy in marrying Polonia when his first wife was still living.⁶⁴ Detained in the Taxco prison for about a year, he was eventually transferred to the cells of the Holy Office and, on April 21, 1738, summoned for interrogation by the inquisitor, Pedro Navarro de Isla. In his testimony, Cruz identified himself as a free mulatto, a native of Periban, forty years of age, and a former slave to Don Domingo de Revollar.⁶⁵ He emphatically denied the charges of bigamy, insisting that his first wife, María de Mendoza, was long since dead. In his defense, Cruz crafted a captivating story that detailed how he and his first wife were married and then forcefully separated during the course of an acrimonious suit against Revollar for Maria’s freedom. It was during this period of hardship, while undertaking a six-year stint in the Amilpas, that a group of mule drivers from Zamora informed him that his wife had died.⁶⁶ However, the inquisitorial investigation suggested a different version of events: Cruz had indeed been formerly married, but according to witnesses he had abandoned his first wife following a series of domestic disputes; he then proceeded to falsely conduct himself as a

⁶⁴ AGN, Inquisición, vol.865, exp. 1. f. 507v.

⁶⁵ Ibid., ff. 467-467v.

⁶⁶ Ibid., ff. 468-469v.

bachelor in the pueblo of Mazatepec where he illicitly contracted a second matrimony to Polonia, a free mulata, lying to the priest about his marital history.⁶⁷

Although the *fiscal*, don Diego Arangado y Chavez, fully intended to prosecute the humble mulatto for the crime of bigamy, his plan was thwarted when Cruz began to exhibit strange behavior. By the time of the third hearing or *audiencia*, Cruz began to speak “impertinent and foolish things.”⁶⁸ He was subsequently examined by the physician Juan José de Zuniga and the surgeon Francisco Dorantes, both of whom could not initially deliver a definitive diagnosis. On their first visit, they “found him to be agreeable [*acorde*] and by looks of it sane.” Cruz exhibited a sound memory and a sensible grasp of the present. And, while his demeanor betrayed no evidence of *demencia*, they did identify in him a *passión de animo*, or “passion of spirit,” that, while it stifled the heart, left his powers of reasoning “free.”⁶⁹ On their second visit, however, Dorantes and Zuniga expressed uncertainty. Although Cruz’s disposition had improved thanks to the “frequency of medicines,” they hesitated to diagnosis him as sane; instead, they believed his symptoms suggested the “beginnings of melancholia,” which if left untreated, could decline into full-blown mania.⁷⁰ Examined for a third time by Dorantes, Cruz still displayed the *passión de animo* and this time reported hearing voices. The surgeon thus

⁶⁷ Ibid., ff. 480-485.

⁶⁸ Ibid., f. 478v.

⁶⁹ Ibid., f. 499.

⁷⁰ Ibid., f. 500.

requested to transfer Cruz to a different cell to see if his condition improved and his symptoms be better studied.⁷¹

Throughout the month of November, Cruz was repeatedly examined by Zuniga. Although his condition appeared to worsen—Cruz continued to hear voices and claimed to see his first wife in an apparition—Zuniga ultimately concluded that Cruz only suffered a *passión de animo* that had not yet descended into madness; not just that, his skepticism compelled him to wonder if some of Cruz's symptoms were staged to avoid trial. The physician formed this opinion largely by engaging the humble mulatto in a lengthy dialogue. During the course of their conversation, Cruz made a series of revealing statements, including mentioning that his “legitimate wife” (i.e. Polonia) was pregnant (*utero gestabat*)—and presumably not by Cruz who by now had been imprisoned for close to two years—and that he “would lose his mind to see her [his first wife, María] alive.” Based on his reasoned responses to the physician's questions and the “jealous passion” he displayed at having been cuckolded by his second wife, Zuniga became convinced that Cruz was in his *juicio natural*, or natural judgment, “without injury” to his powers for reasoning. He proceeded to question Cruz about his children and personal history, to which Cruz responded in a coarse (*bronco*) but logical fashion, illustrating a *sano juicio* (“sane judgment”). To further confirm his assessment, Zuniga studied Cruz's behavior in accordance with the “mutation of the moon,” that is, during the new and full moon. He observed that during the former Cruz exhibited much *llanto* or weeping, while during the latter he displayed a “tolerable inedia,” refusing some of his meals. While Cruz's weeping indicated “fear” and a “recognizable sadness,” the physician contended that fear and sadness—like “love, jealousy,

⁷¹ Ibid., ff. 505-505v.

[and] anger”—were classic symptoms not of melancholy, but of a *passión de animo*, which was the true source of Cruz’s mental and emotional malaise.⁷²

If medical expertise had finally granted the inquisitors clearance to pursue charges, Cruz’s *defensor*, or defense lawyer, Joseph Mendez, would stonewall their proceedings. Mendez mounted an equally sophisticated, if prejudicial, defense of the humble mulatto that rested on two points. The first was that Cruz, sincerely believing his first wife was dead, did not *knowingly* commit bigamy. The second argument, which elaborated a kind of racial pathology, emphasized a “defect” in the defendant’s mental faculties. Having examined Cruz on repeated occasions, the lawyer found Cruz to be “manifestly stupid [*leso*] and empty of judgment” (“*bacio de entendimiento*”). He further argued that Cruz’s simplemindedness was not only due to his “rusticity” and lack of education; rather, it was the product of an underlying medical condition: he believed Cruz suffered from a “species of *demencia*...where judgment and intelligence in the internal faculties [*potencias internas*] are lacking.” He added, “while these species of madness [*enajenacion*] are almost innumerable and difficult to diagnose,” since Cruz’s condition did not manifest itself as *furor* or fury, his chief symptom was “fatuity, stupidity, and what is called idiocy [*mentecas*].” Mendez further cited Cruz’s propensity to “sudden tears” whenever he was questioned about the “bad treatment” of his second wife as further evidence of “invisible interior afflictions” whose source was not only guilt, but humoral imbalance. The lawyer went on to give Cruz’s condition a proper name: *insania*. This *insania*, he observed, was known to “harm whichever melancholy humor possessed the brain, or imagination, or cognitive or discursive faculty.” In Cruz’s case, the illness had injured his faculties of imagination and

⁷² Ibid., ff. 526-527.

discourse, such as there was “no argument or truth” that could convince the *defensor* that Cruz was “penetrated by reason.”⁷³

Cruz’s case had reached a stalemate: while the *defensor* argued that Cruz should be diagnosed as insane and his trial suspended, the medical experts believed that Cruz’s *passión de animo* had not fully shifted into melancholy. This debate exposes, among many things, the complexity of medical models of madness. While colonial people spoke of *demencia* or *locura* in the general sense, learned physicians—and the lawyers who deployed their discourse—employed the more technical language of *mania*, *melancholia*, and *insania*. That is to say, they accounted for nuances in the ways in which mental illness expressed itself, intervals of lucidity, and conditions that might mimic the symptoms of mental disorder but that did not in actuality affect the powers of judgment. And, while this expertise may have produced more concise readings of a suspect’s symptoms, it did not necessarily result in the expediency of procedure.

However, when the inquisitors finally lost their resolve and admitted the humble mulatto to San Hipólito on January 24, 1739, it was not to settle the debate about the source of his unrest, but to treat him for melancholy. After Dorantes and Zuniga issued an additional series of wavering assessments, the inquisitors pressed them to deliver a final verdict. By this point, Cruz had endured over two years of incarceration and bullying, which had clearly taken their toll. His behavior was more extreme than ever. On January 5, the *alcalde* who visited his cell noted that while he took his breakfast quietly, he “began to scream” and thrust “furious blows” against the doors once they had shut.⁷⁴ In his final medical report, Zuniga diagnosed

⁷³ Ibid., ff. 521-522.

⁷⁴ Ibid, f. 532.

Cruz with a “profound melancholy” that was complemented by “species of *furor*” and the nascent beginnings of “mania.”⁷⁵

The Enlightened Melancholic: The Case José María Calderón

José María Calderón was very different from Antonio de la Cruz: he was a literate military lieutenant of European descent and a proponent of enlightened revolutionary thinking. Yet, like the humble mulatto, he too would face the probing scrutiny of the Inquisition, receive a medical diagnosis of melancholy, and promptly be shipped out to San Hipólito for treatment. In 1795, the Holy Office began its proceedings against Calderón, a resident of the pueblo of Xequelchacan in the bishopric of Yucatan, for “scandalous and heretical propositions.” According to various witnesses, Calderon had made a bunch of slanderous attacks on faith, claiming that religion was merely tool of the elite to subjugate the lower classes; that fornication was not a sin; that hell was not eternal but temporary; that purgatory did not exist; and that the Inquisition was “*tiempo perdido*” or a “waste of time.”⁷⁶ In addition to belittling the church, its teachings and institutions, Calderón had made a number of politically subversive statements that challenged the authority of the crown. He was widely known, for instance, to have “applauded” the success of the French Revolution and exalted the superiority of the French government, forecasting that New Spain would soon follow in its footsteps. His admiration for Voltaire was also no secret.

⁷⁵ Ibid., f. 538.

⁷⁶ AGN, Inquisición, vol. 1354, exp. 1, ff. 5v-7.

The questioning of witnesses conducted by the *comisario* of Xequelchacan had failed to produce compelling evidence regarding Calderón's rumored madness. Although most witnesses dismissed his heretical and revolutionary productions as the meaningless chit-chat of a delusional madman, the inquisitors accepted their testimonies with skepticism. As the *fiscal* explained, "he may have a reputation as a madman because of his scandalous actions without being [mad] in reality."⁷⁷ The examination of Calderón by the *comisario* in Campeche, where the mad lieutenant was stationed, likewise raised more question than answers. Calderón had provided long-winded and informed responses to all the questions posed by the *comisario*, but at varying points he credited his behavior with "delirium" and "disordered judgment [*juicio trastornado*]." Cryptically, he explained his crimes thus: "Just as the mad have their moments of sanity, [so too do] the sane have their moments of madness."⁷⁸

Calderón was subsequently examined by three military surgeons—Fernando Guerrero, Gabriel Barrero, and Jose Ruiz Triano—all of whom diagnosed him with melancholy, although some more confidently than others. The most assertive and technical explanation came from Guerrero, a retired surgeon of the Royal Navy. Basing his assessment on contemporary mechanical explanations of the body, he claimed that Calderón's melancholy originated from an interruption in the movement of blood that "disrupted the course of the spirits to their [corresponding] organs."⁷⁹ From this, the mind would become fixed on a particular thing or

⁷⁷ Ibid., f. 11v.

⁷⁸ Ibid., ff. 49v-50, 53v.

⁷⁹ Ibid., ff. 118. On mechanical explanations of melancholy see: Stanley W. Jackson, "Melancholia and Mechanical Explanation in Eighteenth-Century Medicine," *Journal of the History of Medicine and the Allied*

idea, resulting in the “perverted imagination” that often compelled men to entertain the most ludicrous of fantasies. It was for this reason, he explained, that some melancholics believed themselves to be “dogs, wolves, or lions”; others, “pontificated” thinking they were “kings” or “emperors”; and yet others imagined themselves as “angels, demons, [or] gods.” In Calderón’s case, his compromised intellect was easily swayed by the teachings of Anti-Catholic books—which were deliberately designed to “flatter the passions” and “disseminate with malicious sweetness the poison of their pernicious doctrine”—and the “fanaticism” of the French Revolution, which captivated even sane but “ignorant” people. The surgeon further opined that the origins of Calderón’s flawed judgment resided in the “death of his mother,” which had deeply “touched his brain.”⁸⁰ Thus, by Guerrero’s estimation, Calderón was no dangerous insurgent; his heterodox utterances, he assured inquisitors, had no grounded basis in rational belief because Calderón was a suffering and delusional melancholic. The other two surgeons, while in agreement, left room for doubt. Barrero only affirmed a “tightness or affliction on the left lateral part of his [Calderón’s] chest near the heart, the result of having been injured, or possessed of the melancholy humor.”⁸¹ Triano frankly admitted that even both the classical and modern authors “confused the true signs” of diseases of the mind and spirit.⁸²

As with the previous cases, the inquisitors mulled over these reports and did not abandon the possibility that Calderón could be feigning. They waited three years until ordering

Sciences 38 (1983): 298-319; Stanley W. Jackson, “Melancholia and the Waning of Humoral Theory,” *Journal of the History of Medicine* 33 (1978): 367-376.

⁸⁰ *Ibid.*, ff. 18v-19v.

⁸¹ *ibid.*, f. 120.

⁸² *Ibid.*, f. 121.

that the lieutenant be transferred from Campeche to the secret cells in Mexico City so he could be examined the tribunal's appointed physician, the aforementioned Francisco Rada. Rada observed in Calderón the classic symptoms of melancholy—"much taciturnity," the "obscure color" of his face, "the opacity and sadness of his eyes," and conversation that was "not one bit intelligible [*nada acorde*]"—and diagnosed him accordingly.⁸³ After almost four years of deliberation, the melancholy lieutenant was admitted to San Hipólito where he remained for nearly three years until he suffered a delirium that claimed his life. The inquisitors no doubt took some satisfaction in knowing that Calderón was able to achieve a lucid "interval" that allowed him to receive the last rites.⁸⁴

Send them to San Hipólito! Confinement and its Discontents

The practice of transferring mad suspects who had fallen afoul of inquisition officials to the Hospital de San Hipólito was not new. The earliest case I have found in which a suspect was deemed mentally incompetent and subsequently institutionalized dates to 1598. This was the case of Luis de Zarate, a cleric and inhabitant of Cholula who was tried for *alumbradismo* (illuminism), a form of mysticism prosecuted by the Inquisition as a Lutheran heresy.⁸⁵ In his interrogation, Zarate claimed to have received revelations from the hermit Gregorio Lopez—whom he called his "intimate friend"—informing him of the coming of the apocalypse and the

⁸³ Ibid., ff. 198-198v.

⁸⁴ Ibid., 203.

⁸⁵ On alumbradismo trials in colonial Mexico, see Nora Jaffary, *False Mystics*.

foundations of the New Jerusalem.⁸⁶ Although Zarate was tried and convicted as a heretic and poised to be burnt at the stake, he lost his sanity while awaiting execution in the Holy Office's secret prisons and was duly shipped out to San Hipólito. The famous sixteenth-century crypto-Jew, martyr, and memoirist, Luis de Caravajal the younger, likewise spent time in San Hipólito's wards following his first inquisitorial trial for the illicit practice of Judaism. To be sure, the Inquisition sent Caravajal to San Hipólito not as a confirmed madman, but as a penitent ordered to "occupy himself in constructive duties and services as determined by the administrator."⁸⁷ Indeed, it was not uncommon during this period for colonial authorities to punish criminals by ordering them to serve the sick poor inside hospitals for designated stretches of time. Such sentences brought with them dishonor, imposed both moral and physical discipline, and reflected a long history in Spain and its colonies in which penal servitude was the norm, trumping public executions.⁸⁸

These two early examples highlight the contradiction that forced confinement in San Hipólito entailed: it was, on the one hand, a means to escape persecution—and in Zarate's case, execution—by the Inquisition and, on the other hand, a form of punishment unto itself. Yet, prior to the eighteenth century, instances in which inquisitors sent madmen to San Hipólito were few and far between. Moreover, as the example of Zarate illustrates, these early cases only appear to have involved suspects who had fallen mad during their imprisonment while awaiting

⁸⁶ AGN, Inquisición, vol. 218, exp. 3, ff. 80-80v.

⁸⁷ Quoted in Martin A. Cohen, *The Martyr: Luis de Caravajal, a Secret Jew in Sixteenth-Century Mexico* (Albuquerque: University of New Mexico Press, 1972), 181.

⁸⁸ On penal servitude in Spain see: Ruth Pike, *Penal Servitude in Early Modern Spain* (Madison: University of Wisconsin Press, 1983).

trial or sentencing; in other words, the inquisitors were less inclined to forcefully institutionalize those individuals who had committed crimes unwittingly due to illness and hence were technically innocent. However, as a number of the previous cases have shown, by the late eighteenth-century “innocent” offenders were often unwillingly committed as inquisitors waded through the uncertainties of diagnosis, suspicions of feigned illness, and ambivalences regarding the severity of their crimes.

Yet, in spite of the coerced and occasionally punitive nature of committal in these instances, we must be wary of viewing it as something that was intended to be permanent. Felipe Zarate, the delusional weaver from Tlaxcala, it will be recalled, only remained in San Hipólito for twelve to fifteen days, long enough for the Holy Office to determine whether his fatuity was genuine or feigned. Likewise, the mad pauper, Diego Mendoza, faced a limited two-month confinement following his run-in with the Holy Office for spewing offensive remarks. The same observations can be made if we turn to the cases of suspects whose trials were stymied due to the onset of illness. The hospital certainly treated these special inmates as prisoners: their activities were closely monitored, they were sometimes sequestered from the rest of the community, and often made to wear chains to constrict their movement. However, although they may have remained incarcerated in San Hipólito until their death, the terms of confinement were always contingent upon the prospect of recovery.

Because of this, exchanges between the mental hospital and the Holy Office over specific inmates continued long after the prisoner was institutionalized; and, they provide a unique window into the experiences of patients within institutional confines and the nature of the mental hospital’s allegiance to the Inquisition. To better explore these conversations, let us

turn to the case of the creole tailor from Tlaxcala, José de Silva. In an *auto de fe* (“act of faith”) issued on March 18, 1770, the Inquisition condemned Silva, whose crimes included heretical statements and threatening a cleric with a knife, to ten years of exile, four which were to be served on the presidio in Havana.⁸⁹ However, rather than board the boat en route to Havana to carry out his sentence, Silva was instead shipped out to San Hipólito after inquisitors discovered he had lost his wits during his imprisonment and a physician diagnosed him with a “melancholy delirium.”⁹⁰ On May 12, Silva was admitted to San Hipólito with the prior general given explicit instructions to keep close watch on the patient-prisoner to ensure that he did not flee.⁹¹

Following Silva’s committal, the inquisitors appear to have forgotten about the heretical mad tailor. When they revisited the case an astounding thirteen years later, it was only at the instigation of the tribunal of the Acordada, New Spain’s law enforcement agency, which requested to know Silva’s status as he also had criminal charges pending with them. Following this request, the Holy Office sent the physician Rada, to the hospital to apprise them of Silva’s health. In a letter dated to September 14, 1783, Rada concluded that Silva’s mind was still “perturbed” and that he should remain hospitalized. This assessment is initially puzzling, given that Silva’s condition had remarkably improved. Rada noted that he maintained himself in “agreeable conversation, without giving the slightest indication of *demencia*.” Nevertheless, he

⁸⁹ AGN, Inquisición, vol. 1086, exp. 1. The auto appears on ff. 98-99v. Presidios were prison-camps that combined banishment with hard labor. Spain possessed presidios in North Africa and the Caribbean. See Pike, *Penal Servitude in Early Modern Spain*, chaps.3, 7 and 8.

⁹⁰ Ibid., ff. 105.

⁹¹ Ibid., ff. 106-107v.

hesitated to judge Silva as sane, since “experience” had taught him that madmen tended to exhibit moments of “perfect sanity” only to later decline in mental health.⁹²

A more detailed explanation of Silva’s volatile health was provided by one of the hospital’s nurses, Fray Pedro Granados. Drawing on his experience treating the countless other patients who frequented San Hipólito’s wards, Granados explained to the Holy Office that Silva exhibited a mania that was “very contrary” to anything he had ever observed. When he first arrived at San Hipólito, Silva was quiet and recluse, willingly isolating himself from everyone. Then, as time passed, he began to lead a “life that was almost religious.” He became a model inmate: he prayed, sometimes in accompaniment of the *pobres dementes*; he spent his money on mass and candles; he exhibited “almost rational conversation.”⁹³ But such admirable conduct did not last for long. Abruptly, Silva would succumb to an “interval of passion or delirium”; he would “burst out” against religion, sometimes in tears, and refuse to confess because, he stated, “the evil spirits [*hechiceros*] were speaking inside his body.”⁹⁴ To Granados, these shifting moods illustrated amply that Silva had not reached “perfect sanity.”⁹⁵

Thus, the Holy Office consented that Silva remain in confinement with the stipulation that “under no circumstance” should he be permitted to leave the hospital grounds.⁹⁶ This was

⁹² Ibid., ff. 110-110v.

⁹³ Ibid., ff. 112v –113.

⁹⁴ Ibid., ff. 113-113v. This passage is very confusing and it appears that one of the reasons for Silva’s outbursts was that, as a prisoner of the Inquisition, he was denied some of the sacraments. Apparently, he was still allowed to confess, which he refused.

⁹⁵ Ibid., ff. 113v-114.

⁹⁶ Ibid., ff. 115.

not, however, a definitive sentence; having reopened the case, the inquisitors took renewed interest in monitoring the prisoner's health with the agenda to eventually transport him to Havana to fulfill his sentence. In the year that followed, they ordered that the physician Vicente de la Peña y Brizuelas and the surgeon Matheo de la Fuente, in addition to Rada, make repeated visits to the hospital to examine the patient-prisoner. The inquisitors specifically wanted to know if Silva would be able to withstand the harsh conditions of exiled labor on the Havana presidio.⁹⁷ Ultimately, the Holy Office would not achieve its goal to punish Silva. De la Peña y Brizuelas and de la Fuente both concurred that while Silva displayed "intermissions" of sanity, in which his characteristic "fury" and "audaciousness" were absent, he was most certainly possessed by a "refined mania, or madness."⁹⁸ Rada, in an extensive evaluation written following routine visits to the hospital and consultation with a colleague, likewise concluded that Silva was a "maniacal madman" (*demente maniaco*).⁹⁹ Silva's case thus remained suspended and his internment at San Hipólito presumably prolonged.

Silva's case underscores the burdens imposed on San Hipólito in taking in prisoners from the Inquisition. Their terms of their committal may have been provisional, but their confinement could drag on for decades, if not indefinitely. Although prisoners were likely required to finance their hospitalization—just as they were expected to fund their incarceration in the secret prisons of the Holy Office—these special inmates nevertheless occupied precious space and demanded extra surveillance. Moreover, the presence of suspected blasphemers and

⁹⁷ Ibid., f. 116.

⁹⁸ Ibid., ff. 116v-117.

⁹⁹ Ibid., ff. 119-120v.

heretics tainted the hospital's charitable mission to care for the *pobres dementes*. And this was not merely a symbolic violation, as the prior general, Joseph de la Peña, explained to the Holy Office in a letter dated to 1785. Written in response to a request by the Inquisition to intern an additional prisoner, José Reynoso, Peña's letter cautioned against the "grave harm" of housing two Inquisition prisoners in such close proximity. He went on to request that the Holy Office transfer Silva to "another destination." Having been hospitalized for fifteen years, the heretical mad tailor had outworn his welcome: his madness was "very malicious," the prior general stated, for Silva had "discovered the vice of drinking, together with that of gambling" and he had "perverted" at least two of the brothers "with these vices."¹⁰⁰ The records provide no indication that the prior general's request was granted. In the Inquisition's view, Silva was a confirmed madman with heretical proclivities and the most viable solution to this problematic criminal was to extend his confinement at San Hipólito.

As Dale Shuger has succinctly stated, when a prisoner of the Inquisition became mad during his hearing he "destabilized an institution only equipped to deal with heretical souls and punishable bodies."¹⁰¹ For obvious reasons, mental disorder compelled inquisitors to suspend a trial or withhold sentencing. But what to do with a convicted maniacal heretic like Silva in the interim? Prison terms were only meant to be temporary; hence, the allure of an institution like San Hipólito, which not only possessed the appropriate facilities to accommodate unruly madmen, but boasted the promise of cure. In these instances, the inquisitors utilized San Hipólito not as a form of eternal banishment—although, in practice, it sometimes became just

¹⁰⁰ Ibid., ff. 118-118v.

¹⁰¹ Shuger, "Madness on Trial," 277.

that—but as a site to monitor symptoms, a laboratory of sorts, and to potentially restore minds to health so that they were capable of facing trial.

Of course, one of the unintended consequences of the Inquisition's growing reliance on the mental hospital was that suspects of the more cunning variety might feign insanity as a means to evade punishment. As we have seen, inquisitors worried obsessively about this prospect and their projected anxieties may have prolonged the suffering of many suspects. Yet, their fears were not entirely unfounded, as is illustrated in the case of the prurient priest from Puebla, Joseph Ruiz Cañete. Facing trial for making untoward advances on at least four female confessants, Cañete declared himself mad and was soon committed to San Hipólito. However, once there, confined to his cell and haunted by the shrilling screams and curses of the *locos furiosos*, he found his internment unbearable, indeed far worse than any punishment the Holy Office could impose. On January 24, 1772, Cañete issued an apology to the Inquisition, in which he confessed, and sincerely regretted, his scheme to pretend madness to dodge trial for his crimes. Cañete went on to insist upon his sanity and declare himself fully prepared to beseech the Holy Office's mercy:

I also declare before the Holy Tribunal, that I am in my full judgment, and reasoning, that I feigned madness, and later suffered a [fit of] passion, but I am recovered...I also declare that it is my desire to flee this madhouse [*casa de los locos*], and since it is possible that I may be caught during my flight, and therefore imprisoned like a *furioso*, it is my wish that this Holy Tribunal understand, that it is my desire to leave on my own [*por mi propio pie*] and deliver myself like a prisoner of this Holy Office to request clemency, and [demonstrate] that I am not by any means mad . . .¹⁰²

¹⁰² AGN, Indiferente Virreinal caja 5536, exp. 25, ff.1v-2

Cañete's ploy to simulate madness provides a colorful example of the ways in which colonial subjects used an institution like San Hipólito to undermine the imperatives the Inquisition. However, that his plan ultimately backfired paradoxically highlights the Holy Office's authoritative grip on the movement and options of those who fell under its gaze, in addition to showing just how much some inmates hated the confines of the colonial mental hospital.

Like Cañete, Juan Pablo Echegoyen, whose hallucinations in prison were described at the outset of this chapter, also loathed his incarceration at San Hipólito. Echegoyen's crimes, it will be recalled, included membership in a subversive society of freemasons, the espousal of heretical opinions, and the possession of an illicit book published in English that touched upon the Anglican religion. Two months following his committal, the *hermano mayor* or prior general of the hospital delivered a letter to the Holy Office penned by Echegoyen himself in which he requested the transfer of some of his material possessions. Echegoyen also took the opportunity to lament his stay at San Hipólito; however, his complaints were emphatically "not on account of bad treatment," but due to the "murmurs," or gossip, his confinement would provoke throughout the city.¹⁰³ Thus, while interment at San Hipólito may have brought Echegoyen respite from inquisitorial persecution—but only temporarily, as I will discuss—it also imposed the stigma of having been labeled insane and institutionalized in a hospital normally designated for the poorer and more marginal members of colonial society. As a royal naval pilot, and apparently a man of some education, Echegoyen clearly felt he did not belong there.

But what is so striking about Echegoyen's case is not his voiced distaste for the hospital, but the fact that his internment was one of the few that served the Inquisition's interests to

¹⁰³ AGN, Inquisición, vol. 1013, exp., 1, f. 247.

resume trial and impose punishment. When Echegoyen was committed in 1763, expert opinion regarding the authenticity of his symptoms was highly tentative; indeed, the medical report emphasized the “ease and frequency” with which someone could “simulate madness.” The inquisitors nevertheless had Echegoyen institutionalized as a precaution against his wild delusions and untamed behavior.¹⁰⁴ (Apparently, upon entering the secret prisons of the Holy Office, he had violently banged himself against the stairs as if “wanting to harm his head.”)¹⁰⁵ Nearly two months later, the hospital’s head nurse, Fray Felipe Ruiz, notified inquisitors of his condition. In accordance with inquisitorial orders, Echegoyen had been kept isolated from the other inmates and forbidden from conversing with the visitors who came to see the *pobres dementes* on special holidays. His delusions and sense of being persecuted persisted. And, as he had done in the inquisitorial cells, he shunned food, claiming it was “bewitched” and he undid his mattress for the same reason (“*que la comida tiene hechizos y el colchón tenía brujería*”). He also continued to experience vivid dreams, one of them involving two ships bound for New Spain to wreak destruction on the capital city.¹⁰⁶ Nevertheless, because Echegoyen spoke cogently on some matters, the head nurse attributed his antics and occasional verbal tantrums not to madness, but to a “fever in the head.”¹⁰⁷ Likewise, the prior general, who also issued a report to the Holy Office, claimed to have not discerned any signs of mania in the royal naval pilot, only a “hardness of temperament, or stubbornness [*dureza de genio, o berrinche*] born out of an

¹⁰⁴ Ibid., f. 236.

¹⁰⁵ Ibid., f. 249.

¹⁰⁶ Ibid., ff. 246-246v.

¹⁰⁷ Ibid.

oppressed spirit and lack of freedom.”¹⁰⁸ Elaborating on these assessments, the Holy Office’s appointed medical advisor, the physician Fierro, asserted that Echegoyen’s symptoms “could perhaps be artificial or feigned”; at the very least, he stated, they were manifestations of his “headstrong and impatient character that should not stand as an obstacle to prosecution and punishment.”¹⁰⁹ Echegoyen remained in San Hipólito for a little over six months before the *fiscal* ordered him transferred back to the secret prisons to stand trial.

The Inquisitor and the Madwoman: Auto-denunciation, Female Pathology, and the Case of Mauricia Josefa de Apelo

In exploring differences in the ways in which inquisitors resolved the problem of madness in cases involving female suspects, three main points can be made. The first is, as Monica Calabritto has stated for renaissance Italy, “women’s insanity had to do with a more or less explicit deviance from accepted moral behavior, and it often had a sexual connotation.”¹¹⁰ This insight can be extended to the inquisitorial context of New Spain where expressions of madness by women usually engaged the body in sexualized ways. Nora Jaffary’s study of Mexican “false mystics,” for instance, has emphasized how the physical symptoms of mystical rapture experienced by female visionaries—e.g. seizures, convulsions, contortions, and erotic visions—were often interpreted by inquisitors and physicians as signs of malady, particularly

¹⁰⁸ Ibid., f. 248v.

¹⁰⁹ Ibid., ff. 249-249v.

¹¹⁰ Monica Calabritto, “Medical and Moral Dimensions of Feminine Madness: Representing Madwomen in the Renaissance,” *Forum Italicum* 36.1 (2002), 26.

insanity or hysteria.¹¹¹ The somatic nature of female madness in the inquisitorial setting reflected more generally a long philosophical tradition in the West that associated women with flesh and carnal appetites.

The second point is that crimes committed by women suffering from mental disturbances often came to the attention of the Holy Office through an auto-denunciation. In a number of cases I have examined, mentally afflicted women approached the Holy Office—either out of personal initiative or through the mediation of a male confessor—as penitents with a troubled conscience.¹¹² And, although the inquisitors tended to interpret their heightened sense of remorse and emotional distress as pathological, these women often denied, quite vehemently, being ill; instead, they demanded that the Holy Office acknowledge and pardon their transgressions. Madwomen who appeared before the Inquisition, in other words, had internalized the ideology of the Roman Catholic Church, which stressed the innate sinfulness of human nature and the pivotal role of confession and penance in restoring God’s grace; consequently, their madness often manifested itself as a kind of moral hyper-vigilance.¹¹³

The final point is that the custodial solution for dealing with the problem of madwomen—particularly poor madwomen who were either single or widowed and lacked the

¹¹¹ Jaffary, *False Mystics*, esp. chapt. 5. In general, female spirituality was more “somatic” than men’s. See Caroline Bynum, “The Female Body and Religious Practice in the Later Middle Ages,” in *Fragmentation and Redemption: Essays on Gender and the Human Body in Medieval Religion* (New York: Zone Books, 1992).

¹¹² These cases include: Rafaela Ignacia Alvarez (AGN, Inquisición, vol. 1162, exp. 34, ff. 385-390); Maria del Castillo (AGN, Inquisición, vol. 1242, exp. 6, ff. 27-37); Mauricia Josefa de Apelo (AGN, Inquisición, vol. 1009, exp. 15, ff. 309-353). In this chapter, I will only be discussing the case of Mauricia Josefa de Apelo, since Apelo was at one point institutionalized at the Hospital del Divino Salvador.

¹¹³ Ruth Behar has documented a similar pattern for women guilty of practicing witchcraft. See “Sex and Sin: Witchcraft and the Devil in Late-Colonial Mexico,” *American Ethnologist* 14.1 (1987): 34-54

direct supervision of a patriarch—was shaped by a patriarchal culture that sanctioned enclosure as a means of protecting women’s bodies and enforcing gendered norms. Nancy Van Deusen has documented the widespread practice of *recogimiento* in the Spanish Americas, a practice that involved the depositing of girls and women into institutions such as convents, pious houses, schools, and hospitals. Although originally intended to educate and Hispanicize the mestizo daughters of conquistadors and young women of the indigenous nobility, by the late sixteenth century *casas de recogimiento* were more concerned with regulating the behavior of socially and sexually deviant women such as prostitutes, adulteresses, single mothers, and *divorciadas* (women seeking divorce litigation). Colonial officials varyingly labeled these problematic women as “repentant” (*arrepentidas*), “evil” (*mujeres de mal vivir*), or “lost” (*perdidas*).¹¹⁴ In general, poor madwomen were subsumed into this broader category of marginal, vulnerable, and dishonored women and the main institution designed to contain them—namely, the Hospital del Divino Salvador, San Hipólito’s counterpart for women—assumed many of the characteristics of houses for wayward women. In fact, in 1722, the Mexican periodical, *Gaceta de Mexico*, revealingly described the Divino Salvador not as a hospital, but as a “*recogimiento*.”¹¹⁵

We can better explore these interrelated issues by examining the case of Mauricia Josefa de Apelo, a *mestiza* servant and *doncella* (unmarried woman) residing in Mexico City. Between 1768 and 1784, Mauricia denounced herself to the Inquisition on multiple occasions. The first

¹¹⁴ Nancy Van Deusen, *Between the Sacred and the Worldly: The Institutional and Cultural Practice of Recogimiento in Colonial Lima* (Stanford: Stanford University Press, 2001). 59. Van Deusen’s study deals the case of colonial Peru. On the development of *recogimientos* in colonial Mexico, see: Josefina Muriel, *Los recogimientos de mujeres: respuesta a una problematica novo hispana*. (Mexico, D.F.: Universidad Nacional Autonoma de México, 1974).

¹¹⁵ *Gaceta de Mexico*, tomo 1, n. 5 (June 1722), 998.

denunciation reached the Holy Office via a letter drafted by Mauricia's confessor, Joseph Gonzales. The letter detailed how Mauricia, overwhelmed with *avorrecimiento* or loathing towards God, had crushed a crucifix while shouting "furious words." On another occasion, she tore an image of the Holy Trinity, placing the pieces on the "most shameful parts of her body." Mauricia was also guilty of renouncing the faith and sacraments and worshipping the devil.¹¹⁶

In her interrogation before the inquisitor, Francisco Larrea, Mauricia disclosed additional details about her *amistad* or friendship with the devil. Just fifteen days earlier, she informed Larrea, she had removed her rosary and scapular, throwing these to the ground, and proceeded to invoke the devil "with the desire to see him and the intention to worship him." Mauricia confessed she had surrendered her soul to the devil and that she would have sexual relations ("*comercio carnal*") with him. Her devotion to the devil prompted her more and more to reject God and the tenets and rituals of the faith, such that when she took communion she was often overcome by the urge to spit out the host and toss it into the latrine. Mauricia further revealed that her illicit relationship with the devil had developed at a young age, around six or seven, when she began to feel the early stirrings of lust ("*movimientos fuertes de la carne*") and summoned the devil to satiate her sexual appetite. From then on, Mauricia reported that she frequently engaged in "carnal acts" with the devil, who sometimes appeared to her in the shape of a man, other times in the form of dog.¹¹⁷

Such lurid stories about worshipping and cavorting with the devil were not unfamiliar to inquisitors. They were the stuff of European demonological treatises like the *Malleus*

¹¹⁶ AGN, Inquisición, vol. 1009, exp. 15, ff. 311-311v.

¹¹⁷ Ibid., ff. 312-312v.

Maleficarum, which expounded at length about witches who had love affairs with satan. These ideas reflected views of women as more vulnerable to the influences of demonic powers and as sexually voracious. Mauricia's claim to have fornicated with the devil who appeared to her in both human and animal form not only resonated with these European ideas, but also with the Mesoamerican belief in the shape-shifting phenomenon known as *nahualism*, which was often associated with the devil's machinations.¹¹⁸ However, as mentioned earlier, by the later colonial period these appeals to the devil's powers had little purchase among skeptical inquisitors. And, in Mauricia's case, her claims to devil worship were dismissed once Larrea began to notice that her reasoning was impaired. In a side-note made during her *audiencia* or hearing on December 1, 1768, he remarked that the suspect's imagination seemed "preoccupied" and that her *potencias*, or mental faculties, were clearly "obfuscated."¹¹⁹ There was also concern about Mauricia's *casta* or race. Although she claimed to be *mestiza* (of "mixed" blood), the tribunal suspected she was possibly Indian, and therefore even more deserving of leniency, since it was the Inquisition's policy not to prosecute natives.¹²⁰

Although Mauricia was ultimately granted absolution following her first denunciation, her mind and soul remained ill at ease, and she reappeared before the Holy Office three additional times, in 1769, 1773, and 1784. During the ensuing investigations, Mauricia's race was no longer an issue; the main subject of contention was the status of her mental health.

¹¹⁸ Sousa, 162.

¹¹⁹ AGN, Inquisición, vol.1009, exp. 15, f. 315.

¹²⁰ Ibid., f. 323.

Following her second auto-denunciation in 1769, Larrea retracted his initial impression of Mauricia's mental abilities, determining her to be competent to stand trial for heresy. Although her capacity was dull ("*capacidad es corta*"), he noted, her judgment was intact (*entero juicio*).¹²¹ Mauricia was subsequently examined by Fray Pedro de Arrieta, who listened carefully to the suspect's testimony, searching for inconsistencies in her statements and the outward signs of mental instability. Mauricia's heresies had by now materialized in the form of a pact with the devil. Arrieta requested to see the pact, but she told him she had lost it. The first session of questioning ended early because the defendant was scared (she was crying) and reluctant to speak. On the second meeting, she mustered the confidence to declare that not only had she fornicated with the devil countless times—in the form of man, brute, dog, and cat—but that “were God to place Himself [before her] in human form, she would sin carnally” with Him as well. Her shocking confession did not stop there: she admitted to violating the host and to placing an image of Christ in her “venereal parts.” She went on to say that this last deed had caused the earth to shake, which she took as a sign of God's omnipotence, and since then was true believer of the faith.¹²² Like Larrea, Arrieta believed the suspect was sane. His odd reasoning: her story about the missing devil's pact was dubious, and the willingness with which she divulged her crimes was inconsistent with the hesitance she displayed earlier.¹²³

In spite of this conclusion, the Holy Office hesitated to take action and prosecute the suspect for heresy. Instead, she was shipped to the Hospital del Divino Salvador to be

¹²¹ Ibid., f. 325.

¹²² Ibid., ff. 327-329.

¹²³ Ibid., f. 331.

hospitalized for a period of three months. The Inquisition eventually suspended the case when it received confirmation from the hospital that, contrary to their assumption, Mauricia was indeed *demente*.¹²⁴ The insanity verdict was issued once more in 1773, when Fray Juan Gregorio de Campos, Mauricia's spiritual advisor during her stay at the Divino Salvador, informed the Tribunal that Mauricia suffered from a "lesion of the imagination," the source of which was "uterine fury."¹²⁵

Following each dismissed denunciation, the Inquisition had Mauricia placed under the care of a parish priest who would absolve her of her crimes; this, in essence, was "spiritual physic," a form of mental health care practiced by the clergy that "aimed at restoring equilibrium in the souls of troubled individuals."¹²⁶ According to Stephen Haliczer, one of the central aspects of post-Tridentine Spanish Catholicism was the "greatly enhanced role for the priest/confessor as the 'doctor of souls'."¹²⁷ As a physician of the soul, the confessor possessed the power to appease the tortured consciences of penitent's like Mauricia. Furthermore, through his familiarity with the penitent's thoughts and intentions, as well as her personal history, he had privileged insight into her psyche, and could proffer a diagnosis that would assist the inquisitors in their negotiations. In this way, the confessor served as both a doctor and judge.

¹²⁴ Ibid., f. 332.

¹²⁵ Ibid., f. 335.

¹²⁶ David Lederer, *Madness, Religion and the State in Early Modern Europe: a Bavarian Beacon* (Cambridge: Cambridge University Press, 2009), 1. Lederer suggests that psychiatry emerged from the practice of "spiritual physic."

¹²⁷ Stephen Haliczer, *Sexuality in the Confessional: A Sacrament Profaned* (Oxford: Oxford University Press, 1996), 22.

In the investigations that ensued following Mauricia's fourth and final denunciation, we gain insight into the diagnostic authority of the confessor/priest. Like her first denunciation, this one too was mediated by a confessor, in this case Antonio Pichardo, who had received Mauricia's confession but was unwilling to absolve the penitent, fearing she had committed a form of "mixed heresy." Instead, he urged her to seek out the Inquisition. By 1784, Mauricia was an infirm and destitute older woman residing in the capital's Hospicio de Pobres or poorhouse. In his letter to the Holy Office, Pichardo underscored the pathos of Mauricia's situation, and requested that the Tribunal use discretion in their proceedings against the suspect so that she would not suffer ridicule or alienation from the other poorhouse inmates.¹²⁸

The Inquisition's response was to fully enlist the help of Mauricia's confessors. They first summoned Cristobal de Folger, who had confessed Mauricia on many occasions, once when she was gravely ill at the Hospital of San Juan de Dios, and many times while she was at the Hospicio. According to Folger, Mauricia suffered from an asthmatic condition known as a "suffocated chest" and, based on his personal observations, she displayed a "species of furor" and *frenesi*. The priest recalled how on one occasion she appeared for confession crying for her lost kitten, then later began to hallucinate, pointing to a cat which did not exist.¹²⁹ Another priest, Fray Pasqual Equia, held a vastly different opinion: Mauricia was "excessively dumb" (*demasiadamente tonta*) and "simple"—not mad.¹³⁰

¹²⁸ AGN, Inquisición Vol. 1009, exp. 15, f. 338.

¹²⁹ Ibid., f. 342-342v.

¹³⁰ Ibid., f. 344-344v.

The most persuasive testimony came from Pichardo himself, who visited the Hospicio to question the attendants, physicians, and fellow inmates about Mauricia's conduct and mental health. The tribunal had particularly requested to know if Mauricia was a good Christian who attended mass regularly and observed the sacraments. In his letter, Pichardo offered a balanced and painstakingly nuanced and detailed testimony. He reported that many people at the Hospicio considered Mauricia to be a dedicated Christian and an honest woman. In the words of one of the nurses, Mauricia was a "saintly soul."¹³¹ Many witnesses commented that although she was virtuous, her moods were highly unpredictable. According to Fransisca Alanis, another nurse, Mauricia's "mood was very variable, and sometimes she would she would speak with much warmth, and friendliness," while on other occasions she was taciturn and depressed.¹³² Other witnesses noted that Mauricia was overly zealous about confessing. For example, Doña Josepha Vasquez, who resided over the Hospicio, characterized Mauricia as someone who was "scrupulous" and "timid," "always [to be found] behind the confession booth, praying, or confessing herself."¹³³

Pichardo's letter also included medical testimony. According to the physician attending to Mauricia, she was not mad, but rather suffering from a suffocated chest. Nonetheless, her situation merited compassion, Pichardo emphasized. Mauricia's body was severely damaged and wounded ("*lastimado y rasgado*") from the bloodletting and other "cruel

¹³¹ Ibid., f. 347.

¹³² Ibid., 374v.

¹³³ Ibid., f. 348.

medicines” that the physician had applied.¹³⁴ He also noted that her age and ill health rendered her excessively weak to fulfill any punishment that the Holy Office might wish to administer. “She is also worthy of mercy,” he went on, “for wanting to present herself [to the Inquisition] so many times.”¹³⁵ Swayed by Pichardo’s letter, the Inquisition acted leniently. As in the previous occasions, Mauricia was once again absolved of her sins.

* * *

Notwithstanding the gendered nuances just outlined above, these cases highlight a number of critical issues. To begin with, they underscore a gradual process of medicalization by which *locura* came to be viewed by the Inquisition increasingly as a disease with organic causes, arising either because of humoral imbalance or through the disordered movement of fluids circulating throughout the body affecting the brain and cognitive function. This is not to imply that by the late eighteenth century colonial clergyman had come to embrace an entirely medicalized understanding of the body and its afflictions, rejecting the notion that divine or demonic spirits could infiltrate it. As countless trials on mystical possession can attest, both clergyman and physicians continued to view the body as vulnerable to supernatural influences, but their investigations increasingly centered on the complex process of disentangling the supernatural from the biological, or arriving at a deeper understanding of the interaction between the two.¹³⁶ And, in cases of suspected madness, by the eighteenth century, they

¹³⁴ Ibid., f. 346v.

¹³⁵ Ibid., f. 349.

¹³⁶ See Jaffary, *False Mystics*, chapt. 5.

increasingly came to conclude that certain patterns of strange behavior and conviction, as well as reports of hallucinations, were symptoms of an underlying sickness that could be explained and treated medically. Moreover, it was not just the physicians or surgeons summoned in these cases who possessed specialized knowledge of the inner workings of the body and its affects on the mind; as some of the conversations between inquisitors and the hospital staff reveal, San Hipólito's nurses too were quite skilled at diagnosing complex disorders like mania and at discerning the fine distinctions between madness and sanity.

Furthermore, while these cases document a gradual process of medicalization, they also reveal the ad hoc and highly experimental nature of confinement. In the eighteenth and early nineteenth centuries, inquisitors encountered the suspiciously mad on a regular basis, but they did not always decide to send the insane to a mental hospital. Confinement was a varyingly rash or carefully thought out decision, entirely contingent on a range of variables, such as the presence of relatives with resources to provide for the custodial care and treatment of insane suspects, the severity of their symptoms or suspicions that they might be feigning, the gravity of the crime they committed, and quite possibly even the disposition of the inquisitor heading the investigation. And, as these cases also emphasize, the duration of internment was highly variable, equally dependent on a host of factors and motives.

But if we are looking for broader patterns, a significant one that emerges from these trials is the way in which the Inquisition, as a tribunal fixated on internal states and motives—and equally obsessed with the possibility of manipulated madness on behalf of the cunning and heretical—effectively transformed the mental hospital, from a charitable institution originally intended to shelter and treat mad paupers, into a “colonial laboratory” for which to observe the

authenticity and progression of symptoms.¹³⁷ While the magistrates manning the secular criminal courts, as discussed in the following chapter, were likewise concerned with the possibility that criminals might pretend madness to skirt the authority of the law, we do not find in criminal cases such highly contentious and protracted discussions over the accuracy of diagnosis and the nuanced distinctions between false madness and real. In the arena of the criminal courts, as we will see, the main issue, more often than not, was whether the criminal in question posed a physical danger to himself and the community, and it is to these cases that we will now turn.

¹³⁷ I borrow this term from Adam Warren who uses it to describe transformations in colonial Lima's hospital for lepers as physicians and the religious vied for control of the hospital. Warren, *Medicine and Politics in Colonial Peru*, 119. Maria Cristina Sacristan also observes that San Hipólito could occasionally operate as a "diagnostic laboratory." Sacristan, *Locura y disidencia en el México ilustrado*, 82.

CHAPTER FIVE

Crime and Punishment? Criminal Insanity and the Uses (and Abuses) of Confinement

When in 1804 the governor of Veracruz petitioned viceroy Iturrigaray for permission to transfer an unruly convict to the Hospital de San Hipólito, he referred to it crudely as a *casa de los locos* or “madhouse.” Gone were the more charitable connotations of San Hipólito as a *hospital para pobres dementes*, or hospital for mad paupers. Instead, the governor referenced Mexico City’s oldest public institution for the mad as a place where the criminally insane and dangerous, in this case the prisoner Pedro José Zetina, were sent to be “incarcerated” (*encierrar*). Little is known of Zetina—who was admitted to San Hipólito on September 24 of that same year—beyond his criminal history: in 1800, he was sentenced to ten years of hard labor on the presidio in the Isla del Carmen for murdering José Marcos Sanchos and wounding Manuel Sutran in the village of Tenasco (located in Jalisco). Four years into his sentence, he lost all sanity and self-control, overcome by what the governor described as a “mania for wanting to kill people.” Troubled by these violent and erratic outbursts, and worried Zetina would commit a second deadly crime, the governor had him locked up “in a room with the greatest security possible.” When it became apparent that the prisoner’s maddened fits would not abate, he pleaded to the viceroy for assistance; shortly after, Zetina was shipped out en route to Mexico City’s mental hospital.¹

¹ AGN, indiferente Virreinal, caja 3472, exp. 4, ff. 1-8

In addition to housing those insane and unlucky blasphemers and heretics who had fallen afoul of the discerning gaze of the Inquisition, in the late colonial period, San Hipólito found itself hard-pressed to accommodate a growing body of bona fide criminals, including convicted murderers with violent predilections like Pedro José Zetina, transferred from the colony's presidios, public and royal jails, and by mandate of the secular criminal courts. This chapter moves beyond the religious and moral framework in which the Holy Office conducted its inquiries about madness and its institutional management to examine the hospital's interactions with the secular arm of colonial law enforcement.

Although the confinement of recalcitrant *locos furiosos* who disrupted the public peace and endangered society had always formed a valuable if understated part of San Hipólito's mission, it was only in the latter part of the eighteenth century that colonial authorities—namely, viceroys, local governors, law enforcement deputies, and the secular magistrates—began to exploit its resources with recurring frequency. In part, this pattern was the outcome of the slow process of medicalization emphasized in the previous chapter, whereby colonial authorities increasingly came to accept that madness was a disease, and that crimes committed under its grip could not be tried and punished through the formal avenues of prosecution and punishment. But, it was also strongly connected to the hospital's refashioning under the Bourbon kings into a “utilitarian” institution that served the needs of the colonial state and its citizens. As described in chapter two, following its renovation, San Hipólito emerged on the colonial scene with a higher profile and greater symbolic and financial backing by the crown and city council. And, in exchange for royal and municipal support, the hospital was obligated to receive those peace- and lawbreakers authorities identified as fit for institutionalization.

While this was not, as I have previously emphasized, a colonial “great confinement,” the rising presence of criminal inmates within San Hipólito’s wards certainly provides the impression that the hospital’s penal character had intensified by the closing decades of colonial rule.

This picture is all the more enforced by the late-eighteenth context of the Bourbon reforms and in particular more aggressive state measures to enforce law and order and to combat escalating levels of crime, especially in urban areas. In 1785, the lawyer Hipólito Villaroel captured official sentiment when he described the viceregal capital as a seedbed for vice, mendacity, and crime: in his words, “a receptacle for vagabonds, the depraved and the wickedly preoccupied, a refuge for evil-doers, a brothel of infamy and dissolution, [and] a cradle of thieves [*pícaros*].”² In the eyes of state authorities and the colonial elite, crime and immorality had scaled to epidemic heights and the principle culprits were the racially mixed poorer and marginal classes, the *gente baja* (underclass), whose size in the capital considerably swelled as the city’s population more than doubled between 1742 and 1810.³

Fueled by these brewing concerns and anxieties about the growing lawlessness of the bottom rungs of society, the colonial government instituted a number of important changes aimed at fortifying the police force and expanding the judiciary. The first was the

² Hipólito Villaroel, *Enfermedades políticas que padece la capital de esta Nueva España* (Mexico, D.F.: Editorial Joaquín Mortiz, 2002), 16.

³ Michael C. Scardaville, “(Hapsburg) Law and (Bourbon) Order: State Authority, Popular Unrest, and the Criminal Justice System in Bourbon Mexico City,” *The Americas* 50.4 (1994), 508; for a more detailed discussion of the urban underclass, see Gabriel Haslip-Viera, “The Underclass,” *Cities and Society in Colonial Latin America*, eds. Louisa Schell Hoberman and Susan Midgen Socolow (Albuquerque: University of New Mexico Press, 1986).

establishment of a new law enforcement agency, the Tribunal of the Acordada, in 1719.⁴ Although originally implemented to police rural banditry, in 1756 the crown authorized the Acordada to regulate crime within the city and its neighboring districts, along with the criminal courts (*sala del crimen*) and, in later decades, urban military patrols.⁵ In 1782, a second major development in law enforcement occurred when the viceroy, Martín de Mayorga, divided the city into eight major administrative and police districts, or *cuarteles mayores*, each of which contained four smaller subdistricts (*cuarteles menores*). Modeled on similar systems in Spanish cities, the *cuartel* system was designed to make law enforcement more rational and efficient, permitting “a greater degree of coordination between the *sala del crimen*, the municipal authorities, and their respective law enforcement agencies.”⁶ These reforms were soon followed by the addition of a ninth municipal court in 1790 by Viceroy Revillagigedo who also furnished the capital with its first street lighting system, fully equipped with its own force of watchmen called *guardafaroles*, to expose and police devious nighttime activity.⁷ Taken together, as Michael Scardaville has noted, “[t]his proactive approach to law enforcement in Mexico City resulted in a tenfold increase in the number of arrests and trials, the vast majority involving the urban poor, between the early 1780s and the late 1790s.”⁸ Indeed, these more stringent efforts at *policía* may also help to explain why San Hipólito—and to a lesser extent, its sister institution,

⁴ On this colonial institution, see: Colin M. MacClachlan, *Criminal Justice in Eighteenth Century Mexico: A Study of the Tribunal of the Acordada* (Berkeley: University of California Press, 1974).

⁵ Haslip-Viera, *Crime and Punishment*, 45; Scardaville, “(Hapsburg) Law and (Bourbon) Order,” 510.

⁶ Haslip-Viera, *Crime and Punishment*, 47.

⁷ Haslip-Viera, *Crime and Punishment*, 48; Scardaville, “(Hapsburg) Law and (Bourbon) Order,” 511.

⁸ Scardaville, “(Hapsburg) Law and (Bourbon) Order,” 512.

the Divino Salvador—were solicited with requests by law enforcement officials to house and treat insane criminals with a frequency unparalleled in earlier periods.

It is also worth re-emphasizing that the hospital's utilitarian mission meshed well with emerging state discourse on the public good and public happiness. Describing the Bourbon reforms, particularly those that targeted crime and public morality, as nothing short of a “radical social engineering [project] to produce a more rational and productive citizen,” Pamela Voekel observes that the “Bourbon state justified its unprecedented interventions into daily life by claiming to act in the interest of the ‘public,’ a concept foreign to previous regimes.”⁹ To some extent, this language seeped into the highly contested arena of the criminal courts where deviant and criminal actions were not simply construed by the local justices as attacks on the king, but began to be seen more generally as “sinning against the public.”¹⁰ Likewise, in cases involving madness, colonial magistrates, while exonerating crimes committed without *juicio*, often followed a similar “utilitarian rationale,” justifying decisions to commit the perpetrators to hospitals like San Hipólito on the basis of the danger—usually physical rather than moral—the individual posed not just to him or herself but to the wider public.¹¹

Yet, while these developments point to tighter alignment between the centralizing colonial state and the mental hospital, evidence from criminal cases involving inmates committed to San Hipólito (and one case of a female suspect sent to the Divino Salvador)

⁹ Pamela Voekel, “Peeing on the Palace: Bodily Resistance to Bourbon Reforms in Mexico City,” *Journal of Historical Sociology* 5.2 (1992), 183.

¹⁰ Ibid. Voekel is referring more generally to acts of impropriety committed by the popular classes. I extend this insight to the arena the criminal courts where similar language appears to have been employed.

¹¹ Scardaville, “(Hapsburg) Law and (Bourbon) Order,” 512.

reveals a far more complicated, indeed quite messy, story. For one, decisions to commit certain criminals to San Hipólito or its sister institution were not purely a top-down matter; as with the inquisition cases analyzed previously, physicians, legal experts, and local witnesses—including the victims (and their families) of crimes perpetrated by the allegedly insane—weighed-in heavily on the question of who was mad enough to warrant confinement. Moreover, in spite of the general context of colonial reform and metropolitan injunctions to rein in crime and instill greater order, these cases were not, for the most part, animated by a desire to punish or eternally confine mad criminals; nor were they driven by hardening views of the mad as inherently criminal. Colonial magistrates generally regarded the insane who perpetrated crimes with paternalistic lenience and their central concern, more often than not, was a decidedly pragmatic one: how to provision for the custodial care and treatment of dangerous, unruly, and irrational individuals. As a solution to this seemingly perennial dilemma, the mental hospital was at best a makeshift solution with varying degrees of effectiveness, at worst, a total failure, since a handful of resourceful criminals resisted their confinement, defying the colonial state and exposing its impotence and dysfunction by taking flight.

Colonial Order and Mental Disorder: Crime, Justice, and the Law

As Michael Scardaville has emphasized in his study of the late colonial criminal justice system, the more vigorous Bourbon approach to eradicating crime and enforcing public order throughout the viceroyalty of New Spain, and in the capital in particular, “did not fully displace

traditional Hapsburg notions of justice.”¹² Indeed, he contends, while tightening its grip on crime with renewed rigor fueled by Enlightenment rationalism, the state continued to assume the traditional role of the “paternalistic and benevolent” government, a ruling entity that would, in his words, “preserve stability and order through guidance, not merely through coercion or open force.”¹³ In other words, during the late colonial period, the wheels of justice were propelled by the alchemy of Bourbon and Hapsburg philosophies. Outwardly, the colonial courts and police force “operated in accordance with Bourbon notions, most notably the imperative to attack the vices of the populace not simply on moral grounds, but primarily for economic and utilitarian reasons.”¹⁴ Inwardly, however, the local magistrates continued to issue verdicts in keeping with traditional Hapsburg legal “principles and processes,” which cast the king as the compassionate and just mediator of social conflict.¹⁵

Thus, in spite of Enlightenment appeals for penal reform by jurists like the Italian Cesare Beccaria and his Spanish American proponent, Manuel de Lardizábal y Uribe, criminal law and court procedures, both in Spain as in its overseas possessions, were deeply entrenched in age-old Roman and medieval traditions.¹⁶ Colonial law, or *derecho indiano*, consisted of a diverse series of *leyes* (legal codes) compiled in the kingdom of Castille at varying points in its

¹² Scardaville, “(Hapsburg) Law and (Bourbon) Order,” 513.

¹³ Ibid., 520.

¹⁴ Ibid., 511.

¹⁵ Ibid., 514-515.

¹⁶ Ibid., 516; The ideas of penal reformers like Beccaria and Lardizábal were not implemented until the post-colonial period. See: Robert M. Buffington, *Criminal and Citizen in Modern Mexico* (Lincoln: University of Nebraska Press, 2000), chapt. 1.

history, local customs developed around these written doctrines (*derecho vulgar*), as well as another body of edicts formulated exclusively for the Indies.¹⁷ In general, the *Recopilación de leyes de los reinos de las Indias*, the main compendium of Spanish law produced for the colonies, contained only marginal references to criminal law.¹⁸ Thus, when issuing sentences in criminal trials, colonial legal officials generally relied on the ranked body of corpuses that made up *derecho Castellano* (Castilian law), while also thumbing through learned legal commentaries and supplemental manuals of court procedure. In addition, they had at their disposal the power of judicial discretion or free will, a concept known as *arbitrio judicial*. Rooted in medieval jurisprudence, the doctrine of *arbitrio judicial* entrusted judges with the whim and authority to deviate from the prescribed punishment for the crime in question and customize a sentence according to his own conviction and sense of *equidad* (equity).¹⁹ Colonial magistrates were thus not just allowed but encouraged to calibrate their verdicts according to the nuances of each particular case, weighing such factors as motive, conscious intent, the gravity of the crime committed, and even the social ranking and race of the suspect in question.²⁰

Drawing on Roman civil and criminal jurisprudence, Spanish law awarded the mad, along with other groups deemed worthy of the paternal guardianship of the crown such as

¹⁷ Premo, 21-22; Charles Cutter, *The Legal Culture of Northern New Spain, 1700-1810* (Albuquerque: University of New Mexico Press, 1995), 31-32.

¹⁸ Haslip-Viera, *Crime and Punishment in Late Colonial Mexico*, 37.

¹⁹ Michael C. Scardaville, "Justice by Paperwork: A Day in the Life of a Court Scribe in Bourbon Mexico City," *Journal of Social History* 36.4 (2003), 989.

²⁰ Ibid.

minors (and in the Americas, the Indians), certain legal protections when charged with crimes.²¹ For example, the *Siete Partidas*, the medieval compendium of Spanish law alluded to in the previous chapter, exempted the insane and children under the age of ten from punishment in murder “for the reason that he does not understand or appreciate the offense which he committed.”²² Elsewhere, the *Partidas* issued a more general proclamation exculpating the mad from criminal liability:

Certain persons may be excused from the infliction of the penalty which the laws prescribe although they did not understand them, or were not aware at the time they were committing an offense against them: as, for instance, one who is so insane that he does not know what he is doing. And although it is understood that he committed an offense for which another man would be imprisoned or put to death, the same person we have mentioned did not commit the act with intelligence, and the same guilt cannot be imputed to him as to another in possession of his senses.²³

Such doctrines left ample room for interpretation and exegesis, and Spanish jurists writing on both sides of the Atlantic elaborated on the idea of reduced culpability and the range of individuals who could claim more lenient treatment before the law. For example, Juan de Hevia Bolaños’s *Curia Philipica*, a widely used manual of legal procedure, emphasized *entendimiento*, reasoning or understanding, as the deciding factor in determining criminal responsibility. Thus, he argued, a deaf or mute person who lacked *entendimiento*, and was

²¹ On the protections offered to legal minors (including Indians) see Premo, *Children of the Father-King*, esp. chapt. 1.

²² *Las Siete Partidas*, Vol. 5, ed. Robert I. Burns, trans. Samuel Parsons Scott (Philadelphia: University of Pennsylvania Press, 2001), 1343.

²³ *Ibid.*, 8.

unable to communicate through *señales* or signs, was “incapable of committing a crime, being accused, or being punished.” However, he continued, even when judgment was intact, and the deaf or mute able to express themselves through gestures, they could not be condemned, as it would be impossible to extract a clear and unmediated confession.²⁴ By contrast, the old and decrepit were liable to punishment, he stated, “because even though they lacked natural strength, they did not lack *entendimiento*,” although he conceded that their fragility and maturity could occasionally warrant lighter punishment than that one would normally inflict on the “robust.”²⁵

Bolaños’s argument about need for *entendimiento* to be present in order to prosecute a criminal action and his emphasis on the importance of obtaining a coherent and rational confession from the accused had clear implications for the lenient handling of crimes committed by insane individuals. When referencing the mad specifically, he asserted that the “*furioso*, or the *loco*, cannot be punished for the crime he committed meanwhile the madness or fury persists, since he lacks judgment.”²⁶ Interestingly, this statement, while reaffirming the necessity of full rational judgment to be present in order to pursue a conviction, nonetheless left open the possibility that punishment could be inflicted if the criminal ever recovered his senses. Recognizing that certain forms of *locura* were episodic rather than chronic, Bolaños went on to say that mad individuals who committed crimes during intervals (*intervalos*) of sanity

²⁴ Juan de Hevia Bolaños, *Curia Philipica* (Madrid: 1790), 202; originally published in 1603.

²⁵ Ibid.

²⁶ Ibid.

could indeed be punished, but only during the period in which the lucid interval persisted.²⁷ Thus, in this particular rendering, the emphasis was less on the innocence of the insane because of their lack of judgment and the absence of criminal intent, and instead on the illegitimacy of punishing irrational individuals, regardless of their state of mind when they perpetrated the crime.

But these legal prescriptions, relatively devoid of nuance and highly subject to interpretation, fell glaringly short of resolving the complicated problems legal officials encountered when they tried to mete out justice in trials involving the allegedly insane. While they established a legal foundation for issuing an insanity defense (and likewise for imposing punishment on the recovered if the justice so wished it), they did not provide a blueprint for how determine the presence or absence of *entendimiento*. And, as was clearly evident in chapter four, diagnosing *locura* in all its subtle and extreme manifestations was no simple task, even though the secular magistrates were generally less preoccupied with the intricacies of human reasoning and motive than their inquisitorial counterparts. More pressingly for the agents of the criminal courts facing mentally compromised individuals who had often perpetrated violent crimes, Spanish law did not dictate how to provision for the care and detention of insane offenders who were potentially prone to inflict harm once again. Given this state of affairs, the agents of the criminal courts acted on case-by-case basis, their decisions generally lenient and heavily mediated by the prerogative of *arbitrio judicial*. Judicial discretion allowed for a great deal of experimentation and negotiation especially with regards to the use of hospitals as

²⁷ Ibid.

custodial solutions for the criminally insane.²⁸ But it also enabled abuse both at the hands of the justices themselves (as we will soon see in one exceptional case) and under the ruses of resourceful and cunning criminals who used the hospital to evade the law.

* * *

Before proceeding to the individual cases, it is useful to rehearse the procedural norms of the criminal trial. In colonial Mexico, when a crime was committed, first, the nearest local official (governor, *alcalde*, *alguacil*, *regidor*) was notified. After a preliminary investigation, or sometimes immediately upon notification, the suspect was apprehended and taken to a public jail or the royal prison. While the suspect was in custody, the magistrate and his assistants would undertake the *sumaria* or the investigatory phase of the legal process, questioning the aggrieved party, witnesses, and the accused himself (called a *confesión*). In cases involving homicide or physical injury, a medical practitioner, usually a surgeon would issue a *fé de heridas*, providing a graphic description of the wound and its severity. During the *plenario* segment of the trial, the magistrate would formally charge the defendant and appoint him a defense attorney (*defensor*). At this point, the magistrate would once again interrogate the suspect and the accused would speak on his or her behalf or through legal representation. In the final phase of judicial proceeding, the sentencing, the magistrate exercised the power of *arbitrio*

²⁸ Elizabeth Mellyn also emphasizes a culture of experimentation and negotiation in early modern Florence with respect to how criminal and civil justices, working both in conflict and collaboration with families, devised ad hoc solutions for caring for the mentally disturbed, including the criminally insane. However, in her account, which focuses on the mid-fourteenth through mid-seventeenth centuries, hospitals figure only marginally, and it was the family that acted as the main custodial institution for the insane. See Mellyn, *Mad Tuscans and their Families*.

judicial to arrive an appropriate punishment for the offense, if indeed the suspect was judged to be guilty.²⁹

At any point in this process, madness could rear its ugly head and stymie the course of proceedings. Like the inquisitors, colonial magistrates manning the criminal courts encountered men and women who had perpetrated crimes in states of disordered reasoning; they likewise faced the recurring problem of the accused or convicted losing their wits while either awaiting trial in prison or carrying out their sentence. Both of these scenarios posed a serious challenge to the colonial criminal justice system and, in determining the proper course of action, the agents of the courts acted with prudence and pragmatism, their decisions only loosely guided by the written tenants of the law.

The Mad Count of Moctezuma: Indian Rebellion and the Case of Manuel Antonio Chimalpopoca

Notions about the limited responsibility of the mad before the law, as outlined above, resonated powerfully with Spanish ideas regarding the weak mental capabilities of Indians—often referred to as *gente sin razón* (“people without reason”)—and their status as legal minors. The case of Manuel Antonio Chimalpopoca, a self-styled “noble” Indian from the southern isthmus of Tehuantepec, admitted to San Hipólito in 1781, shows how discourses regarding the

²⁹ This summary of arrest and trial procedure is based on my reading of the following: Gabriel Haslip-Viera, *Crime and Punishment in Late Colonial Mexico*; Charles Cutter, *The Legal Culture of Northern New Spain, 1700-1810* (Albuquerque: University of New Mexico Press, 1995), part 3; Ronald Spores, *The Mixtecs in Ancient and Colonial Times* (Norman : University of Oklahoma Press, 1984), chapt. 8

protected legal status of the mad and Indians combined to persuade judicial officials to issue a lenient verdict that entailed institutional confinement. It also illustrates the way in which mandated committals could sometimes serve state interests to effectively silence a rebel who questioned the crown's legitimacy. While we have no way of knowing if Chimalpopoca was truly mad or not, the circumstances surrounding his confinement in San Hipólito hint of a more sinister motive to delegitimize a political adversary and squelch a potential Indian uprising; the case is exceptional in this regard.³⁰

The case begins in the summer of 1781 when the *fiscal del crimen*, the chief prosecuting attorney of the high criminal court, requested permission from the viceroy, Martin de Mayorga, to transfer Chimalpopoca from the royal cells to the Hospital de San Hipólito. The motives for Chimalpopoca's imprisonment were initially unclear, as the prisoner's name—suspiciously enough—did not appear in the entry books, nor could the *fiscal* locate Chimalpopoca's criminal file. The only facts that were certain were that the prisoner had committed certain "excesses" and that he possessed "immunity."³¹ Months later, the *fiscal* found the appropriate documents pertaining to Chimalpopoca's incarceration buried among paperwork. The case file reported that the prisoner had been arrested in 1773 by the *teniente* or deputy of Tehuantepec and that the aforementioned "excesses" for which he was charged consisted of pretenses to grandeur and

³⁰ Historians have long remarked upon the at times arbitrary and political nature of committal, especially in the French institutions of the Old Regime, where enemies of the state and political rivals were often unjustly confined alongside the mad in general hospitals and *maisons de santé*. See Erwin H. Ackerknecht, "Political Prisoners in French Mental Institutions Before 1789, During the Revolution, and under Napoleon I," *Medical History* 19 (1975): 250-255; and, of course, Michel Foucault, *Madness and Civilization*. On the "politics of committal" in England, see: Jonathan Andrews, et. al., *The History of Bethlem* (London: Routledge, 1997), chapt. 19.

³¹ AGN, Criminal, vol. 667, exp.2, ff. 73-78.

agitating for possession of royal land. Titling himself as the Count of Moctezuma, and at other instances as a marquis, Chimalpopoca claimed to be an Indian of noble ancestry and dared to refer to the viceroy of New Spain as his “cousin.” On the day of his arrest, he had appeared “with a demonstration only used by decorated people” before the church of the village of Guadalcázar and, proclaiming himself the descendant of Don Juan de Velasco Zúñiga de Guzmán Moctezuma y Austria, he demanded the “enjoyment of status and privilege.”³²

Chimalpopoca’s bold claims to noble blood and property were not entirely preposterous.³³ The Spanish crown recognized pre-Hispanic lineages and, as part of its program to segregate indigenous communities into a *república de indios* (“Indian republic”), made a concerted effort to preserve internal indigenous hierarchies, in addition to granting native communities certain rights to land and political semi-autonomy. Moreover, as María Elena Martínez has discussed, the creation of a separate but subordinate Indian polity in New Spain resulted in the gradual restructuring of indigenous concepts of genealogy; in particular, it imposed the Spanish concept of the “purity of blood” (*limpieza de sangre*) onto indigenous notions of lineage, inheritance, and property, producing a “discourse of Indian purity” that Indians like Chimalpopoca readily appealed to when voicing their rights as citizens.³⁴ In fact, upon his immediate arrest, there was no mention that Chimalpopoca was *demente*; his crime

³² Ibid., ff. 84-84v.

³³ For an interesting and in some ways parallel case involving an Indian “mad messiah” whose deranged ideas resonated with those of Indian peasants engaged in the struggle for Independence, see: Eric Van Young, “Millennium on the Northern Marches: The Mad Messiah of Durango and Popular Rebellion in Mexico, 1800-1815,” *Comparative Studies in Society and History* 28.3 (1986): 385-314.

³⁴ Martínez, *Genealogical Fictions*, 92; see also, Peter B. Villella, “‘Pure and Noble Indians, Untainted by Inferior Idolatrous Races’: Native Elites and the Discourse of Blood Purity in Late Colonial Mexico,” *Hispanic American Review* 91.4 (2011): 633-663.

resided less in his outlandish delusions than in violating the “colonial relationship of vassalage” in which Indians enjoyed special citizenship in exchange for subservience, loyalty, and tribute to the Spanish monarch.³⁵

It was only following Chimalpopoca’s more than eight-year incarceration in the cells of the Real Audiencia without trial that the *fiscal* voiced uncertainty about the prisoner’s sanity, arguing that his conduct “should not be judged as criminal, but as the effects of mental fatuity [*fatuidad*] and a weak comprehension,” not to mention “a vivid imagination, [and] foolishness.” He therefore advocated for leniency in the prosecution, emphasizing, in addition to Chimalpopoca’s poor faculties of reasoning, the fact that he had not “manifested an inclination towards uprising or disobedience.” On the contrary, he had exhibited the appropriate deference to colonial rule. Apparently, two years following his arrest, Chimalpopoca had rescinded his contentious claims to land and entitlement, making the voyage across the Atlantic to kiss the hand of the Spanish king and beseech clemency. In a gesture of deference and fidelity to the crown, he was reported to have kneeled on the ground with “his hands united and raised,” acquiescing to the monarch’s ownership of “all the lives and haciendas of the all of the Indians.”³⁶ Taking these factors into his consideration, plus the fact that he had patiently endured nearly a decade of imprisonment, the *fiscal* maintained that Chimalpopoca was more worthy of “pity than punishment.”³⁷

³⁵ Martínez, *Genealogical Fictions*, 92.

³⁶ AGN, Criminal, vol. 667, exp.2, ff. 84-84v.

³⁷ *Ibid.*, 84v.

Far more than the simple implementation of the insanity defense, this argument also reflected Indian's protected but inferior legal and cultural status as *miserables*, or wretched people. The idea that certain people due to their misfortune and helplessness merited compassion and assistance has a long history, but the Spanish reinvigorated and reinvented this concept in the Americas when they applied it to the indigenous population in its totality to account for the fact that the natives, in their view, were rationally weak and incapable of governing themselves. These ideas had legal ramifications for Indians charged with crimes; they were to be treated as legal minors and their responsibility for criminal actions was often viewed as limited.³⁸ Thus, the seventeenth-century jurist, Juan de Solórzano Pereira, claimed that Indians, on account of their "ignorance" and inferior "natural intellect," should be "less [severely] punished for their crimes" than non-Indians.³⁹

However, closer inspection reveals that Chimalpopoca's committal to San Hipólito was only on the surface a gesture of lenience and benign paternalism. For one, he was not accorded certain privileges merited to him on account of his ethnic status as *indio*, namely the right to a speedy trial and legal counsel.⁴⁰ Moreover, because of his "immunity"—though it is not clear where it originated from⁴¹—he should have been granted liberty, a fact that was not lost on the

³⁸ Haslip-Viera, *Crime and Punishment in Late Colonial Mexico*, 38-39; Premo, 32-34.

³⁹ Juan de Solórzano Pereira, *Politica Indiana*, Vol. 2 (Madrid: 1739), 623.

⁴⁰ Brian P. Owensby, *Empire of Law and Indian Justice in Colonial Mexico* (Stanford: Stanford University Press, 2008), 56.

⁴¹ The source of Chimalpopoca's "immunity" is unclear. Although the Indians were granted protection from persecution by the Inquisition, they could be tried by the criminal courts. It is possible that the immunity was granted by the Spanish king to whom Chimalpopoca beseeched for mercy, as noted in the main text, although the records are ambiguous.

fiscal. Nevertheless, he advocated for Chimalpopoca's internment in San Hipólito out of fear that his ideas might incite rebellion among the indigenous masses of Tehuantepec. Although the prosecuting judge had earlier noted that the Count of Moctezuma was not personally disposed to "uprising and disobedience," this did not mean that he could not, like a contagious scourge, "infect" (*contagiar*) the rest of the Indians with his madness, "giving them a bad example" and "imprinting" on their "docile" minds "ridiculous and pernicious" ideas.⁴² The underlying assumption here was that while sophisticated and mentally keen Spaniards could recognize the differences, nuanced or obvious, between reason and unreason, the simple-minded Indians could not and thus easily be misled to revolt against the king by the fanciful convictions of the delusional Indian "count."

These apprehensions, though racially biased, were not entirely unfounded. While the viceregal capital remained relatively free of open riot (though clearly not devoid of crime), rural areas in New Spain witnessed countless revolts against Spanish rule throughout the late colonial period. The isthmus of Tehuantepec, marked by its massive indigenous population, was the scene for a large-scale rebellion in the 1660s followed by two smaller revolts in the early 1700s.⁴³ Moreover, fresh on the *fiscal*'s mind, no doubt, was the insurgency led by mestizo *kuraka* (local lord) Tupac Amaru II in the Peruvian highlands, which had threatened to overturn the entire colonial system. Colonial officials were thus especially anxious and eager to stifle any and all signs of local discontent and uprising, and it was for this particular reason that Chimalpopoca

⁴² AGN, Criminal, vol. 667, exp.2, ff. 73-78.

⁴³ See Judith Francis Zeitlin, *Cultural Politics in Colonial Tehuantepec: Community and State Among the Isthmus Zapotec, 1500-1750* (Stanford: Stanford University Press, 2005), chaps. 5 and 6.

was denied liberty and instead transferred to San Hipólito where the *fiscal*, in his capacity as a spokesperson of royal benevolence, ordered that he be treated “with the greatest piety.”⁴⁴

To be sure, the intention here was not keep Chimalpopoca imprisoned in San Hipólito indefinitely, but to release him once his health recovered, his delusions vanished, and the image of an audacious Indian who considered himself entitled to property and status, implicitly exposing the injustices of colonial rule, rendered non-threatening. Six months following his admission to the hospital, the prospect of discharging Chimalpopoca became a reality when the physician, Francisco Rada, reported to the Real Audiencia that he “could not observe [in Chimalpopoca] insanity or fatuity, ire, sadness or any other passion”; he was indeed “perfectly recovered.”⁴⁵ It was then that the *fiscal* entertained in earnest the possibility of placing Chimalpopoca in liberty; however, he issued one important caveat: Chimalpopoca “must abstain from falling into similar delusions and pernicious kinds [of thoughts],” and he must be warned that should he continue to “impress upon those of his class, or another *casta*, he would not be treated with benignity, but rather be punished with the utmost rigor.”⁴⁶

Chimalpopoca did indeed leave San Hipólito, but not on court orders. On the morning of September 13, 1782, as the head nurse was making his routine rounds through hospital’s halls to deliver breakfast to the patients, he noticed that cell number 82, belonging to Chimalpopoca, was empty.⁴⁷ Like many before and after him, the Count of Moctezuma had

⁴⁴ AGN, Criminal, vol. 667, exp.2, f. 85v.

⁴⁵ Ibid., f. 87v.

⁴⁶ Ibid., ff. 91v-92.

⁴⁷ Ibid., f. 99.

resisted his forced internment and had successfully fled the mental hospital; and, according to reports from the investigation that immediately ensued, he was now hiding out in the cemetery of the parish of Santa Catarina.

That Chimalpopoca had fled to a cemetery, eventually making his way to the nearby church, was no accident, but a shrewd way of acquiring *derecho de asilo eclesiastico*, or ecclesiastical asylum. Colonial subjects of the Spanish empire “had a right to sanctuary,” as Osvaldo Barrenche writes, and when accused of crimes, they “could take refuge in a church building where secular authorities had no jurisdiction.”⁴⁸ Chimalpopoca clearly knew of this privilege and while buying time at the church of Santa Catarina, he was apparently visited by three fellow Indians who told him that “they wanted to get him out with a license from the church,” to which he responded with resignation that “God would determine everything.”⁴⁹

In spite of the adroit maneuver to seek religious asylum, Chimalpopoca was eventually lured out of his sanctuary by the *teniente* of the *Acordada*, Don Joaquin Aldana. Having received news of Chimalpopoca’s flight from the advisories that had circulated and learned of his whereabouts, Aldana duped the defiant Indian by pretending to be his nephew, offering to help him flee to safety. Once captured, the Count of Moctezuma was promptly returned, but not to the mental hospital from which he had so stealthily fled; rather, he was taken back to the

⁴⁸ Osvaldo Barreneche, *Crime and the Administration of Justice in Buenos Aires* (Lincoln: University of Nebraska Press, 2006), 29.

⁴⁹ AGN, Criminal, vol. 667, exp.2, f. 107v

royal prison and chastised by officials for his “desperate illusions” and “malicious plots.”⁵⁰ He died in custody soon after.

Chimalpopoca’s case is the only I have found involving an indigenous patient who was committed to San Hipólito. While the case is exceptional in many regards, it clearly illustrates how the crown’s paternalism toward the *pobres dementes* resonated in the Americas with colonial discourses and practices surrounding the inferior intellectual abilities of the natives and their protected legal and social status. It also highlights the fact that for these two types of *miserables* protection and coercion were not necessarily on opposite ends of the spectrum, but often two sides of the same coin. While couched in the language of royal benevolence, Chimalpopoca’s confinement in San Hipólito was a way for colonial officials to temporarily do away, if not necessarily punish, a vulnerable but threatening individual whose demands, whether grounded in reason or fantasy, exposed the injustices of Spanish colonialism. Indeed, Chimalpopoca’s case lays bare the politics of confinement showing that in this particular instance the hospital did indeed become a site of colonial control and native resistance.

Murder and Madness: Two Cases from San Juan Teotihuacan

As noted earlier, unlike the inquisitors, the secular magistrates were generally not as obsessed with the uncertainties of medical diagnosis and the nuances of human conscience and reasoning. Their chief concern was what to do with insane offenders who exhibited violent proclivities, but whose madness impeded formal punishment. It must be recalled that

⁵⁰ Ibid., exp.2, f. 117v.

punishment during the colonial period did not amount to a prison sentence, but consisted of public whippings or executions and, far more common in the Spanish empire, temporary or permanent exile and forced labor.⁵¹ To inflict such harsh sentences on the mentally incapacitated was considered inhumane and an abuse of power. What, then, to do with a violent homicidal madman? The *furiosos* could not be left to suffer or run amuck in the colony's public jails, which were only intended for temporary custody. But neither could the magistrates in good conscience allow them to go free, risking the danger that they might perpetrate a second, potentially fatal crime. San Hipólito, then, was the most obvious answer to this practical and moral dilemma, and we can see the colonial justices arriving to this solution in two criminal cases involving homicide in San Juan Teotihuacan, a small village located about 30 miles northeast of the viceregal capital.

Atanasio Guadalupe Delgadillo, a humble Creole *arriero* or mule-driver of *pulque*, did not murder Ignacio Cruz on a December evening in 1798 in state of madness. He was certainly angry, but not mad. The two *arrieros* had encountered each other while driving their mules along the Camino Real leading to Mexico City; they were heading in opposing directions. According to Delgadillo's testimony, Cruz had instigated the quarrel by trampling up against his cargo. After a heated verbal tussle, Cruz pulled out his whip and issued several strikes in Delgadillo's direction, one of which tore his *sombrero*. Delgadillo quickly reacted to violent affront by dismounting off his mule to launch rocks at his opponent. Cruz then left the

⁵¹ On the varieties of punishment in the Spanish empire and its connection to state building, see: Agnieszka Czeblakow, "A Prison by Any Other Name: Incarceration in Seventeenth- and Eighteenth-Century Audiencia de Quito," (Ph.D. Dissertation: Emory University, 2011).

scene of the encounter, but momentarily returned, and the two men then engaged in a physical brawl during which time Delgadillo pulled out a small knife, although he could not recall if he had stabbed Cruz with it or not.⁵²

Delgadillo had indeed stabbed Cruz, as the medical report later revealed that the victim bore a knife-wound three-fingers deep near his neck and right shoulder and had died from the hemorrhaging.⁵³ Following the violent altercation, Delgadillo was subdued and tied up by two fellow mule-drivers, Miguel Antonio Bravo and Francisco Santa Cruz, who then delivered him into the custody of the chief deputy (*subdelegado*) and magistrate (*justicia mayor*) of Teotihuacan, Antonio Roldan. While Roldan conducted his investigation, Delgadillo remained confined in a local jail and, four months into his incarceration, he and four other prisoners managed to escape.

The issue of Delgadillo's madness only emerged much later. Five years after the escape, in 1804, the fugitive mule-driver was spotted by authorities, immediately apprehended, and deposited into a local jail in Teotihuacan once again. It was two years into this second imprisonment that Delgadillo lost his wits entirely and exhibited one of the fiercest bouts of furious madness. According to the new *subdelegado* of Teotihuacan, Manuel Joseph Gutierrez, Delgadillo was "very *furioso*" and was harassing many of his fellow prisoners. His repeated blows against the walls were so fierce that they had even forced the jail door to open, inviting one inmate to flee. The officers then placed the raging mule-driver into a prison stock, but that experiment failed since he eventually broke it to "pieces." They then took Delgadillo to a cell

⁵² AGN, Criminal, vol. 9, exp. 5, ff. 62-62v.

⁵³ *Ibid.*, ff. 56-57; f. 59.

in the basement (*calaboso*), but much to their frustration and horror, he began remove bricks from walls and hurl them at both the other prisoners and deputies. Finding his resources and options exhausted, and fearing for the lives of the prison guards and inmates, the *subdelegado* finally ordered that Delgadillo be placed into shackles (*grillos*) to “restrain his furor” and, as a last ditch solution, had the other prisoners transferred to an older and less secure nearby jail, leaving the raving mule-driver to self-destruct in isolation.⁵⁴

Delgadillo’s wild and destructive actions illustrate in vivid detail the material and physical challenges of confining furious madmen in public jails. Their irrational and often untamable violence undermined the security of the prison, endangered the lives of the other inmates, and rendered the prison guards and deputies helpless. Faced with such danger and mayhem, it makes sense that colonial authorities would turn to the resources of the mental hospital. But before colonial officials could deliver the crazed mule-driver to San Hipólito, they needed to have him medically examined and diagnosed. While the *subdelegado* had attributed Delgadillo’s deranged antics to a *demencia furiosa* (“furious madness”), the surgeon, Felipe Herrera, claimed that the mule-driver was not suffering from “total madness,” but from a “grave hysterical passion” (*passión histerica*), which he could easily overcome “if he was taken out of the jail” and his heart allowed to recover.⁵⁵ This diagnosis, a peculiar one, sufficed to prompt the *subdelegado* to mandate that the unruly prisoner be transferred to San Hipólito, instructing

⁵⁴ Ibid., ff. 138-139.

⁵⁵ Ibid., f. 140.

the prior general of the hospital to immediately notify the Real Audiencia once the prisoner's health was restored.⁵⁶

Delgadillo would not be the only accused murderer from San Juan Teotihuacan to take residence in San Hipólito. In January of 1821, as the wars of independence raged and Mexico City remained a stronghold of Spanish loyalty, the hospital would receive the *furioso*, José Mariano García. But unlike the raving mule-driver, who had lost all rational self-control in jail, García had committed murder, it was determined, in state of compromised judgment and was issued an insanity defense. Either way, colonial authorities enlisted the hospital's traditional function to protect society from dangerous individuals.

The case concerns the familiar scene of tavern spat gone ugly. On the evening of April 22, 1819, Francisco Bargas, also known as Pancho Peseta, stumbled through the doors of the local *pulquería*, or drinking tavern for *pulque*, while crying in pain, "García has killed me!" Bargas bore a knife-wound to his chest; he was faint and bleeding. He and the culprit had earlier been drinking at the tavern when Bargas had suggested they play for a pint of *pulque*. Having won the game, Bargas ordered García to pay up and when he refused, Bargas taunted him and tried to steal his *sombrero*. The dispute quickly became heated and Bargas eventually smacked García across the face while yelling, "Now you will pay me or I shall give you a stabbing!" García immediately stormed out of the tavern grasping his cheek in apparent anger and humiliation. He returned momentarily, irate but boastful, and summoned Bargas

⁵⁶ Ibid., f. 141.

outdoors where he punched him and then stabbed in him in the chest with a knife. Bargas was subsequently taken to the nearby home of a relative and died that very evening.⁵⁷

After authorities were notified of the crime and the murder suspect identified and apprehended, the *subdelegado* of Teotihuacan, Francisco Lomarriba, collected testimony from the tavern's owner, the widow Doña Margarita Oveido, as well as from two men who had witnessed the incident. Given the location of crime, the influences of alcohol in instigating the fatal altercation seemed likely. Despite the crown's perpetual efforts to regulate the number and activities of the countless *pulquerías*, *vinaterías*, *tepacherías* and other formal and informal houses of drinking dispersed throughout the capital city and countryside, and to issue prohibitions against public inebriation, taverns and heavy alcohol consumption remained a central facet of plebian culture.⁵⁸ Not just sites of merriment, recreation, and socializing, taverns were often places where intoxication, violence, and normative codes of masculine honor combined into a volatile, deadly mix. In eighteenth-century central Mexico, the majority of homicides were linked in some way to alcohol and often precipitated by a *riña*, that is, a superficial fight over a perceived affront or disagreement.⁵⁹ Teasing, jibes, and insults were an important part of plebian masculine culture that could forge bonds, but also readily escalate into violence under sway of heavy drinking and in society where manhood was vulnerable and

⁵⁷ AGN, Criminal, vol. 28, exp. 5, ff. 145-147v.

⁵⁸ Michael C. Scardaville, "Alcohol Abuse and Tavern Reform in Latin Colonial Mexico City," *Hispanic American Historical Review* 60.4 (1980), 644-647. On drinking patterns in the countryside see: William B. Taylor, *Drinking, Homicide, and Rebellion in Colonial Mexican Villages* (Stanford: Stanford University Press, 1979).

⁵⁹ Taylor, *Drinking, Homicide, and Rebellion in Colonial Mexican Villages*, 64-66, 91.

easily challenged by slightest provocation.⁶⁰ This was partly the case in the fatal scuffle between Bargas and García, and the carpenter, Ventura Villaseca, who had visited the tavern on the day of the assault, informed authorities that the “killer was fully loaded with *pulque* and *aguardiente*.”⁶¹ The widowed tavern owner, Doña Margarita, too commented on García’s obvious state of intoxication; however, she attributed the violent crime not just to inordinate drinking, but to its lethal coupling with *locura*, recalling the suspect’s rumored history with madness.⁶²

Doña Margarita’s suggestion that García’s violent actions were not purely the result of inebriation, but possibly driven by some underlying mental defect, were immediately confirmed during his interrogation. When prompted by the *subdelgado* to state his identity, age, race, occupation, and the reason for his apprehension, García retorted the following nonsense: “I am the captain of the Divine Troop, which is part of the Celestial Fatherland.” He also claimed that although he could not specify his *calidad* or race, he was certain he was of European ancestry. Lomarriba then observed that the suspect stood “in silence for a long time without being able to say anything but look about all places, cover his mouth, gaze foolishly at those around him, and with a stuttering tongue announce that he wished to die.”⁶³ The *subdelgado* subsequently had García examined by the surgeon, Manuel Diaz. After closely scrutinizing the

⁶⁰ Lyman L. Johnson and Sonya Lipsett-Rivera, *The Faces of Honor: Sex, Shame, and Violence in Colonial Latin America*, ed. Lyman L. Johnson and Sonya Lipsett-Rivera (Albuquerque: University of New Mexico Press, 1998), 12; Lyman Johnson, “Dangerous Words, Provocative Gestures, and Violent Acts: The Disputed Hierarchies of Plebian Life in Colonial Buenos Aires,” *The Faces of Honor*, op. cit., 132

⁶¹ AGN, Criminal, vol. 28, exp. 5, f. 147.

⁶² Ibid., f.148.

⁶³ Ibid., f. 149.

suspect's "appearance and character" (*aspecto y naturaleza*), Diaz found Garcia to be "completely insane" (*enteramente fatuo*) and with much "furious madness" (*furiosa demencia*).⁶⁴

All evidence and testimony in the case guided the magistrates towards issuing the insanity verdict. Even victim's wife, María Viviana de la Luz, urged the justices to act with clemency, stating that the "wretched" García should be treated with the "piety and compassion befitting his fatuity and drunkenness."⁶⁵ García's *defensor* (defense lawyer), Domingo Higarida, crafted a series of arguments in defense of his client stressing that it was "public" knowledge throughout the pueblo of Teotihuacan that the culprit struggled with madness, and that his condition was only exacerbated "by the accident of becoming drunk...on the fatal night he committed the disgrace against Bargas."⁶⁶ Indeed, he reiterated, if García "was previously *demente* he became even more [mad] through inebriation," and given this state of double impairment, his crime should be judged as less severe.⁶⁷ Turning to legal doctrine, the *defensor* went on to remind the justices that the laws "dictate" that a mad person—whether identified as *furioso*, *demente*, or *fatuo*—"is not deserving of punishment," and under this stipulation, he demanded that García be placed into liberty and allowed to return to his home, giving some "comfort to his unhappy wife" who was "eager to apply some medicines at his side."⁶⁸

⁶⁴ Ibid.

⁶⁵ Ibid., ff. 150-150v.

⁶⁶ Ibid., f. 154.

⁶⁷ Ibid., f. 154v.

⁶⁸ Ibid., ff. 154v-155.

It is interesting that Higarida's defense of García hinged not only on the suspect's plausible madness, but on the introduction of alcohol, which rendered the culprit's judgment doubly compromised. Colonial magistrates took seriously the distinctions between premeditated murder committed through calculated treachery and malice aforethought, and forms of voluntary manslaughter mediated through factors such as fits of passion, justifiable provocation, and dulled senses through excessive drinking.⁶⁹ Referencing the *Siete Partidas*, Bolaños's *Curia Philipica*, in fact, had instructed the justices to deliver mitigated sentences to those who were *borracho* or drunk since they lacked full *entendimiento*.⁷⁰ Thus, by combining evidence of madness with intoxication, García's *defensor* mounted a powerful and persuasive defense of his client that ultimately compelled the colonial justices to declare the suspect "free of all punishment."⁷¹

But although García was granted the insanity defense, the justices could not consent to the *defensor*'s request that he be allowed to return to his home, even though his wife seemed willing to care for him. The legal consultant summoned in the case, the *licenciado* (lawyer) José Antonio Robles, had advised the magistrates to exonerate the culprit in keeping with the dictates of the law, but he urged caution in considering the best method to "contain him." Placing García in liberty, he argued, would be mistake since it would present "new occasions" for the madman (*fatuo*) to commit "similar acts and many other excesses."⁷² Thus, as they had

⁶⁹ Taylor, *Drinking, Homicide, and Rebellion in Colonial Mexican Villages*, 99-100,

⁷⁰ Bolaños, *Curia Philipica*, 202.

⁷¹ AGN, Criminal, vol. 28, exp. 5, f. 160.

⁷² *Ibid.*, ff. 155v-156.

done with Delgadillo years earlier, the colonial magistrates ordered that García be removed from the local jail in Teotihuacan where he was confined and taken to San Hipólito to “prevent other excesses of this nature.”⁷³

As illustrated in these cases, Atanasio Guadalupe Delgadillo and José Mariano García were forcefully interned at San Hipólito not because the colonial magistrates sought retribution for their violent crimes, but rather because they did not know where else to put them. The secular magistrates were far less creative than the inquisitors who, as we saw in chapter four, sometimes transformed the hospital into a laboratory in which to scrutinize the authenticity and progression of symptoms. Tasked with enforcing public safety during a period of heightened political and social unrest, they tended to instead rely on the hospital’s traditional protective and custodial functions (although in the case of Delgadillo, they too hoped that the hospital could restore the suspect to full mental health so he could stand trial for his crime).

The role of the local community in meting out justice and shaping legal outcomes also looms large in both of these cases. Unlike the exceptional case of Chimalpopoca, the cases of Delgadillo and García illustrate the ways in which the administration of justice in colonial Spanish America was very much a collective rather than state-driven enterprise.⁷⁴ Colonial magistrates issued the deciding verdict, their power buttressed by the doctrine of *arbitrio judicial*, but their decisions were also informed by the opinions of physicians or surgeons, lawyers, legal consultants, and lay witnesses, including the aggrieved party. Moreover, as well will see in the

⁷³ Ibid., f. 160.

⁷⁴ Tamar Herzog, *Upholding Justice: Society, State, and the Penal System in Quito* (Ann Arbor: University of Michigan Press, 2004), 9.

case of Maria Getrudis Torres (discussed below), the communal nature of criminal justice also meant that local interests and class and race hierarchies too figured strongly in influencing verdicts and determining the terms of confinement and its duration.

Dangerous Passion: The Criminal Fantasies of María Getrudis Torres

Chapter four observed some of the gendered differences in the way in which the Inquisition discussed and handled madness in cases involving women, noting that madness in women was often framed as a deviation from accepted norms of feminine conduct. It too emphasized that the institution specially designed to confine Mexico City's *pobres mujeres dementes* (poor mad women), the Hospital del Divino Salvador, bore many parallels to the *casas de recogimiento* (houses of deposit) intended to shelter and rehabilitate wayward, fallen, and deviant women. We can see many of these issues resurface in an early nineteenth-century criminal case involving the *castiza* seamstress, María Getrudis Torres, who was ultimately confined in the Divino Salvador for over a decade after perpetrating a violent crime against the daughter of her former employer. The case is important not only because it reveals the gendered dynamics of madness and crime, but also because, as noted previously, it shows how local interests and class and racial hierarchies loomed large in shaping legal outcomes and the terms and length of mandated confinement.

The case begins on the morning of April 6, 1806, in Mexico City, when María Getrudis committed a dreadful act of violence. Her victim was the thirteen-year old *criolla*, María Manuela Moreno y Jove, the daughter of Doña Rosalia Jove, María Getrudis' former employer.

One shocked witness, Doña Petra Ilachea, the servant who was accompanying María Manuela as she attended mass at the Church of San Francisco, reported to have seen the *castiza* seamstress attack the *niña*, or young girl, as they were leaving the church. “So it is you who says you will kill me!,” María Getrudis had shouted before proceeding to stab María Manuela in the back with a sharp instrument. Doña Petra, although horrified, reacted immediately. In her testimony to the court, she described how she attempted to restrain María Getrudis while María Manuela, wounded and bleeding, ran away towards the nearby cemetery. Struggling to free herself from Doña Petra’s grip, María Getrudis repeatedly struck the older woman in the shoulder with what appeared to be a dark and pointed knife. She then fled the scene of the crime.⁷⁵

While Doña Petra only received some minor scrapes, the young María Manuela fared much worse. Following the attack, she was taken, her body “bathed in blood,” to the home of the physician, Bernardo Zuleta. In his medical report, Zuleta informed authorities that a “sharp and pointed instrument” had pierced through the victim’s chest, possibly causing damage to her left lung. The wound had occasioned “great hemorrhaging” and had caused the victim to faint and experience heavy, labored breathing. Although she would thankfully survive, the injury had been life-threatening indeed.⁷⁶ The weapon in question, it was later revealed, was a small knife that María Getrudis kept tucked away near her bosom, along with a pair of sharp scissors. Upon her arrest the following evening, she produced both of these and handed them over to the *alguacil* (constable), José María Palacios, who had them illustrated and deposited as evidence

⁷⁵ AGN, Criminal, vol. 712, exp. 3, ff. 197, 199.

⁷⁶ Ibid., f. 198.

(see figure 5.1). When asked by the *alguacil* why she carried the scissors in addition to the blade, she responded that both were intended for her own protection and that should she lose the knife she could “make use of the scissors.”⁷⁷

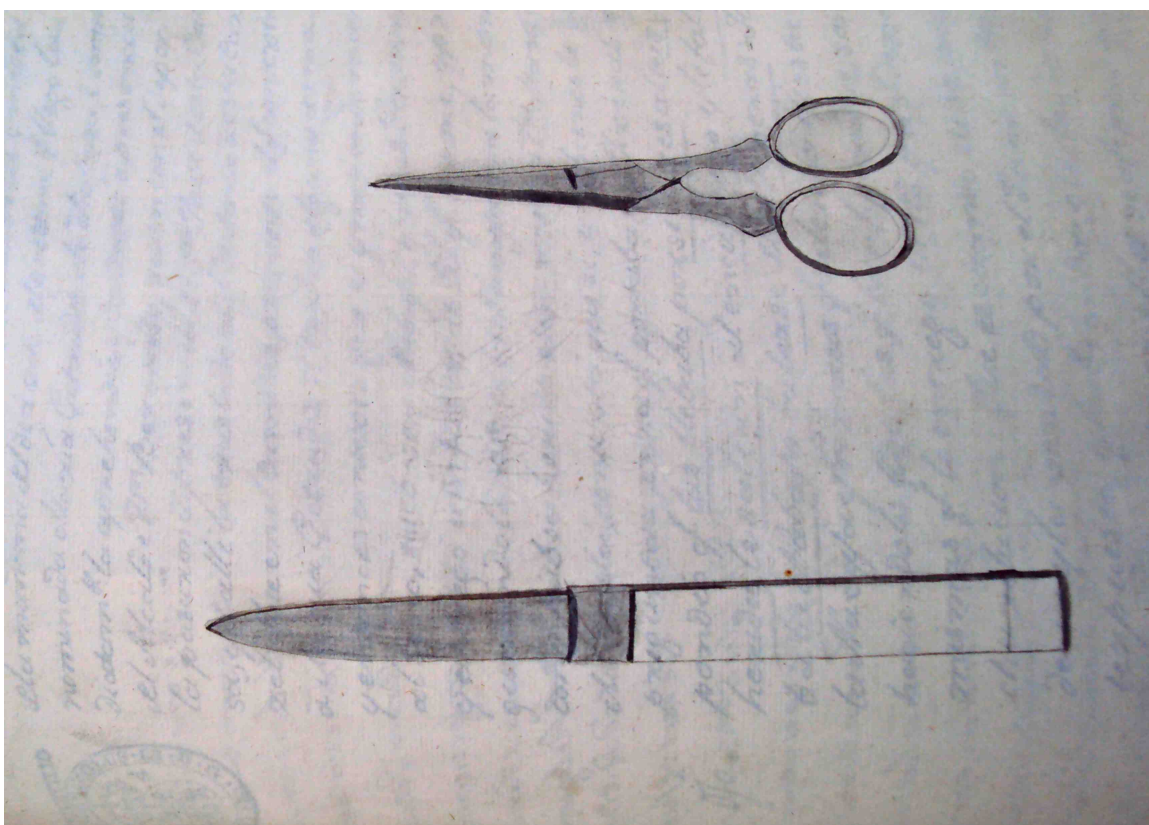


Figure 5.1. Illustration of a small knife and pair of scissors belonging to the *castiza* seamstress, María Getrudis Torres, a patient at the Divino Salvador, the knife being the assault weapon used to wound thirteen year-old María Manuela Moreno y Jove in 1806. Source: AGN, Criminal vol. 712, exp. 3.

⁷⁷ Ibid., ff. 208v-209

What compelled the *castiza* seamstress to violently stab an innocent girl in cold blood? As the investigation ensued, a story that cast María Getrudis as a vindictive and delusional woman incited to violent acts by her own jealous fantasies and unchecked passions took shape. Although María Getrudis had formerly worked as a seamstress for the Jove family, it was her strange conduct following the end of her term of employment that provided the most compelling evidence of her mental instability. In particular, all servants and members of the Jove household questioned in the case referenced an ominous series of letters the seamstress had delivered to her former employer, Doña Rosalia. In these letters, María Getrudis had accused Doña Rosalia of attempting to thwart her marriage to Don Rafael Sagaz, a physician well acquainted with the Jove family, by enticing him to marry María Manuela instead.⁷⁸ It is not clear whether Doña Rosalia truly intended to marry her adolescent daughter to the prominent physician, but María Getrudis's belief that Sagaz pined after her, a humble and racially-mixed seamstress, was according to witnesses, Sagaz included, ludicrous. In his testimony, Sagaz revealed that María Getrudis had earlier sent him a doting letter, which he readily tore to pieces, dismissing her advances and deeming the whole affair a source of amusement and "laughter."⁷⁹

Although witnesses mocked her pretenses to marry at her mature age—she was thirty-six—and, more shockingly, outside her social station, María Getrudis remained fixed in her

⁷⁸ Ibid., ff. 199-206.

⁷⁹ Ibid., f. 206.

beliefs.⁸⁰ In her testimony to the court, she described how Sagaz “viewed her with affection” and told others he desired to marry her, even going to the lengths of obtaining the necessary licenses to contract matrimony. If the marriage had failed to come to fruition, María Getrudis was convinced it was because Doña Rosalia had maliciously intervened by defaming her character to her suitor, calling her a “pig who was lazy and did not know how to sew,” and persuading him to engage himself to the youthful and vibrant María Manuela in lieu of an “old ugly woman who was poor.”⁸¹ Upon learning of Doña Rosalia’s plot to ruin her marriage prospects, María Getrudis reported to the judges that she was overcome with a violent surge of “choler.” She later told the physicians who examined her that the choler had caused her to “feel a disturbance in her head” and a “shakiness” throughout her body. It was then that she directed the series of letters to Doña Rosalia—although she could not recall their contents—and on the morning of April 6, upon seeing her imagined nemesis, María Manuela, at mass, angrily wounded the girl in the back.⁸²

As we saw in chapter four in the case of Mauricia Josefa de Apelo who denounced herself to the Inquisition in the late eighteenth century on multiple occasions, madness in women often expressed itself in gendered ways. While Mauricia’s madness stood out because of its sexualized overtones, manifested in her guilt-ridden confessions about illicit carnal desires and reports to have cavorted with the devil, María Getrudis’s exasperated delusions were

⁸⁰ Although women in nineteenth-century Mexico City generally married later in life, the mean age, according to an 1811 census, was 22.7 years, placing Maria Getrudis well past her prime to marry. Silvia Marina Arrom, *The Women of Mexico City, 1797-1857* (Stanford University Press, 1985), 116-117.

⁸¹ AGN, Criminal, vol. 712, exp. 3, f. 209v-212;

⁸² *Ibid.*, f. 228-229v.

distinct from those of her male counterparts because of their fixation on marriage. In colonial Spanish America's patriarchal society, an honorable marriage represented the highest and most dignified state to which women could aspire. But not all women in the viceregal capital married,⁸³ and it was the colonial Spanish elite (and those with ambitions of upward mobility) who overwhelmingly contracted legal and endogamous marriages, driven by their concerns with legitimacy and status.⁸⁴ María Getrudis's obsession with her imagined betrothal to the illustrious physician thus reflected a longing to participate in a normative institution that perpetuated social and racial hierarchies, buttressed male authority, and protected women's bodies from dishonor. Moreover, the *castiza* seamstress's conviction that her former employer had purposefully besmirched her character and convinced the physician to break off the intended engagement was a perceived assault on her sexual honor and reputation. The only valid reason for a suitor to call off an engagement—if in, María Getrudis's conceptualization of the situation, she was indeed engaged—was the discovery that the bride-to-be was not sexually virtuous.⁸⁵ And, as Sonya Lipsett-Rivera has demonstrated, ordinary plebian women were just

⁸³ In the 1811 census, 22 percent of the women residing in Mexico City were enumerated as single; most of these were between the ages of 45 and 54, an indication that they never married. Arrom, *The Women of Mexico City*, 111.

⁸⁴ Susan Midgen Socolow, *The Women of Colonial Latin America*, second ed. (Cambridge: Cambridge University Press, 2015), 66-67. In the colonial Spanish America, the other major socio-group likely to engage in legal marital unions were Indians, particularly those residing in rural indigenous communities or living on missions. The *castas* and poor Spaniards were more likely to engage in both short- and long-term informal unions. Socolow, *op. cit.*, 70.

⁸⁵ *Ibid.*, 68.

as concerned about their honor as their male counterparts, and willing to engage in direct confrontations, often violent, with other women to defend it.⁸⁶

But regardless of María Getrudis's perceived justifications for her actions, she had perpetrated a violent crime against an innocent young girl and, worse yet, against someone who was socially her superior. As a self-identified *castiza* (that is, three-fourths Spanish and one-fourth Indian), María Getrudis was on the lighter end of the color-coded racial ladder, but she was clearly poor and forced to work for a living. By contrast, her victim's mother, Doña Rosalia, while not belonging to the *peninsulares* (peninsular Spaniards) who comprised the upper crest of the colonial elite, came from a respectable creole family with strong ties to the professionalizing medical establishment, being the daughter of the president of the Protomedicato and widow to the former director of the Royal Amphitheatre of Anatomy. As a widow of social standing, Doña Rosalia clearly felt contempt for her former seamstress, describing her as a woman "of little Christian sentiment and honor"⁸⁷; she was likewise both appalled and indignant over a crime that not only violated her daughter's safety, but that transgressed racial and class boundaries. Moreover, her brother, Don Pedro José García Jove, was a lawyer for the Real Audiencia who could deftly maneuver himself through the intricacies of the colonial Spanish legal system. Thus, although the physicians who examined the seamstress had readily diagnosed her as a "true maniac" (*verdadera maniaca*), and the *alcalde ordinario* of Mexico City's Cabildo (municipal court) seemed willing to grant her the insanity

⁸⁶ Sonya Lipsett-Rivera, "A Slap in the Face of Honor: Social Transgression and Women in Colonial Mexico," *The Faces of Honor: Sex, Shame, and Violence in Colonial Latin America*, 179-200.

⁸⁷ AGN, Criminal, vol. 712, exp. 3, f. 200.

defense, he had to contend with the arguments of the aggrieved party, who sought stern punishment for the assailant.

Months following María Getrudis's brutal assault on her young daughter, Doña Rosalia, with the aid of her attorney-brother, crafted a letter to the municipal justices that emphatically argued against treating the *castiza* seamstress with leniency. The letter began by characterizing María Getrudis as a sane but volatile woman who, prompted by "unregulated amorous passion," had committed the violent deed of wounding María Manuela "with premeditated cruelty" (*con crueldad alevosamente*). Doña Rosalia and her brother stated: "There is no doubt that [the crime] was premeditated with the measures and precautions of someone who is not *demente*, but very sane." The fact that María Getrudis had fled the scene of the crime, clearly "fearful" that she would be apprehended, betrayed thoughts and actions "little consistent with the disturbed brain of a madwoman." Moreover, they argued, her intention was not just to injure María Manuela, but to kill her; that she "invaded from behind" a "defenseless" person, "weak on account of her age and constitution," and that she employed a weapon "deliberately designed to cause death," proved that her crime was "malicious and premeditated" (*meditado y alevoso*). This point was further bolstered by the "direction" in which the stab was inflicted, perilously close to a vital organ, and the fact that she carried not one weapon on her person, but two, on that fateful day. Given what they believed was ample evidence of malicious intent, the victim's family urged the local justices to condemn the jealous seamstress to a life-sentence at the Casa de Recogidas, a punishment they considered both just and mitigated.⁸⁸

⁸⁸ Ibid., ff. 238v-239.

Yet, having argued that María Getrudis had committed the violent and criminal deed of stabbing María Manuela with malice aforethought, Doña Rosalia and her attorney-brother went on to consider the very real possibility that the suspect was mad. While it was true, they stated, that the genuinely mad could not be punished, this protection did not apply to those whose madness stemmed from amorous passion (*locos de amores*). To grant the lovesick seamstress the insanity defense, they carefully reasoned, would be tantamount to issuing impunity to the countless crimes committed by men overcome by a “fanatic love” or “jealously” that also “to some extent distorts judgment.”⁸⁹ However, if María Getrudis was indeed determined to be an authentic maniac, rather than a jealous and vindictive woman suffering from unrequited love, as they believed, the Joves implored the justices to consider the “threat” she posed to the safety and security of their family and to the wider “public” at large.⁹⁰ The *castiza* seamstress clearly did not lack the “temerity” to harm an “innocent victim” like María Manuela, they emphasized, while warning the justices that she was therefore likely to lash out again if her distorted and obsessive thoughts ever re-entertained the notion of marrying someone well beyond her grasp. Once again, the Joves demanded for María Getrudis’s “perpetual reclusion”—if not at the Casa de Recogidas, as they desired, then at the very least at the Hospital del Divino Salvador, which they were willing to concede. Only with the violently inclined *castiza* seamstress confined for perpetuity, they insisted, could their family feel “secure and tranquil”; only then, could they be truly “liberated” of “this woman, our cruel enemy.”⁹¹

⁸⁹ Ibid, ff. 339v-340.

⁹⁰ Ibid., f. 339v, f. 340.

⁹¹ Ibid., ff. 340-340v.

The municipal justices disagreed with the Joves' argument that the crime was maliciously premeditated, concurring with the physicians, Juan José Bermudez and José Vasquez, that the seamstress was mentally unstable, showing all signs of suffering from a mania that rendered her sane in all matters except that which touched on the subject of her imagined marriage to Sagaz.⁹² But they concurred with the aggrieved party that María Getrudis was a highly dangerous and unstable woman, liable to act on her delusions in a violent manner once again; thus, they mandated for her internment at the Divino Salvador where she was admitted on August 4, 1806.

The active involvement of Doña Rosalia and her attorney-brother in the prosecution against the *castiza* seamstress exposes the role of local interests in shaping not just verdicts, but the terms of confinement in a mental hospital and its duration. Although the Jove family had desired a life-sentence for the culprit at the Casa de Recogidas, once the *alcalde ordinario* granted María Getrudis the insanity defense and the more lenient sentence of committal to the Divino Salvador, they went to great lengths to ensure that she did not leave, challenging her repeated petitions to the Cabildo for her release on the grounds that she remained mentally unsound and continued to pose a dangerous threat to the wellbeing of their family.

The first request to leave the Divino Salvador came three months after the sentencing when the hospital's director, Joseph Antonio Martín de los Ríos, informed the court that María Getrudis was fully "restored of the accident of *demencia*." Accompanying this notice was an official certificate of health issued by the surgeon, José Colima.⁹³ Immediately, the Joves voiced

⁹² The initial medical report is located on ff. 228v-229v.

⁹³ Ibid., ff. 246-247.

their objections to the court. Writing on his sister's behalf, the attorney Pedro José García Jove, first attacked the credibility of Colima, arguing that his training as a surgeon did not render him qualified to assess states of disordered reasoning and that María Getrudis should instead be reexamined by the two physicians who had originally diagnosed her as a maniac. Having cast doubt on accuracy of the surgeon's diagnosis, Doña Rosalia's brother proceeded to remind the magistrates of the seamstress's "fierce character," tethering evidence of her mental instability to a deviation from modes of proper feminine conduct in a society where women were ideally expected to be demure, passive, and quiet. As he portrayed it, Maria Getrudis' conduct at the Divino Salvador had been reprehensible, providing "more signs that she is mad rather than sane." Aside from what he described as her characteristic "obscenity and foul words," María Getrudis had reportedly unleashed her "ire" on the other female inmates on a number of occasions. "[I]f she behaves this way with the innocent [patients] who are incapable of malice," he implored the magistrates to consider, "what will she do with those of my house whom she supposes criminal, those of us who have taken her freedom?"⁹⁴

The Joves ultimately succeeded in their agenda to prolong María Getrudis's confinement at the Divino Salvador. Following their insistence that she be examined by a qualified physician rather than a surgeon, the municipal justices sent the physician Bermudez to the hospital to inquire into the inmate's health. Bermudez eventually sided with the aggrieved party, concluding that the *castiza* seamstress was indeed still mad. Although she had responded "perfectly" to all of his questions, Bermudez observed that her imagination was still stubbornly "fixed" on the notion of marrying Sagaz and that she remained convinced she was

⁹⁴ Ibid., ff. 249-249v.

an innocent victim of Doña Rosalía's wicked machinations. It is possible, he concluded, that "agitated" by choler and "heated by fantasies," the delusional seamstress could commit a second atrocious crime.⁹⁵

The second petition for María Getrudis's release from the Divino Salvador came four years later, in 1811. By this point, the seamstress's health had improved to the point that she was no longer even treated in the hospital as a patient. Rather, according to the hospital's director, de los Ríos, she was now holding steady work inside the institution, caring for the other female inmates, for which she was paid a modest salary. María Getrudis's new role in the hospital suggested a form of work therapy widely documented in early modern Spanish mental hospitals that was intended to keep patients' minds productively preoccupied.⁹⁶ But it also underscored the fine line between therapy and punishment, for it was not uncommon, as mentioned in chapter four, for colonial magistrates to sentence criminals to mandatory labor in a hospital. And, the *castiza* seamstress evidently loathed her situation, repeatedly clamoring to de los Ríos for her liberty, insisting that she would "rather go jail than remain here [at the hospital]."⁹⁷ Upon her request, she soon was transferred from the Divino Salvador to the city jail, while the municipal magistrates contemplated her release.

As was the case four years earlier, the Joves immediately protested to the court, crafting long-winded arguments that undermined the seamstress's claims to sanity, emphasized her

⁹⁵ Ibid., ff. 251-252v.

⁹⁶ Nalle, 158-60. Stephanie Ballenger also documents the continued use of work therapy at the Divino Salvador in the late nineteenth century. Ballenger, "Modernizing Madness," 135.

⁹⁷ AGN, Criminal, vol. 712, exp. 3, ff. 252-252v.

violent impulses and devious character, and reminded the magistrates of the gravity of the crime for which she had originally been apprehended. In particular, Doña Rosalia and her attorney-brother expressed concern that the seamstress would enact vengeance on their family for enforcing her confinement, and underscored the way classic maniacs behaved normally on most occasions, but were prone to abruptly relapse into madness once their imagination was stirred by the subject of their obsession—in María Getrudis's case, her marriage to the physician Sagaz.⁹⁸

Prompted their protests, the magistrates opted to have the seamstress rigorously examined by the physician, Francisco Xavier Tello de Meneses. After visiting the prisoner on several occasions to chat for nearly an hour, Tello de Meneses observed that María Getrudis could sustain rational conversation, demonstrating “perfect judgment.” He even commented on her appearance as evidence of “sensible understanding,” noting that she had appeared before him adorned with “ribbons of diverse colors, earrings, fake beauty marks (*chiqueadores*), a choker, and a headband.” Nonetheless, like Bermudez who had examined the seamstress four years earlier, Tello de Meneses quickly concluded that she was “truly maniacal” (*verdaderamente maniaca*) when he began to broach the delicate subject of her relationship with Sagaz. According to María Getrudis's updated version of the love affair, Sagaz now “jealously obsessed” over her (*la celaba*) “during all hours of the night because he believed she was sleeping with various men.” The physician subsequently challenged María Getrudis on this irrational conviction, urging her to “reflect” on the differences in status between her and her fictitious suitor. To this, Tello de Meneses reported that the *castiza* seamstress “responded infuriatedly”

⁹⁸ Ibid., ff. 255-255v.

that “nothing mattered” because she was no longer inclined to marry, neither Sagaz nor Doña Rosalia’s attorney-brother, whom the seamstress now claimed, in a new twist in her amorous saga, also “courted” her. Such fanciful beliefs, clearly detached from reality, the physician informed the Cabildo, were undeniable symptoms of mania, a disease which he admitted was difficult to diagnose, manifest only to the most discerning of “medical eyes” (*ojos realmente medicos*).⁹⁹

Thus, the local magistrates overseeing the case ordered that the maniacal seamstress promptly be returned to the Divino Salvador against her will. This decision, as we have seen, was not an arbitrary one. Rather, it was informed by the persuasive pleas of the Joves, a local family with considerable clout and a vested interest in punishing a racial and socially inferior seamstress who threatened their family’s security. It was also clearly shaped by the expert opinions of the physicians who had come to have a growing stake in diagnosing even the most subtle diseases of human cognition.

Although the local magistrates did not confine the *castiza* seamstress out a thirst for retribution, but rather as a precaution against her violent proclivities, the fact was that confinement at the Divino Salvador had become for María Getrudis a harsh and unjust punishment. In her appeal to the court, written prior to her mandated return to the hospital, the seamstress had objected vehemently to being treated as a “legitimate delinquent,” bemoaning having had to endure the “very severe” punishment being forced “to serve madwomen [*fatuas*] for five years.”¹⁰⁰ Moreover, not only was the mandated internment

⁹⁹ Ibid., ff. 257-257v.

¹⁰⁰ Ibid., ff. 259-259v.

tantamount to incarceration, it also produced the desired effect of rehabilitating the delusional and deviant seamstress, at least in the eyes of the justices who finally allowed for her release five years later in 1816. One month after yet another failed appeal, María Getrudis once again penned a letter to the Cabildo that this time garnered the sympathy of the new municipal magistrate overseeing her case, Luis Calderón.

In this letter, María Getrudis, while only partially contrite, acknowledged that she had committed a violent and criminal act while “incited by my fantasies,” as she put it, and on account of a “disturbance of the brain.” The long “reclusion” at the Divino Salvador, she told the justice, has had the effect of “excessively cooling my blood, extinguishing my passion, and giving me a place” in which to “reflect.” She admitted, however, that her thoughts often centered on the cruelty of her victim’s mother, Doña Rosalia, whose “vehemence” and desire for “vengeance” would not be satisfied until “she succeeded,” she stated, “in exhausting my spirit in this enclosure of sadness and horror.” The reformed seamstress went on to inform Calderón that the “virtuous priest” who “directed [her] conscience” had “certified” to her “full and sensible judgment” while her victim, María Manuela, was now a mature young woman who enjoyed “robust health.” Clearly anticipating that the physicians, whom she suspected to be cahoots with Doña Rosalia—who was, after all, the daughter of the president of the Protomedicato—would challenge her claims to sanity, she asserted that “knowledge” of madness “was not limited to physicians”; rather, “it is an ill that is recognized by [any]one who has reason.” Finally, voicing her disdain for the medical experts who had insisted she was mad and had had her institutionalized, she stated: “I wish that in a case similar to mine, these men were

sent to San Hipólito, and that they stayed there and experienced what I did,” speculating that they too would be become partially insane.¹⁰¹

The new municipal magistrate saw merit in María Getrudis’s petition and had her examined by two physicians, including Tello de Meneses, without informing Doña Rosalia. Both physicians attested to her recovered mental health. Tello de Meneses remarked with satisfaction that the *castiza* seamstress was now able recognize the fallacy that was her engagement to Sagaz, acknowledging the “great difference” that existed between the educated and eminent physician and her “humble state.”¹⁰² The second physician, Don Miguel María Jimenez, echoed these sentiments while also emphasizing the patient’s sense of remorse and her promises to refrain from contacting her former victim and their family should she be granted liberty.¹⁰³ María Getrudis had not only recuperated her sanity, but she was now a rehabilitated and subdued woman, able to accept her inferior status in colonial Mexico’s rigidly stratified society and demonstrate due respect to her social superiors. In September of 1816, nearly eleven years after she had stabbed a helpless young girl in a fit of jealous rage, she was finally released from the Divino Salvador, now a more mature woman nearing fifty and still with little hope of ever marrying.

¹⁰¹ Ibid., ff. 265-266v.

¹⁰² Ibid., ff. 268

¹⁰³ Ibid., ff. 269-270.

The Criminal's Sanctuary: Tales of Suspicious Madness and Escape

Unlike the *castiza* seamstress, not all criminals who pleaded insanity regarded the colonial mental hospital as punishment, or if they did then they actively resisted it. If colonial authorities had come to rely increasingly on hospitals, particularly San Hipólito, to store criminals whose insanity rendered them unfit to stand trial or fulfill the terms of a mandated sentence, then a byproduct of this trend was that these institutions were also sometimes utilized by the crafty and resourceful for the purposes of evading the law. Chapter three observed the striking frequency with which the patients of San Hipólito fled its confines, noting that a high proportion of the escapees were convicted or suspected felons remanded to the hospital by authorities. In chapter four, I discussed the case of the prurient priest from Puebla, Joseph Ruiz Cañete, who was denounced to the Inquisition for solicitation in the confessional and baldly later admitted to having pretended madness to gain admission to the mental hospital and thereby avoid facing trial and punishment. However, whereas Cañete was horrified by the conditions of San Hipólito and expressed his desire to return to the secret cells of the Holy Office to stand judgment, other criminals went a step further by attempting escape. In fact, by the late eighteenth century, the problem of feigned madness and hospital flight had escalated to the point that the prior general of San Hipólito, Fray Joseph Martinez, lamented to the viceroy that the colonial mental hospital, intended for the charitable care and treatment of *pobres dementes*, had become a “sanctuary” (*asilo*) for criminals, some of “malicious” character, bent on eluding punishment for their crimes.¹⁰⁴ If the case of María Getrudis Torres provided colonial authorities with a model of a successful internment, one that served the purposes of subduing

¹⁰⁴ AGN, Hospitales, vol. 62, exp. 5, f. 134.

and rehabilitating a violent and maniacal madwoman with delusions of contracting a socially advantageous marriage, then the cases discussed here loomed large as examples of failure that spoke to broader structural weaknesses, the ad hoc implementation of the law, and the general inability of the colonial state to fully govern the lives of its Spanish American subjects.

The prior general's complaint that San Hipólito had descended into a haven for the criminal and devious was issued in response to the escape of two convicts, Felipe Sierra and Francisco Cosio. On the evening of January 31, 1793, unbeknownst to the hospital staff and the two *porteros* (doormen) who guarded the doors to the main entrance and infirmary, the two men had conspired to quietly remove the shackles that constrained their legs and movement, break free from their cells, and secretly breach the walls of the hospital, absconding into the countryside. The prior general was not made aware of the escape until the following morning. Immediately, he alerted the deputies who launched an active search. Soon, advisories circulated throughout the capital and neighboring municipalities announcing the flight and the physical attributes of the two fugitives:

Felipe Sierra, of average stature, rosy skin [*rosado*], short beard, with a scar on his face that covers part of his cheek, light brown hair, fled the Convent-Hospital of San Hipólito wearing a faded white shirt and trousers.

Francisco Santos de Cosio, *Montaños* [of the Santander region], stocky, with a scar on his face, wearing a jacket, blue trousers, and white stockings. The scar on his face is located on the right cheek, and he is of average stature, with white skin, heavy beard, [and he] possesses his own hair [*pelo propio*].¹⁰⁵

¹⁰⁵ Ibid., ff. 129-130.

The prior general informed the deputies that the mastermind behind the escape was most likely Felipe Sierra who, in his words, had possessed the “impertinence” to insult the hospital staff and the cunning “ability to seduce” his more dull-witted accomplice.¹⁰⁶ Little is known about Sierra except that he had lost his sanity in the winter of 1791 while awaiting trial in a Havana prison for an undisclosed crime. According to the governor of the port city, Luis de las Casas, the prisoner had displayed the classic symptoms of a raving *furioso*—irrationally violent and “inclined to kill and offend” at the slightest provocation—and, because of his derangement, he was “inapt to receive his definitive sentence.” Given that there was no comparable institution in Havana to address his madness, the governor had petitioned the viceroy for permission to transfer the *furioso* to San Hipólito, a request that was ultimately granted, and the prisoner was shipped out to Mexico City and admitted to the mental hospital just two months before the escape.¹⁰⁷

The archival record provides no closure to Sierra’s story except to suggest that he headed toward the city of Puebla with the intent to return to Havana. Upon receiving this news, the governor of the port city instructed his deputies to remain on high alert for any trace of the calculating fugitive and to inspect all incoming ships arriving from Veracruz and Campeche.¹⁰⁸ But, beyond that, there is no further mention of his whereabouts, leaving us to ponder the prisoner-patient’s fate and assume that he possibly successfully evaded colonial authorities. However, the paper trail does closely follow the fortunes (and misfortunes) of his

¹⁰⁶ Ibid., f. 134.

¹⁰⁷ Ibid., ff. 117-118.

¹⁰⁸ Ibid., f. 150.

supposedly less conniving accomplice, Francisco Cosio. After escaping and parting ways with Sierra, Cosio sought refuge at the home of an acquaintance, Don Juan Bautista David. He remained there for only a day and abruptly left in a hurry while donning a borrowed hooded cape—presumably to camouflage his appearance—after he was spotted by one of the brothers of San Hipólito. Prior to fleeing, Cosio informed David of his intention to head to the city of Guanajuato to sell some real estate before departing for the port of Acapulco.¹⁰⁹ But these plans never materialized as Cosio was eventually located and apprehended by authorities, and placed into a royal prison in Valladolid.

What followed was a lengthy investigation undertaken by the Real Sala del Crimen that centered on three interrelated issues: the nature of Cosio's illness (was it real or feigned?); the specific circumstances surrounding his original arrest and transfer to the mental hospital; and, finally, the best custodial institution for housing a criminal who had proven adept at escaping confinement. Regarding the second issue, the details pertaining to the series of events that had culminated in Cosio's committal to San Hipólito were provided by the *alcalde* of Guanajuato, Manuel Cevallos. According to his testimony, Cosio was a native of Peru who had arrived to Guanajuato from Lima in 1791, "short on fortune," and in search of employment. Having found work at one of the local mines, he fulfilled his duties much to the overseer's satisfaction for nearly eight months before betraying signs that his attention was "distracted" and his reasoning "perturbed." The overseer's suspicion that Cosio was mentally troubled was eventually confirmed when, on one memorable occasion, he was spotted crouched in the middle of the streets of the city screaming with a small doll of Christ in his hands, surrounded

¹⁰⁹ Ibid., f. 137.

by a crowd of spectators. Although Cosio was subsequently dismissed from his employment, he remained in Guanajuato, causing much disturbance and was eventually arrested after he assaulted and injured, “albeit lightly,” a man and woman. Cosio remained in the local Guanajuato jail for only two days before he managed to escape, stealing a saddled horse in the process, but was located fifteen days later and incarcerated once again. Since his reputation as a madman was widely known, Cevallos immediately called on the services of the prison’s physician who ultimately concluded that Cosio was indeed *verdaderamente loco* or “truly mad”; following the confirmed diagnosis, Cevallos had him shipped out to San Hipólito.¹¹⁰

Cevallos’s testimony did little to assuage the suspicions of the *fiscal* (prosecuting attorney) that Cosio was in fact sane, but had feigned (*fingir*) madness to deliberately deceive authorities. Although the prior general of San Hipólito blamed Sierra for orchestrating the breakout, Cosio’s collusion in the plot confirmed subversive intentions. Indeed, the *fiscal* had received orders from the magistrates of the Real Sala del Crimen to proceed with utmost skepticism and assume that the suspect’s antics were “invented” with the plan to “frustrate and undermine” his deserved “punishment.”¹¹¹ Witness testimony only heightened these apprehensions. The *ladino* (hispanicized Indian) residing at the home of Juan Baptista David, where Cosio had hid following the escape, affirmed that that fugitive was certainly “not mad.”¹¹² The two medical experts summoned to examine the prisoner at Valladolid also voiced their doubts. The physician, Agustín Suarez Pereda, could only detect in Cosio a “shameless character” (*genio*

¹¹⁰ Ibid., ff. 158-159.

¹¹¹ Ibid., f. 152.

¹¹² Ibid., f. 140.

truhán) but no madness. The surgeon, Luis Antonio Baca, reached a similar conclusion, stating that the suspect was definitely not *demente*, but simply “talkative” and of a “wild temperament” (*genio alocado*).¹¹³

Confounding these impressions of Cosio’s dubious insanity was the suspect’s own testimony, in which he admitted to having been institutionalized previously in Lima at the Hospital de San Andres, but was later released when he recovered his *juicio*.¹¹⁴ Interrogated by the *corregidor* (district magistrate) of Valladolid, Cosio attributed the temporary spell of *locura* to the “jealous” sister of a female acquaintance, whose name he could not recall, who had given him a special beverage that “perturbed his head for four years.”¹¹⁵ Once released from San Andres, Cosio reported to the *corregidor* that he immediately departed for New Spain, partly on account of the death threats he received from the anonymous woman who had given him the mysterious, madness-inducing libation. Cosio’s testimony went on to reveal an itinerant lifestyle as he disembarked at the port of Acapulco and traversed through different parts of central Mexico while struggling to hold steady work and make a living. While his interrogation exposed a personal history poor mental health, inviting authorities to wonder if he had perhaps relapsed into madness, his arguments to the contrary gave them reason to pause; and when questioned by the *corregidor* about why he had fled San Hipólito, he emphatically stated that it was “to prove that he was not mad.”¹¹⁶

¹¹³ Ibid., ff. 167-168.

¹¹⁴ San Andres was a general hospital in Lima that had a ward for mad patients.

¹¹⁵ Ibid., ff. 172-172v.

¹¹⁶ Ibid., f. 177.

Faced with such contradictory evidence, the authorities continued to waver in their assessment of Cosio's mental state and refused to abandon the investigation out of fear that his strange behavior was all a charade to shun punishment. However, after ordering that Cosio be interrogated again on several other occasions to little avail, the *fiscal* eventually lost his resolve. The testimony of the physician, José de Villaseca, who had treated Cosio while he was living in Guanajuato and diagnosed him as a hypochondriac with the "beginnings of *dementia*," largely swayed his decision to suspend the case.¹¹⁷ But what to do with Cosio? The itinerant troublemaker had proven himself to be an annoying thorn in the *fiscal*'s side. The prosecuting attorney reasoned that it was not "convenient to shut him up in a hospice or hospital to the detriment of others" who needed such spaces, and in light of his history of resisting confinement. As a reasonable alternative, the *fiscal* turned to what he called the "bonds of blood" and the "compassion of kinship," ordering that Cosio be placed in the custody of his brother, Fernando, who was residing in the mining province of Tlalpujahua.¹¹⁸ Cosio's brother had earlier voiced his objections to this arrangement, stressing that his resources were "limited" and that it would be difficult if not impossible to keep his brother, who was "restless" and "not at all tranquil," in his company, much less secure any sort of long-term custodial solution.¹¹⁹ But his pleas had fallen on deaf ears and Cosio was soon transferred from his cell in the Valladolid prison to Tlalpujahua, much to his brother's frustration and the relief of colonial authorities.

¹¹⁷ Ibid., f. 190.

¹¹⁸ Ibid., f. 216.

¹¹⁹ Ibid., f. 214.

Francisco Cosío personified all of the attributes that Bourbon authorities had come to denounce as sources of the empire's malaise. His peripatetic lifestyle, inability to hold steady employment, and constant troublemaking were precisely the habits and vices Bourbon officials had identified as hindrances to the economic prosperity of what was in fact an empire in a state of rapid decline.¹²⁰ Indeed, he embodied the social anathema of idleness that centralizing regimes throughout Europe so vehemently condemned and targeted, and that historians have linked to the emergence of a heterogeneous range of institutions of confinement and discipline—i.e. poorhouses, workhouses, asylums, etc.—loosely associated with the “birth of the prison.”¹²¹ But if Bourbon authorities sought to reform the vices of the local populace in their overseas domains, they rarely used the mental hospital for such purposes. In fact, that the *fiscal* found himself compelled to place the troublesome Cosío in the reluctant custody of his brother shows that colonial authorities were often at a loss when dealing with insane offenders and that the provisioning of their custodial care remained ad hoc.¹²² San Hipólito may have loomed large as an attractive solution to the problem of criminal insanity, but its walls were highly porous.

Another criminal charged with escaping the mental hospital and suspected of feigning insanity was Rafael Cubo. On May 14, 1801, in the village of Coyoacán, adjacent to the

¹²⁰ On elite views toward poverty, mendacity, and vagrancy, see: María Cristina Sacristán, “Filantropismo, improductividad, y delincuencia en algunos textos novohispanos sobre pobres, vagos, y mendico (1782-1794),” *Relaciones* 36 (1988): 21-32; Arrom, *Containing the Poor*, chap. 1.

¹²¹ See: Pieter Spierenburg, *The Prison Experience: Disciplinary Institutions and their Inmates in Early Modern Europe* (Amsterdam: Amsterdam University Press, 2007), chap. 2;

¹²² Elizabeth Mellyn has emphasized the centrality of the family in providing long-term custodial solutions in cases involving the criminally insane prior to the establishment of mental hospitals. See *Mad Tuscans and their Families*, esp. chap. 2.

capital, Cubo and three accomplices—Perfecto Cortez, Martin Cortez, and Jose Antonio Ontiveros—robbed the *tienda* or shop of Don Manuel Negrete. The robbery took place at around eight-thirty in the evening after Negrete had departed, leaving his cashier to tend to the store. Negrete's two daughters and his eight-year old son were also present when men carrying firearms violently barged in through the doors. One of the robbers reportedly mounted the counter, seized the cashier by his hair, and threatened to kill him if he did not disclose the location of Negrete's money. When he refused, the thieves assaulted Negrete's oldest daughter who was also unwilling to acquiesce to their demands. It was the young boy, terrified and trembling, who finally showed the intruders where Negrete's money was hidden, and the thieves made off with it but not before fully ransacking the store and adjacent home, stealing linens, jewelry, plates, and various other valuable possessions.¹²³ In the ensuing investigation, the *tenientes* or deputies of the Acordada were quick to link the robbery with a similar one that had taken place in the same village months earlier at the shop of Doña Getrudis Elorriaga, who was robbed and badly beaten by a group of masked men armed with knives and rifles.¹²⁴

The four suspects were eventually identified, apprehended, and subjected to rigorous interrogation during which time their repeated offenses came into full disclosure. Cubo, however, was unable to testify on his own behalf as he had fallen mad just days after his imprisonment. He was admitted to San Hipólito on February 4, 1802, "for his recovery" and he fled just two months later.¹²⁵

¹²³ AGN, Criminal, vol. 360, exp. 1, ff. 1-2.

¹²⁴ *Ibid.*, f. 2; ff. 128v-129.

¹²⁵ *Ibid.*, f. 2v, f. 167.

As in the case of Felipe Sierra and Francisco Cosío, Cubo's flight from San Hipólito served as confirmation to colonial authorities that the prisoner had feigned madness to avoid punishment for his crimes. He was located six months later in the city of Puebla under the alias Rafael Chavarria and promptly placed in the local prison. Once again, Cubo attempted to escape confinement. Armed with a knife he had clandestinely acquired from another inmate, he managed to break free from his cell, but was ultimately spotted by the jail-keeper and stabbed in the ensuing altercation.¹²⁶ While recovering from a wound to his right shoulder at the Hospital de San Pedro in Puebla, Cubo was questioned by the *teniente provincial* (provincial deputy) of the Acordada, José García Quiñones. In order to fully prosecute the suspect, Quiñones requested to know Cubo's criminal history and the particularities of his residence and escape from San Hipólito.

Cubo's testimony exposed a life of lawlessness. He revealed that in 1800, he had been condemned to eight years of hard labor in the Havana presidio for an undisclosed crime. While en route to Havana, he was temporarily put to work in Veracruz where he managed to flee eighteen days into his sentence by stealing an unattended horse and galloping away into the hills. It was soon after that he met the brothers Martín and Perfecto Cortez, also fugitive convicts, and the three men, who were later joined by Ontiveros, headed towards Coyoacán where they undertook a series of robberies.¹²⁷

Regarding his committal in San Hipólito, Cubo emphatically denied ever feigning madness: "I was not coaxed to fake madness, nor was it my intention to do so," he told

¹²⁶ Ibid., ff. 57-60.

¹²⁷ Ibid., ff. 47v-49.

Quiñones. By his estimation, the entire episode had been an “accident.” His confinement in jail, he explained, had provoked surge of “passion” and *frenesi* during which time he was unable to account for his actions, nor could he recall the events that had transpired. While at San Hipólito, Cubo suddenly and remarkably found himself “restored to his reasoning” (*vuelto en su acuerdo*) and it was only then that he “contemplated escape to liberate himself from the punishment that awaited him.” The flight from San Hipólito had been surprisingly effortless: after using a rock to break his shackles, Cubo claimed to have approached the *portero* (doorman) and, “without any violence,” requested to leave, to which the doorman curiously conceded.¹²⁸

When prompted by authorities to investigate the incident and corroborate Cubo’s version of the escape, the prior general of San Hipólito revealed that the fugitive had not exactly politely asked leave the hospital. Rather, he had “intimidated” the *portero* guarding the *loquería* (infirmary) using one the bolts of his broken shackles. However, the prior general’s inquiry into the breakout went on to expose San Hipólito’s poor and uncoordinated system of surveillance. Not only could the prior general not identify the doorman whom Cubo had violently threatened since the guards “changed repeatedly,” but he also reported that the second *portero* supervising the doors to the main entrance was apparently not on duty.¹²⁹

Although the authorities remained unconvinced that Cubo had truly fallen ill and was then abruptly restored to his senses, the oppressive and squalid conditions of colonial prisons introduces an element of plausibility to Cubo’s story. Like the secret cells of the Holy Office, public jails were inhospitable and insalubrious places. Prisoners were either kept in tiny cells or

¹²⁸ Ibid., ff. 50-50v; 74-74v.

¹²⁹ Ibid., f. 155.

in dark, grimy dungeons with no lighting and little to no ventilation. To make matters worse, the jails were usually overcrowded and festered with mice, fleas, lice, and other vermin, and it was often the case that the inmates suffered from hunger, malnutrition, and disease.¹³⁰ That the occasional prisoner lost his wits under such wretched conditions, compounded by the stress of his imminent trial, is hardly surprising. According to José Manuel Tapía, an inmate who witnessed Cubo's insanity in the Acordada jail, Cubo became "furiously mad" after he was confined in the *bartolina* or dungeon. The deputies would react to Cubo's maddened fits by beating him and placing him in solitary confinement. Tapía believed these abusive measures were intended "not only to punish the prisoner, but to discover whether or not he was truly mad."¹³¹ Another inmate, José Antonio Manzarres, stated that Cubo endured the "greatest of miseries" while in prison and that whenever he became *furioso*, he would cease to eat and pace his cell naked.¹³²

Unfortunately for Cubo, the justices of the Acordada did not extend to him the same leniency that the *fiscal* had shown towards Francisco Cosío. Regardless of whether he had truly fallen mad or not, Cubo's escape from San Hipólito only aggravated a long personal history tarnished by habitual crime and repeated attempts to thwart the law. Given that he was, by his own admission, fully restored to his senses, there was no need to recruit the opinions of medical experts or delay sentencing. And in January of 1804, the justices of the Acordada decided to make an example of the hardened, resourceful, and wily criminal by condemning

¹³⁰ Haslip-Viera, *Crime and Punishment*, 88-92.

¹³¹ AGN, Criminal vol.360, exp.1, ff.149-149v.

¹³² *Ibid.*, f. 149v-150.

him to death by hanging.¹³³ In retrospect, Cubo would have been far better off had he never fled the confines of the colonial mental hospital.

Although Rafael Cubo was punished harshly, these cases of suspicious madness and hospital flight underscore the inability of the colonial state to fully and effectively transform San Hipólito, a charitable institution designed for the care of *pobres dementes*, into a space in which to manage the problem of criminal insanity. As we have seen, madness threw a wrench at the wheels of the criminal justice system—in much the same way that it stymied the protocols and proceedings of the Holy Office—and the inclination of the colonial magistrates was to act with paternalistic leniency and withhold punishment, either entirely or temporarily depending on the specific circumstances of the crime and criminal in question. And, by the late eighteenth century, mental hospitals, and San Hipólito especially, had come to figure prominently in their deliberations over *locura*, providing a convenient space for which to contain the violently inclined but legally exonerated, or the accused or convicted whose punishment was stalled pending recovery. But the hospital often received these patients reluctantly and, as evident in the plaintive laments of the prior general of San Hipólito, the confinement of criminals taxed the hospital's limited resources—short not just on funds, but also on space and manpower—and diverted attention away from the *pobres dementes* (however broadly this category had come to be construed) who had always been its principle charge. Far from an appendage of the colonial law enforcement, San Hipólito—and sister institution, the Divino Salvador—were often makeshift arrangements, embodying both centralized and local interests, with varying degrees of effectiveness and failure.

¹³³ Ibid., f. 202v.

Moreover, the phenomena of hospital flight and feigned madness (or at least colonial authorities' obsession with it) were symptomatic of the broader colonial condition, reflecting deep-seated tensions and widespread vulnerabilities in Spanish rule. Suspicions of pretended madness and evidence of hospital escapes—and, by extension, the prison breakouts with which they were often preceded or followed—did not simply reveal the daring tenacity of New Spain's criminal underbelly. Rather, they spoke more generally to the impotence of the colonial state, weakened by shrinking coffers, failed modernization projects, poor infrastructure, local corruption, and the everyday resistance strategies of its Spanish American subjects.

EPILOGUE

A Colonial Legacy

In February of 1808, much to the chagrin of a declining global power, the French invader Napoleon and his troops marched towards Madrid, having already sent the Portuguese royal family packing to Rio de Janeiro. What followed signaled the humiliating collapse of the Spanish government, as the king of Spain, Charles IV, and his immediate successor, Ferdinand VII, were placed under house arrest and forced to relinquish the throne to Napoleon's brother, Joseph Bonaparte. The event announced in the Iberian Atlantic the official onset of what has been called the "Age of Revolutions," as Spanish Americans throughout the mainland colonies grappled with questions of local governance and legitimate rule in the absence of the Spanish monarch. By mid-July, news of the monarchy's downfall had reached the viceroyalty of New Spain, heightening brewing tensions between creoles and peninsulars.¹ The mature colony, however, did not immediately respond to the imperial crisis by severing ties with the metropolis; nor did it profess obedience to the widely unpopular puppet government of the French emperor. Rather, because of the heavy concentration of royal officials within the colony, and the conservative orientation of the majority of the landed creole elite, the viceregal government remained loyal to the disgraced Spanish crown and continued to impose local rule in its name.² Meanwhile, popular rebellions—most famously, the insurgencies led by the priests, Miguel Hidalgo and José María Morelos—began to wreak social and economic havoc,

¹ John Lynch, *The Spanish American Revolutions, 1808-1926* (New York: W.W. Norton & Company, 1986), 304-306.

² Schwaller, *The History of Catholic Church in Latin America*, 121.

intensifying local discontent and political unrest.

It is difficult to gauge how the whirlwind of events taking place beyond San Hipólito's walls penetrated into the hospital's daily life. Surviving records for this period are sparse, itself an indication of internal disarray and hardship as the institution weathered the stormy tides of the turbulent decades that preceded independence.³ Although Hidalgo's army of mostly Indian and mestizo peasants never sacked the capital city—as the creole priest had mysteriously ordered his troops to retreat to the north, and was soon after captured and executed—the popular 1810 uprising and the similar movements it inspired only served to aggravate a financial crisis that was sorely felt throughout the capital's charitable establishments.⁴ By 1817, the situation was so dire that the viceroy, Juan Ruiz de Apodaca, felt compelled to issue a general fundraising appeal to the city council. As he lamented:

Since that fatal moment in which the atrocious fire of rebellion ignited on this handsome soil, all abundance has disappeared. The corporations, houses, and rich families have been reduced to extreme want, and the asylums of piety, which mostly subsisted on voluntary donations, have been left without funds to support their unhappy inmates.⁵

To be sure, local rebellions were not the sole cause of San Hipólito's financial woes. The parsimonious crown, in one of its last-gasp efforts to compete on the global stage, had issued in 1793 a controversial decree known as the Consolidación de Vales Reales

³ Silvia Arrom has also noted the scarcity of records for the Poor House in the early decades of the nineteenth century, a pattern, she observes, that recurred whenever the institution “weathered trying times.” *Containing the Poor*, 159.

⁴ Ibid., 158; Sánchez Uriarte, *Entre la misericordia y el desprecio*, 45; Howard, *The Royal Indian Hospital of Mexico City*, 71.

⁵ Quoted in Arrom, *Containing the Poor*, 160; see AGN, Policía vol. 30, f. 1.

(Consolidation of Royal Bonds), extending these measures to the Americas in 1804. The decree, a culmination of the Bourbon state's ongoing efforts to wrestle power and wealth from the church, mandated for the repayment of all loans whose interest supported pious works, as well as the forced auction of all church property, the proceeds of which would be used to fill the crown's draining coffers.⁶ It is not altogether clear how the Consolidación affected San Hipólito specifically, but the colony's hospitals appear to have experienced a collective pinch in their budgets as a consequence of these harsh and drastic measures, which were only compounded by the outbreak of local insurgencies. By 1813, the Royal Indian Hospital had ceased to provide San Hipólito with monthly compensation for the care and treatment of the mad indigenous patients on account of a "lack of funds."⁷ Signs of internal turmoil and financial distress were also evident in the fact that it was during this very same year that the number of *pobres dementes* occupying San Hipólito's cells plummeted to a stunning low of nineteen from its highpoint of 140 in 1777.⁸

San Hipólito was indeed struggling to stay afloat and in 1816 the new prior general of the hospital, Fray Eusevio Figueroa, filed a complaint with the *fiscal de lo civil* (civil prosecutor) of the Real Audiencia in a desperate effort to retrieve funds. "If in times of abundance and

⁶ On this decree and its implementation in the Americas, see: Margaret Chowning, "The Consolidación de Reales Vales in the Bishopric of Michoacan," *Hispanic American Historical Review* 69:3 (1989): 451-478; Brian R. Hammet, "The Appropriation of Mexican Church Wealth by the Spanish Bourbon Government: The Consolidación de Reales Vales, 1805-1809," *Journal of Latin American Studies* 1.2 (1969): 85-113.

⁷ AGN, Indiferente Virreinal, caja 0974, exp. 17, ff. 1-2. The Royal Indian Hospital also appears to have discontinued making payments to the Hospital de San Lázaro for the treatment of indigenous patients suffering from leprosy. See, Sánchez Uriarte, *op. cit.*, 45.

⁸ Ballenger, "Modernizing Madness," 63.

prosperity” the hospital had found itself short on resources, he began, then today during a period of “calamity and affliction...it takes little effort for me to explain...the daily tortures I experience finding bread and meat” to feed the *pobres dementes*, or even “measly linens,” he added, to clothe their suffering bodies.⁹ The prior general stressed that the hospital’s problems did not stem from a “lack of hospitality,” but were due to insufficient income, bemoaning the dissolution of the various financial arrangements secured by viceroy Bucareli during the hospital’s illustrious renovation. Figueroa was especially troubled by the failure of many cities in central Mexico to contribute their annual part to the hospital’s shrinking funds, their charitable “spirits,” he complained, “deaf to the clamors of humanity.”¹⁰ San Hipólito’s situation was undeniably pitiful and although the *fiscal de lo civil* expressed his sympathy and concern, he also reasoned that the “calamities” taking place on home soil would make it difficult if not impossible for the designated areas to acquiesce to the prior general’s demands.¹¹ Certainly the city of Guanajuato—which, by Figueroa’s accounts, owed San Hipólito 12,000 pesos—was in no position to fulfill payment, having been one of the first places sieged and taken by Hidalgo’s band of disgruntled peasants. Although the *ayuntamiento* (municipal government) eventually granted San Hipólito a “moderate” pension in support of the daily sustenance of the *pobres dementes*, it is highly doubtful that this contribution did much to stall the hospital’s rapid decline.¹²

⁹ AGN, Hospitales, vol. 24, exp. 18, ff. 413-413v.

¹⁰ Ibid., f. 415v, ff. 414v-415.

¹¹ Ibid., ff. 418-418v.

¹² Ibid., ff. 420.

Aside from exacerbating conditions of poverty, the fragmentation of the Spanish empire undermined the central role of the Order of San Hipólito within the hospital's administration. In 1820, the *hipólitos* were dealt a major blow when the Spanish *córtes*—a liberal parliament established in the king's absence and that jockeyed for power with Ferdinand VII after the monarchy's restoration in 1814—decreed the suppression of all the hospital orders.¹³ San Hipólito was soon after secularized and placed under the direct control and supervision of the municipal government. Immediately, the *ayuntamiento* appointed a syndicate to oversee the hospital's affairs as well as those of all the charitable establishments in Mexico City, led by the *regidor* (governing counselor), Don Manuel Balbotín. In February of 1821, just as the royalist-turned-patriot, Agustín de Iturbide, was entering into an unlikely alliance with Vicente Guerrero and other liberal insurgents in the final push for independence, Balbotín conducted his first inspection of the mental hospital. "In the spacious and beautiful house of San Hipólito," he observed, "there are housed fifty *pobres dementes* under the care of just one religious nurse." Among the patients, he noted, was a "foreign Englishman, or American, for whom it is not known if he is Catholic." Although the patient population had more than doubled from the nineteen that were documented for 1813, Balbotín emphasized the hospital's state of "harsh deprivation." San Hipólito's destitution was so severe that it could not even afford to provide for the patients' regular meals, often relying on leftovers sent from the Colegio of San Fernando.¹⁴ Clothing and bed linens were in also short supply, with Balbotín

¹³ Morales Cosme, 167; Muriel, *Hospitales de la Nueva España*, vol. 2, 283-285.

¹⁴ AHDF, *Hospitales e Iglesia de San Hipólito* vol. 2300, exp. 16, ff. 1.

later commenting that the *pobres dementes* were “almost naked.”¹⁵

Not long after Balbotín’s initial inspection and report, San Hipólito’s *bienes* or assets were officially transferred to the municipal government.¹⁶ But this action did not necessarily mean that the shift from religious to secular hands was entirely complete. In spite of the order’s suppression, the brothers of San Hipólito remained a visible presence in the hospital and continued to assume responsibility for the care of the insane patients for almost two more decades, its last two members dying in 1843.¹⁷ The hospital’s religious and charitable identity, moreover, remained intact and continued to thrive even when Mexico proudly proclaimed itself an independent nation on September 27, 1821. San Hipólito was technically no longer a colonial hospital, but it bore all the vestiges of Mexico’s strained ties to Spain.

* * *

Fifty years after independence, Mexico would worry obsessively about its backwardness and look to industrial Europe with envy. The failed empire of Iturbide, constant regime changes as liberals and conservatives vied for power, the war with the United States and the humiliating loss of nearly half of its territory to their upstart northern neighbors, and invasions from France, had left the young nation with a devastated economy and a deeply ingrained inferiority complex. As Mexican intellectuals wondered what went wrong, some looked with a combination pride and nostalgia to San Hipólito as a symbol of a bygone era when their nation

¹⁵ AHDF, Hospitales e Iglesia de San Hipólito vol. 2300, exp. 13, ff.1

¹⁶ Rivera Cambas, 388; AGN, Indiferente Virreinal caja 5746, exp. 18.

¹⁷ Ballenger, 65.

had been one of the early pioneers in providing rational and humane treatment to those afflicted with mental illness.

Such was the message of Dr. Sebastian Labastida, who was appointed director of San Hipólito in 1877. At a time when the institution had deteriorated into a national embarrassment—resembling, in his words, little more than a “prison for violent madmen”—he wistfully remarked on the hospital’s glorious colonial legacy. It was Mexico, he reminded his contemporaries, that possessed the first mental hospital of the western hemisphere, founded at a time when “almost all the civilized countries” of Europe lacked comparable establishments, mired, as they were, in backward notions of madness as having divine or demonic origins. While in New Spain, colonial charity fueled an institution that fed, clothed, and medically treated an unfortunate body of individuals who were unable to care for themselves, elsewhere in many parts of the world the mad were treated with utmost callousness and ignorance, “subjected to exorcisms and torture, burnt alive, oppressed by chains, [and] encaged like ferocious beasts.” At best, he continued, these poor and miserable creatures were “relegated to the darkest, dankest, and most insalubrious dungeons of convents and prisons”; or, just as unfortunate, they were abandoned and left to roam helplessly through the streets, “the objects of terror, contempt, and ridicule.” It was not until the eighteenth century, Labastida surmised, that conditions in Europe dramatically improved, guided in no small part by the currents of Enlightenment thinking. In England, London’s St Luke’s Hospital and the York Asylum represented formidable efforts to provide institutional and medical care to the insane, but these facilities, he argued, in their exclusionary policies, lacked the broad charitable ambit of their Mexican counterpart. In post-revolutionary France, the “sage Pinel” enjoyed the “glory of

having devised the most useful and humane measures of treatment.” However, in Mexico, Labastida boasted, these practices, ideas, and institutions regarding madness and its management had already existed for centuries.¹⁸

Early modern Europe, of course, was not as backward in their thinking about madness as Labastida would have us believe. Nor was San Hipólito’s colonial history, as we have seen, a story of success and glory. But at a time when Mexico’s incipient psychiatric profession and the nation at large looked to longingly to Europe, the myth of San Hipólito’s heroic origins and pioneering role, was a powerful one that assuaged the fears and anxieties of educated Mexicans who worried that their country was lagging behind.

¹⁸ AHSS, Fondo Beneficiencia Publica, Sección Hospital de San Hipólito, legajo 2, exp. 17, ff. 6-7v; see also, Ballenger, “Modernizing Madness,” 32.

BIBLIOGRAPHY

Archival Sources

Archivo General de la Indias, Seville, Spain (AGI)
México

Archivo General de la Nación, Mexico City, Mexico (AGN)
Bienes Nacionales
Carceles y Presidios
Clero Regular y Secular
Criminal
Gobierno Virreinal
Hospitales
Indiferente Virreinal
Inquisición
Obras Pías
Templos y Conventos
Tierras

Archivo Histórico del Distrito Federal, Mexico City, Mexico (AHDF)
Hospitales e Iglesia de San Hipólito
Hospital del Divino Salvador
Temporalidades, Jesuitas

Archivo Histórico de la Secretaria de Salud, Mexico City, Mexico (AHSS)
Hospital de San Hipólito
Hospital del Divino Salvador
Beneficiencia Pública

Instituto Nacional de Antropología e Historia, Mexico City, Mexico (INAH)
Hospital Real de los Naturales

Published Primary Sources

Cabrera y Quintero, Cayetano. *Escudo de Armas de México*. Mexico: 1746.

Covarrubias, Sebastian. *Tesoro de la Lengua Castellana*. Madrid: 1616.

Díaz de Arce, Juan. *Libro de la vida del próximo evangelico, el venerable Padre Bernardino Alvarez*. Mexico: 1762.

Bibliography

Eimerich, Nicolau. *Manual de inquisidores para uso de Las inquisiciones de España y Portugal*. Nabu Press, 2010.

Fernández de Lizardi, José Joaquín. *The Mangy Parrot: The Life and Times of Perquillo Sarniento, Written by Himself for his Children*. Trans. David L. Frye. Indianapolis: Hackett Publishing Company Company, 2004.

Gaceta de México tomo 1 num. 5. Mexico: 1722.

Gaceta de México tomo 1, num. 31. Mexico: 1730.

Gaceta de México tomo 1, num 67. Mexico: 1733.

Gante, Pedro de. "Carta de Fray Pedro de Gante al Emperador D. Carlos." *Cartas de Indias*. No.8. Madrid, 1877.

García, Francisco. *Libro de el venerable Bernardino Alvarez, fundador de la Orden de la Caridad*. Madrid: 1678.

Hevia de Bolaños, Juan. *Curia Philipica*. Madrid: 1790.

Horta, Pedro de. *Informe medico-moral de la penosissima y rigurosa enfermedad de la epilepsia*. Madrid, 1763.

Lardizabal y Uribe, Manuel de. *Discurso Sobre las Penas*. Mexico: 1776.

La administración de Frey Antonio María de Bucareli y Ursúa. Mexico: Talleres Gráficos de la Nación, 1936.

Las Siete Partidas, Volume 1: The Medieval Church. Trans. Samuel Parsons Scott. Ed. Robert I. Burns, S.J. Philadelphia: The University of Pennsylvania Press, 2001.

Mendieta, Geronimo, de. *Historia Eclesiástica Indiana*. Ed. Antonio Rubal García. Mexico City: Consejo Nacional Para la Cultura y Las Artes, 1997.

Motolina, Toribio. *Historia de los Indios de la Nueva Espana*. Mexico City: Porrúa, 2007.

Solórzano Pereira, Juan de. *Politica Indiana*. Vol. 2. Madrid: 1739.

Venegas, Juan Manuel. *Compendio de la Medicina Practica*. Mexico, 1788

Bibliography

Viera, Juan de. *Breve y compendiosa narracion de la ciudad de Mexico, corte y cabeza de toda la America septentrional. La ciudad de Mexico en el siglo XVIII (1690-1780)*. Ed. Gonzalo Obregón. Mexico, D.F.: Consejo Nacional Para la Cultura y las Artes, 1990.

Villaroel, Hipólito. *Enfermedades politicas que padece la capital de esta Nueva España*. Mexico, D.F.: Editorial Joaquin Mortiz, 2002.

Von Humboldt, Alexander. *Ensayo político sobre el reino de la Nueva España*. Mexico City: Editorial Porrúa, 2011.

Secondary Sources

Aceves Pastrana, Patricia. *El Hospital General de San Andrés: la modernización de la medicina novohispana 1770-1883*. Mexico, D.F: Universidad Autónoma Metropolitana, 2002.

Ackerknecht, Erwin H. "Political Prisoners in French Mental Institutions Before 1789, During the Revolution, and under Napoleon I." *Medical History* 19 (1975): 250-255.

Aguirre, Carlos A. and Robert Buffington. Eds. *Reconstructing Criminality in Latin America*. Wilmington, DE: Scholarly Resources, Inc., 2000.

Aguirre Beltrán, Gonzalo and Roberto Moreno de los Arcos. Eds. *Historia General de la Medicina en Mexico: Tomo II, Medicina Novohispana Siglo XVI*. Mexico, D.F.: Universidad Nacional Autónoma de México, 1990.

Alberro, Solange. *Inquisición y Sociedad en Mexico 1571-1700*. Mexico, D.F.: Fondo de Cultral Económica, 1988.

Alvarez-Uría, Fernando. *Miserables y locos: medicina mental y orden social en la España del Siglo XIX*. Barcelona: Tusquets Editores, 1983.

Alchon, Susan Austin. *A Pest in the New Land: New World Epidemics in Global Perspective*. Albuquerque: University of New Mexico Press, 2003.

Andrews, Jonathan and Andrew Scull. *Undertaker of the Mind: John Monro and Mad-Doctoring in Eighteenth-Century England*. Berkeley: University of California Press, 2001.

Andrews, Jonathan. Et. al. *The History of Bethlem*. London: Routledge, 1997.

Bibliography

- Arrizabalaga, Jon. "Poor Relief in Counter-Reformation Castile: An Overview." *Health Care and Poor Relief in Counter-Reformation Europe*. Eds. Ole Peter Grell et. al. London and New York: Routledge, 1999.
- Arrom, Silvia Marina. *The Women of Mexico City, 1790 – 1857*. Stanford: Stanford University Press, 1985.
- _____. *Containing the Poor: The Mexico City Poor House, 1774-1871*. Durham, NC: Duke University Press, 2000.
- Ballenger, Stephanie. "Modernizing Madness: Doctors, Patients and Asylums in Nineteenth-Century Mexico." Ph.D. Dissertation: University of California, Berkeley, 2009.
- Barreneche, Osvaldo. *Crime and the Administration of Justice in Buenos Aires, 1785-1853*. Lincoln: University of Nebraska Press, 2006.
- Barrera-Osorio, Antonio. *Experiencing Nature: The Spanish American Empire and the Early Scientific Revolution*. Austin: University Of Texas Press, 2006.
- Barry, Jonathan and Colin Jones. *Medicine and Charity Before the Welfare State*. London: Routledge, 1991.
- Barta, Roger. "Doce historias de melancolía en la Nueva España." *FRENIA* 4.1 (2004): 31-52.
- Bassoe, Peter. "Spain as the Cradle of Psychiatry." *The American Journal of Pyschiatry* 101 (1945): 731-738.
- Behar, Ruth. "Sex and Sin: Witchcraft and the Devil in Late-Colonial Mexico," *American Ethnologist* 14.1 (1987): 34-54.
- Berkstein Kanarek, Celia. "El Hospital del Divino Salvador." Tesis de Licenciatura. Universidad Nacional Autónoma de México, 1981.
- Bhattacharyya, Anouska. "Indians Insane: Lunacy and the 'Native' Asylums in Colonial India, 1858-1912." Ph.D. Dissertation: Harvard University, 2013.
- Bobb, Bernard E. *The Viceregency of Antonio Maria Bucareli in New Spain, 1771-1779*. Austin: University of Texas Press, 1962.
- Borah, Woodrow. "Social Welfare and Social Obligation in New Spain: A Tentative Assessment." *Congreso internacional de Americanista, España 1964: Actas y Memorias* 36.4 (1966): 45-57.

Bibliography

_____. *Justice by Insurance: The General Indian Court of Colonial Mexico and the Legal Aides of the Half-Real*. Berkeley: The University of California Press, 1983.

Boyer, Richard. *The Lives of the Bigamists: Marriage, Family, and Community in Colonial Mexico*. Abridged ed. Albuquerque: University of New Mexico Press, 1995.

Brading, D.A. "Tridentine Catholicism and Enlightened Despotism in Bourbon Mexico." *Journal of Latin American Studies* 15.1 (1983): 1-22.

_____. *The First America: The Spanish Monarchy, Creole Patriots, and the Liberal State, 1492-1867*. Cambridge, UK: Cambridge University Press, 1991.

_____. *Church and State in Bourbon Mexico: The Diocese of Michoacan, 1749-1810*. Cambridge: Cambridge University Press 1994.

_____. *Mexican Phoenix, Our Lady of Guadalupe: Image and Tradition Across Five Centuries*. Cambridge: Cambridge University Press, 2001.

Brodman, James William. *Charity and Welfare: Hospitals and the Poor in Medieval Catalonia*. Philadelphia: University of Pennsylvania Press, 1998.

Brown, Julie. "Peasant Survival Strategies in Late Imperial Russia: The Social Uses of the Mental Hospital." *Social Problems* 34.3 (1987): 311-329.

Buffington, Robert M. *Criminal and Citizen in Modern Mexico*. Lincoln: University of Nebraska Press, 2000.

Burkhart, Louise M. *The Slippery Earth: Nahuatl-Christian Moral Dialogue in Sixteenth-Century Mexico*. Tucson: The University of Arizona Press, 1989.

Burns, Kathryn. *Colonial Habits: Convents and the Spiritual Economy of Cuzco, Peru*. Durham: Duke University Press, 1999.

Caciola, Nancy. *Discerning Spirits: Divine and Demonic Possession in the Middle Ages*. Ithaca and London: Cornell University Press, 2003.

Cahill, David. "Financing Health Care in the Viceroyalty of Peru: The Hospitals of Lima in the Late Colonial Period." *The Americas* 52.2 (1995): 123-154

Calabritto, Monica. "Medical and Moral Dimensions of Feminine Madness: Representing Madwomen in the Renaissance." *Forum Italicum* 36.1 (2002), 26-52.

Bibliography

_____. "A Case of the Melancholic Humor and *Dilucida Intervalla*." *Intellectual History Review* 18.1 (2008): 139-154.

Calderón Narváez, Guillermo. "Hospitales psiquiátricos de México: desde la colonia hasta la actualidad." *Revista mexicana de neurología y psiquiatria* 7.3 (1966): 111-126.

Callahan, William J. "The Problem of Confinement: An Aspect of Poor Relief in Eighteenth-Century Spain." *The Hispanic American Historical Review* 51.1 (1971): 1-24.

Cameron, Catherine M. *Beyond Germs: Native Depopulation in North America*. Tuscon: University of Arizona Press, 2015.

Campos-Navarro, Roberto and Adriana Ruiz-Llanos. "Adecuaciones interculturales en los hospitales para indios en la Nueva España." *Gaceta Médica Mexicana* 137.6 (2001): 596-608.

Cañizares-Esguerra, Jorge. "New World, New Stars: Patriotic Astrology and the Invention of Indian and Creole Bodies in Colonial Spanish America, 1600-1650." *The American Historical Review* 104.1 (1999): 33-68.

_____. *Puritan Conquistadors: Iberianizing the Atlantic, 1550-1700*. Stanford: Stanford University Press, 2006.

_____. *Nature, Empire, and Nation: Exploration of the History of Science in the Iberian World*. Stanford: Stanford University Press, 2006.

Cantella, Francisco. "La Orden Hospitalaria de San Hipólito Hasta la Fecha de su Reforma." *Anuario de Estudios Americanos* 37 (1980): 127-155.

Carbajal López, David. "Exclaustración o continuidad: conventos hospitaes y frailes en Veracruz, 1820-1834." *Ulua* 11 (2008): 45-70.

Carrera, Elena. "Understanding Mental Disturbance in Sixteenth- and Seventeenth-Century Spain: Medical Approaches." *Bulletin of Spanish Studies* 87.8 (2010): 105-136.

_____. "Anger and the Mind-Body Connection in Medieval and Early Modern Medicine." *Emotions and Health, 1200-1700*. Ed. Elena Carrera. Leiden and Boston: Brill, 2013.

Cervantes, Fernando. *The Devil in the New World: The Impact of Diabolism in New Spain*. New Haven: Yale University Press, 1994.

Chase, Bradley Lewis. "Medical Care for the Poor in Mexico City, 1770-1810: An Aspect of Spanish Colonial *Beneficencia*." Ph.D. Dissertation: University of Maryland, 1975.

Bibliography

Chowning, Margaret. "The Consolidación de Reales Vales in the Bishopric of Michoacan." *Hispanic American Historical Review* 69:3 (1989): 451-478

_____. "Convent Reform, Catholic Reform, and Bourbon Reform in Eighteenth-Century New Spain: The View From the Nunnery." *Hispanic American Historical Review* 85.1 (2005): 1-37.

Cohen, Martin A. *The Martyr: Luis de Caravajal, a Secret Jew in Sixteenth-Century Mexico*. Albuquerque: The University of New Mexico Press, 1973.

Cook, David Noble. *Born to Die: Disease and New World Conquest*. Cambridge, UK: Cambridge University Press, 1998.

Cope, Douglas. *The Limits of Racial Domination: Plebian Society in Colonial Mexico City, 1660-1720*. Madison: University of Wisconsin Press, 1994.

Crosby, Alfred W. "Virgin Soil Epidemics as a Factor in the Aboriginal Depopulation in America." *The William and Mary Quarterly* 33.2 (1976): 289-299

_____. *The Columbian Exchange: Biological and Cultural Consequences of 1492*. Cambridge, UK: Cambridge University Press, 1986.

Cunningham, Andrew. *The Medical Enlightenment in the Eighteenth Century*. Cambridge: Cambridge University Press, 1997.

Cutter, Charles R. *The Legal Culture of Northern New Spain 1700-1810*. Albuquerque: University of New Mexico Press, 1995.

Czeblakow, Agnieszka. "A Prison by Any Other Name: Incarceration in Seventeenth and Eighteenth-Century Audiencia de Quito." Ph.D. Dissertation: Emory University, 2011.

De Burjanda, Jesus M. "Recent Historiography of the Spanish Inquisition (1977-1988): Balance and Perspective." *Cultural Encounters: The Impact of the Inquisition in Spain and the New World*. Ed. Mary Elizabeth Perry and Anne J. Cruz. Berkeley: University of California Press, 1991.

De Renzi, Silvia. "Witnesses of the Body: Medico-legal Cases in Seventeenth-Century Rome." *Studies in the History and Philosophy of Science* 33 (2002): 219-242.

_____. "Medical Expertise, Bodies, and the Law in Early Modern Courts." *Isis* 98 (2007): 315-322.

De Vos, Paula. "The Art of Pharmacy in Seventeenth and Eighteenth Century Mexico." PhD Dissertation. University of California, Berkeley, 2001.

Bibliography

_____. "Research, Development, and Empire: State Support of Science in the Later Spanish Empire." *Colonial Latin American Review* 15.1 (2006): 55-79

Digby, Anne. *Madness, Morality, and Medicine: A Study of the York Retreat 1796-1914*. Cambridge: Cambridge University Press, 1985.

Eamon, William. "'Nuestros males no son constitucionales, sino circunstanciales': The Black Legend and the History of Early Modern Spanish Science." *The Colorado Review of Hispanic Studies* 7 (2009): 13-30.

Edington, Claire. "Beyond the Asylum: Colonial Psychiatry in French Indochina, 1880-1940." Ph.D. Dissertation: Columbia University, 2013.

_____. "Going in and Getting Out of the Colonial Asylum: Families and Psychiatric Care in French Indochina." *Comparative Studies in Society and History* 55.3 (2013): 725-755.

Eigen, Joel Peter. *Witnessing Insanity: Madness and Mad-Doctors in the English Court*. New Haven: Yale University Press, 1995.

Ernst, Waltraud. *Mad Tales from the Raj: Colonial Psychiatry in South Asia, 1800-58*. London: Anthem Press, 2010.

Este, J. Worth. "The Reception of American Drugs in Europe, 1500-1650." *Searching for the Secrets of Nature: The Life and Works of Dr. Francisco Hernandez*. Eds. Simon Varey et. al. Stanford: Stanford University Press, 2000.

Fanon, Frantz. *The Wretched Earth*. New York: Grove Press, 2005 [1963].

Farriss, Nancy. *Crown and Clergy in Colonial Mexico, 1759-1821: The Crisis of Ecclesiastical Privilege*. London: Athelone Press, 1968.

Fett, Sharla. *Working Cures: Health, Healing and Power on Southern Slave Plantations*. Chapel Hill: The University of North Carolina Press, 2006.

Few, Martha. *Women Who Lead Evil Lives: Gender, Religion, and the Politics of Power in Colonial Guatemala*. Austin: University of Texas Press, 2002.

_____. "Indian Autopsy and Epidemic Disease in Early Colonial Mexico." *Invasion and Transformation: Interdisciplinary Perspectives on the Conquest of Mexico*. Ed. Rebecca P. Brien and Margaret A. Jackson. Boulder: University of Colorado Press, 2008.

Bibliography

_____. "Circulating Smallpox Knowledge: Guatemalan Doctors, Maya Indians, and Designing Spain's Royal Vaccination Expedition, 1780-1806." *History of Science* 43:4 (2010): 519-537.

_____. "Medical Mestizaje and the Politics of Pregnancy in Colonial Guatemala, 1660-1730." *Science in the Spanish and Portuguese Empires*. Ed. Daniela Bleichmar et. al. Stanford: Stanford University Press, 2008.

_____. *For all of Humanity: Mesoamerican and Colonial Medicine in Enlightenment Guatemala*. Tucson: University of Arizona Press, 2015.

Fields, Sherry. *Pestilence and Headcolds: Encountering Illness in Colonial Mexico*. New York: Columbia University Press, 2008.

Finzsch, Norbert and Robert Jutte, eds. *Institutions of Confinement: Hospitals, Asylums, and Prisons in Western Europe and North America, 1500-1950*. Cambridge: Cambridge University Press, 1996.

Flynn, Maureen. *Sacred Charity: Confraternities and Social Welfare in Spain, 1400-1700*. London: Macmillan Press, 1989.

_____. "Blasphemy and the Play of Anger in Sixteenth-Century Spain." *Past and Present* 149 (1995): 29-56.

_____. "Taming Anger's Daughters: New Treatment for Emotional Problems in Renaissance Spain." *Renaissance Quarterly* 51 (1998): 864-86.

Foster, George M. *Culture and Conquest: America's Spanish Heritage*. New York: Wenner-Gren Foundation for Anthropological Research, 1960.

Foucault, Michel. *Madness and Civilization: A History of Insanity in the Age of Reason*. New York: Vintage Books, 1988 [1965].

Gentilcore, David. *Healers and Healing in Early Modern Italy*. Manchester: Manchester University Press, 1998.

Gibson, Charles. *The Aztecs Under Spanish Rule: a History of the Indians of the Valley of Mexico, 1519-1810*. Stanford: Stanford University Press, 1964.

Giles, Mary. E. *Women and the Inquisition: Spain and the New World*. Baltimore: The Johns Hopkins University Press, 1999.

Glasgow, Sharon Bailey. *Constructing Mexico City: Colonial Conflicts Over Culture, Space and Authority*. London: Palgrave Macmillan, 2010.

Bibliography

Goffman, Irving. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. New York: Anchor Books, 1961.

Goldberg, Ann. *Sex, Religion, and the Making of Modern Madness: The Eberbach Asylum and German Society, 1815-1849*. Oxford: Oxford University Press, 1999.

Goldin, Mary Grace. "Juan de Dios and the Hospital of Christian Charity." *Journal of the History of Medicine* (1978): 6-34.

_____. *Work of Mercy: A Pictorial History of Hospitals*. Erin, Ont.: Boston Mills Press, 1994.

Goldstein, Jan. *Console and Classify: The French Psychiatric Profession in the Nineteenth Century*. Chicago: University of Chicago Press, 2001 [1987].

Gómez, Fernando. *Good Places and Non-places in Colonial Mexico: The Figure of Vasco De Quiroga (1470-1565)*. Lanham, MD: University Press of America, 2001.

Gonzalez Duro, Enrique. *Historia de la Locura en España*. 3 vols. Madrid: 1994.

Gonzalbo Aizpuru, Pilar. "Violencia y discordia en las relaciones personales en la ciudad de Mexico a fines del siglo XVIII." *Historia Mexicana* 51.2 (2001): 233-259

Gonzales de Pablo, Angel. "The Medicine of the Soul: The Origin and Development of Thought on the Soul and Diseases of the Soul and Their Treatment in Medieval and Renaissance Medicine." *History of Psychiatry* 5 (1994): 483-516.

Goodheart, Lawrence B. "The Distinction Between Witchcraft and Madness in Colonial Connecticut." *History of Psychiatry* 12 (2002): 433-444.

_____. *Mad Yankees: The Hartford Retreat for the Insane and Nineteenth-Century Psychiatry*. Amherst: University of Massachusetts Press, 2003.

_____. "Murder and Madness: The Ambiguity of Moral Insanity in Nineteenth-Century Connecticut." *Murder on Trial, 1620-2002*. Ed. Robert Asher, et. al. Albany: State University of New York Press, 2005.

Grabshaw, Lindsay and Roy Porter. Eds. *The Hospital in History*. London: Routledge, 1989.

Greenleaf, Richard E. "The Mexican Inquisition and the Enlightenment, 1763-1805." *New Mexico Historical Review* 41:3 (1966): 181-196.

Bibliography

_____. *The Mexican Inquisition of the Sixteenth Century*. Albuquerque: University of New Mexico Press, 1969.

_____. "The Inquisition in Eighteenth-Century New Mexico." *New Mexico Historical Review* 60.1 (1985): 29-60.

_____. "Historiography of the Mexican Inquisition: Evolution of Interpretations and Methodologies." . *Cultural Encounters: The Impact of the Inquisition in Spain and the New World*. Ed. Mary Elizabeth Perry and Anne J. Cruz. Berkeley: University of California Press, 1991.

Grell, Ole Peter and Andrew Cunningham with Jon Arrizabalaga. Eds. *Health Care and Poor Relief in Counter-Reformation Europe*. London: Routledge, 1999.

Gruzinski, Serge. *The Mestizo Mind: The Intellectual Dynamics of Colonization and Globalization*. Trans. Deke Dusinberre. London: Routledge, 2002.

Guerra, Francisco. *El hospital en Hispanoamerica y Filipinas, 1492-1898*. Madrid: Ministerio de Sanidad y Consumo, 1994.

Guijarro Oliveras, J. "Politica Sanitaria en las Leyes de Indias," *Archivo Iberoamericano de Historia de la Medicina y antropología médica* 9 (1957): 255-262.

Gutting, Gary. "Foucault and the History of Madness." *The Cambridge Companion to Foucault*. Ed. Gary Gutting. Cambridge: Cambridge University Press, 2004.

Haliczer, Stephen. *Sexuality in the Confessional: a Sacrament Profaned*. Oxford University Press US, 1996.

_____. *Between Exaltation and Infamy: Female Mystics in the Golden Age of Spain*. Oxford: Oxford University Press, 2006.

Hammet, Brian R. "The Appropriation of Mexican Church Wealth by the Spanish Bourbon Government: The Consolidación de Reales Vales, 1805-1809." *Journal of Latin American Studies* 1.2 (1969): 85-113

Haslip-Viera, Gabriel. "The Underclass." *Cities and Society in Colonial Latin America* Eds. Louisa Schell Hoberman and Susan Midgen Socolow. Albuquerque: University of New Mexico Press, 1986.

_____. *Crime and Punishment in Late Colonial Mexico City, 1692-1810*. Albuquerque: University of New Mexico Press, 1999.

Bibliography

Henderson, John. *The Renaissance Hospital: Healing the Body and Healing the Soul*. New Haven: Yale University Press, 2006.

Hernández Sáenz, Luz María. *Learning to Heal: The Medical Profession in Colonial Mexico, 1767-1831*. New York: Peter Lang, 1997.

_____. "Matters of Life and Death: The Hospital of San Pedro in Puebla, 1790-1802." *Bulletin of the History of Medicine* 76.4 (2002): 669-697

Herr, Richard. *The Eighteenth-Century Revoultion in Spain*. Princeton: Princeotn University Press, 1958.

Herraez de Eschariche, Julia. *Beneficencia de España en Indias*. Seville: Escuela de Estudios Hispanoamericanos, 1949.

Herzog, Tamar. *Upholding Justice: Society, State, and the Penal System in Quito, 1650-1750*. Ann Arbor: University of Michigan Press, 2004.

Huguet-Termes, Teresa and Jon Arrizabalaga. "Hospital Care for the Insane in Barcelona, 1400-1700." *Bulletin of Spanish Studies: Hispanic Studies and Researches on Spain, Portugal and Latin America* 87.8 (2010): 81-104.

Hodgkin, Katharine. *Madness in Seventeenth-Century Autobiography*. New York: Palgrave Macmillian, 2007.

Horden, Peregrine. "A Non-Natural Environment: Medicine without Doctors and the Medieval European Hospital." *The Medieval Hospital and Medical Practice*. Ed. Barbara S. Bowers Aldershot: Ashgate, 2007.

Howard, David A. *The Royal Indian Hospital of Mexico City*. Tempe, AZ: Arizona State University, 1980.

Houston, R.A. *Madness and Society in Eighteenth-Century Scotland*. Oxford: Oxford University Press, 2000.

Huertas, Rafael. "Historiografía de la asistencia psiquiátrica en España: De Los 'mitos fundacionales' a la historia social." *Secuencia* 51 (2001): 123-144.

Jackson, Lynette. *Surfacing Up: Psychiatry and Social Order in Colonial Zimbabwe, 1908-1968*. Ithaca: Cornell University Press, 2005.

Jackson, Stanley W. "Melancholia and the Waning of Humoral Theory." *Journal of the History of Medicine* 33 (1978): 367-376.

Bibliography

_____. "Melancholia and Mechanical Explanation in Eighteenth-Century Medicine." *Journal of the History of Medicine and the Allied Sciences* 38 (1983): 298-319

_____. *Melancholia & Depression from Hippocratic Times to Modern Times*. New Haven: Yale University Press, 1986.

Jaffary, Nora E. *False Mystics: Deviant Orthodoxy in Colonial Mexico*. Lincoln and London: University of Nebraska Press, 2004.

Jimenez Olivares, Ernestina. *Psiquiatria e Inquisición: Procesos A Enfermos Mentales*. Mexico, D.F.: U.N.A.M, 1992.

_____. "Hospital el Divino Salvador para mujeres dementes." *Cirujia y cirujanos* 64.6 (1996): 175-178.

_____. "La atención de los enfermos mentales." *Historia general de la medicina en Mexico. Tomo IV: Siglo XVIII*. Ed. Xóchitl Martínez Barbosa et. al. Mexico, D.F.: UNAM, Facultad de Medicina, 1984.

_____. *Los Medicos en el Santo Oficio*. Mexico, D.F., 2000.

Johnson, Lyman L. and Sonya Lipsett-Rivera. Eds. *The Faces of Honor in Colonial Latin America: Sex, Shame, and Violence*. Albuquerque: University of New Mexico Press, 1998.

Jones, Colin. "The Treatment of the Insane in Eighteenth- and Early Nineteenth-Century Montpellier: A Contribution to the Prehistory of the Lunatic Asylum in Provincial France." *Medical History* 24 (1980): 371 -390.

_____. *The Charitable Imperative: Hospitals and Nursing in Ancien Regime and Revolutionary France*. London: Routledge, 1989.

_____. "The Construction of the Hospital Patient in Early Modern France." *Institutions of Confinement: Hospitals, Asylums, and Prisons in Western Europe and North America, 1500-1950*. Eds. Norbert Finzsch and Robert Jütte. Cambridge: Cambridge University Press, 1996.

Jones, David. "Virgin Soil Epidemics Revisited." *William & Mary Quarterly* 60 (2003): 703-742

Jütte, Robert. *Poverty and Deviance in Early Modern Europe*. Cambridge: Cambridge University Press, 1994.

Keitt, Andrew W. "Religious Enthusiasm, the Spanish Inquisition, and the Disenchantment of the World." *Journal of the History of Ideas* 65.2 (2004): 231-250.

Bibliography

_____. *Inventing the Sacred: Imposture, Inquisition, and the Boundaries of the Supernatural in Golden Age Spain*. Leiden and Boston: Brill, 2005.

Keller, Richard C. *Colonial Madness: Psychiatry in French North Africa*. Chicago: University of Chicago Press, 2007.

Klor de Alva, Jorge. "Colonizing Souls: The Failure of the Indian Inquisition and the Rise of Penitential Discipline." *Cultural Encounters: The Impact of the Inquisition in Spain and the New World*. Eds. Mary Elizabeth Perry and Anne J. Cruz. Berkeley: University of California Press, 1991.

_____. "Colonialism and Postcolonialism as (Latin) American Mirages." *Colonial Latin American Review* 1 (1992): 3-23.

_____. "The Postcolonization of (Latin) American Experience: A Reconsideration of 'Colonialism,' 'Postcolonialism,' and 'Mestizaje.'" *After Colonialism: Imperial Histories and Postcolonial Displacements*. Ed. Gyan Prakash. Princeton: Princeton University Press, 1995.

Kross, Jerome and Bernard Bechrach. "Sin and Mental Illness in the Middle Ages." *Psychological Medicine* 14.3 (1984): 507-514.

Lanning, John Tate. *The Royal Protomedicato: The Regulation of the Medical Profession in the Spanish Empire*. Durham, NC: Duke University Press, 1985.

Larkin, Brian. *The Very Nature of God: Baroque Catholicism and Religious Reform in Bourbon Mexico City*. Albuquerque: The University of New Mexico Press, 2010.

Lavrin, Asunción. Ed. *Sexuality and Marriage in Colonial Latin America*. Lincoln and London: University of Nebraska Press, 1989.

_____. "Sexuality in Colonial Mexico: A Church Dilemma." *Sexuality and Marriage in Colonial Latin America*. Ed. Asunción Lavrin. Lincoln and London: University of Nebraska Press, 1989.

Lederer, David. *Madness, Religion and the State in Early Modern Europe: a Bavarian Beacon*. Cambridge: Cambridge University Press, 2009.

Leiby, John S. "San Hipolito's Treatment of the Mental Ill in Mexico City, 1589-1650." *Historian* 54.3 (1992): 491-498.

Bibliography

Leon-Portilla, Miguel. "Las Comunidades Mesoamericanas ante la institución de los hospitales para Indios." *Boletín de la Sociedad Mexicana de Historia y Filosofía de la Medicina* 44 (1983): 195-216.

Lewis, Laura E. "The 'weakness' of women and the feminization of the Indian in Colonial Mexico." *Colonial Latin American Review* 5.1 (1996): 73-95

_____. *Hall of Mirrors: Power, Witchcraft, and Caste in Colonial Mexico*. Durham: Duke University Press, 2003.

Lindemann, Mary. *Medicine and Society in Early Modern Europe*. Cambridge: Cambridge University Press, 1999.

_____. "Murder, Melancholy, and the Insanity Defence in Eighteenth-Century Hamburg," *Medicine, Madness, and Social History: essays in Honour of Roy Porter*. Eds. Roberta E. Bivins and John V. Pickstone. London: Palgrave Macmillan, 2007.

Lipsett-Rivera, Sonya. "A Slap in the Face of Honor: Social Transgression and Women in Late Colonial Mexico." *The Face of Honor: Sex, Shame, and Violence in Colonial Latin America*. Ed. Sonya Lipsett-Rivera and Lyman L. Johnson. Albuquerque: University of New Mexico Press, 1998.

_____. "Mira Lo Que Hace El Diablo: The Devil in Mexican Popular Culture, 1750-1856." *The Americas* 59.2 (2002): 201-219.

Lis, Catharina and Hugo Soly. "'Total Institutions' and the Survival Strategies of the Laboring Poor in Antwerp." *The Use of Charity: The Poor on Relief in the Nineteenth-Century Metropolis*. Ed. Peter Mandler. Et. al. Philadelphia: University of Pennsylvania Press, 1990.

Lockhart, James. *The Nahuas under Spanish Rule: A Social and Culture History of the Indians of Central Mexico*. Stanford: Stanford University Press, 1994.

López Alonso, Carmen. *Locura y sociedad en Sevilla: historia del hospital de los inocentes (1436?-1840)*. Sevilla: Diputación Provincial, 1988.

López Austin, Alfredo. *Textos de Medicina Náhuatl*. Mexico, D.F.: Instituto de Investigaciones Históricas, 1975.

_____. *The Human Body and Ideology: Concepts of the Ancient Nahuas*. University of Utah Press, 1988.

Bibliography

López Pinero, José M. and José Pardo Tomas. *Searching for the Secrets of Nature: The Life and Works of Dr. Francisco Hernandez*. Eds. Simon Varey et. al. Stanford: Stanford University Press, 2000.

López Terrada, Maria Luz. "Health Care and Poor Relief in the Crown of Aragon." *Health Care and Poor Relief in Counter-Reformation Europe*. Ed. Ole Peter Greel, et. al. (London: Routledge, 1999).

Lozano Armendares, Teresa. *La criminalidad en la Ciudad de México, 1800-1821*. Mexico DF: Universidad Nacional Autónoma de México, 1987.

Lynch, John. *Spanish American Revolutions, 1808-1826*. New York: Norton, 1973.

_____. *Bourbon Spain, 1700-1808*. Oxford: Blackwell, 1989.

MacDonald, Michael. *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England*. Cambridge: Cambridge University Press, 1983.

MacClachlan, Colin M. *Criminal Justice in Eighteenth Century Mexico: A Study of the Tribunal of the Acordada*. Berkeley: University of California Press, 1974.

_____. *Spain's Empire in the New World: The Role of Ideas in Institutional and Social Change*. Berkeley: University of California Press, 1988.

Magherini, Graziella and Vittorio Biotti. "Madness in Florence in the 14th - 18th Centuries." *Internal Journal of Law and Psychiatry* 21.4 (1998): 355-368.

Mahone, Sloan and Megan Vaughn. *Psychiatry and Empire*. New York: Palgrave Macmillan, 2007.

Marroqui, José María. *La Ciudad de Mexico*. 2nd. ed. Mexico: 1969.

Martin, Cheryl English. "The San Hipolito Hospitals of Colonial Mexico, 1566-1702." Ph.D. Dissertation. Tulane University, 1976.

Martinez, Maria Elena. *Genealogical Fictions: Limpieza de Sangre, Religion, and Gender in Colonial Mexico*. Stanford: Stanford University Press, 2008.

_____. "The Language, Genealogy, and Classification of 'Race' in Colonial Mexico." *Race and Classification: The Case of Mexican America*. Eds. Illona Katzew and Susan Deans-Smith. Stanford: Stanford University Press, 2009.

Bibliography

Martínez Barbosa, Xóchitl. "La práctica de la beneficencia." *Historia general de la medicina en México*, tomo IV: *medicina novohispana*, siglo XVIII. Ed. Xóchitl Martínez Barbosa. Et. al. Mexico, D.F.: UNAM, Facultad de Medicina, 1984.

Martz, Linda. *Poverty and Welfare in Hapsburg Spain: The Example of Toledo*. Cambridge: Cambridge University Press, 1983.

McCaa, Robert. "Spanish and Nahuatl Views on Smallpox and Demographic Catastrophe in Mexico." *Journal of Interdisciplinary History* 25.3 (1995): 397-341.

McKedrick, Geraldine and Angus MacKay. "Visionaries and Affective Spirituality during the First Half of the Sixteenth Century." *Cultural Encounters: The Impact of the Inquisition in Spain and the New World*. Ed. Mary Elizabeth Perry and Anne J. Cruz. Los Angeles: University of California Press, 1991.

Megged, Amos. "Poverty and Welfare in Mesoamerica During the Sixteenth and Seventeenth Centuries: European Archetypes and Colonial Translations." *Colonial Latin American Historical Review* 6.1 (1997): 1-29.

Mellyn, Elizabeth W. "A History of Madness, Medicine and the Law in Italy, 1350-1650." PhD dissertation. Harvard University, 2007.

_____. *Mad Tuscans and their Families: A History of Mental Disorder*. Philadelphia: University of Pennsylvania Press, 2014.

Melvin, Karen. *Building Colonial Cities of God: Mendicant Orders and Urban Culture in New Spain*. Stanford: Stanford University Press, 2012.

Midelfort, H.C. Erik. "Madness and Civilization in Early Modern Europe: A Reappraisal of Michel Foucault." *After the Reformation: Essays in Honor of J.H. Hexter*. Ed. Barbara C. Malament. Philadelphia: University of Pennsylvania Press, 1980.

_____. *Mad Princes of Renaissance Germany*. Charlottesville, VA: University Press of Virginia, 1994.

_____. *A History of Madness in Sixteenth-Century Germany*. Stanford: Stanford University Press, 1999.

Milton, Cynthia E. *The Many Meanings of Poverty: Colonialism, Social Compacts, and Assistance in Eighteenth-Century Ecuador*. Stanford: Stanford University Press, 2007.

Morgan, Ronald. J. *Spanish American Saints and the Rhetoric of Identity, 1600-1810*. Tucson, The University of Arizona Press, 2002.

Bibliography

Muriel, Josefina. *Hospitales de la Nueva España*. 2 vols. Mexico City: 1956.

_____. *El recogimiento de las mujeres: repuesta a una problema social novohispanica*. Mexico, D.F.: 1974.

_____. "El modelo arquitectónico de los hospitales para dementes en la Nueva España." *Retablo barroco á la memoria de Francisco de la Maza*. Mexico, D.F.: U.N.A.M, 1974.

Nalle, Sara Tighman. *Mad for God: Bartolomé Sanchez, the Secret Messiah of Cardenete*. Charlottesville: The University of Virginia Press, 2001.

Navarro Brotóns, Victor and William Eamon. Eds. *Más allá de la leyenda negra: España y la revolución científica. Beyond the Black Legend: Spain and the Scientific Revolution*. Valencia: Instituto de la Historia de la Ciencia y Documentación López Piñero, Universitat de València, 2007).

Nesvig, Martin Austin. *Ideology and Inquisition: The World of the Censors in Early Mexico*. New Haven: Yale University Press, 2009.

O'Hara, Matthew D. *A Flock Divided: Race, Religion, and Politics in Mexico, 1749-1857*. Durham, NC: Duke University Press, 2010.

Ordorika Sacristán, Teresa. "¿Herejes o Locos?" *Cuicuilco* 45 (2009): 139-162.

Ortiz de Montellano, Bernard. *Aztec Medicine, Health, and Nutrition*. New Brunswick: Rutgers University Press, 1990.

Owensby, Brian P. *Empire of Law and Indian Justice in Colonial Mexico*. Stanford: Stanford University Press, 2008.

Pagden, Anthony. *The Fall of Natural Man: The American Indian and the Origins of Human Ethnology*. Cambridge: Cambridge University Press, 1982.

_____. *European Encounters with the New World: From Renaissance to Romanticism*. New Haven and London: Yale University Press, 1993.

_____. *Lords of the all the World: Ideologies of Empire in Spain, Britain, and France c. 1500- c. 1800*. New Haven and London: Yale University Press, 1995.

_____. *Spanish Imperialism and the Political Imagination*. New Haven: Yale University Press, 1990.

Bibliography

Paquette, Gabriel B. *Enlightenment, Governance, and Reform in Spain and its Empire, 1759- 1808*. New York: Palgrave Macmillan, 2008.

Pardo, Osvaldo F. *The Origins of Mexican Catholicism: Nahau Rituals and Christian Sacraments in Sixteenth-Century Mexico* (Ann Arbor: The University of Michigan Press, 2006).

Park, Katharine. "Healing the Poor: Hospitals and Medical Assistance in Renaissance Florence." *Medicine and Charity before the Welfare State*. Eds. Jonathan Barry and Colin Jones. London: Routledge, 1991.

Park, Katharine and John Henderson. "'The First Hospital Among Christians': The Ospedale Di Santa Maria Nuova in Early Sixteenth-Century Florence." *Medical History* 35 (1991): 164-188.

Penak, Lee M. "Safe Harbors and Compulsory Custody: *Casas de Depósito* in Mexico, 1750-1865." *Hispanic American Historical Review* 79.1: 83-89.

Perry, Mary Elizabeth. "With Brave Vigilance and a Hundred Eyes: The Making of Women's Prisons in Counter-Reformation Spain." *Women and Criminal Justice* 2.1 (1990): 3- 17.

Perry, Mary Elizabeth and Anne J. Cruz. *Cultural Encounters: The Impact of the Inquisition in Spain and the New World*. Berkeley: University of California Press, 1991.

Pickstone, David. *Medicine and Industrial Society: A History of Hospital Development in Manchester and its Region, 1752-1946*. Manchester: Manchester University Press, 1985.

Pike, Ruth. *Penal Servitude in Early Modern Spain*. Madison, WI: The University of Wisconsin Press, 1983.

_____. "Penal Practices in Early Modern Spain." *Criminal Justice History* 5 (1984): 45-55.

Pomata, Gianna. "Malpighi and the Holy Body: Medical Experts and Miraculous Evidence in Seventeenth-Century Italy." *Renaissance Studies* 21.4 (2007): 568-585.

Porter, Roy. "The Patient's View: Doing Medical History from Below." *Theory and Society* (1985): 175-98.

_____. *Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency*. London: The Athlone Press, 1987.

_____. "Foucault's Great Confinement." *Rewriting the History of Madness: Studies in Foucault's Historie de la Folie*. Eds Arthur Still and Irving Velody. London and New York: Routledge, 1992.

Bibliography

_____. "Madness and its Institutions." *Medicine in Society: Historical Essays*. Ed. Andrew Wear. Cambridge: Cambridge University Press, 1992.

_____. "Mental Illness." *The Cambridge Illustrated History of Medicine*. Ed. Roy Porter. Cambridge: Cambridge University Press, 1996.

_____. *Madness: A Brief History*. Oxford: Oxford University Press, 2002.

Porter, Roy and David Wright. *The Confinement of the Insane: International Perspectives, 1800-1965*. Cambridge: Cambridge University Press, 2003.

Porter, Roy, W.F. Bynum, and Michael Shepard. Eds. *The Anatomy of Madness: Essays in the History of Psychiatry*. 3 vols. London: Tavistock Publications, 1985-1988.

Portuondo, Maria M. *Secret Science: Spanish Cosmography and the New World*. Chicago: University of Chicago Press, 2009.

Prem, Hanns J. "Disease Outbreaks in Central Mexico During the Sixteenth Century." *Secret Judgments of God: Old World Disease in Colonial Spanish America*. Eds. David Noble Cook and W. George Lovell. Norman: University of Oklahoma Press, 1991.

Premo, Bianca. *Children of the Father King: Youth, Authority, and Legal Minority in Colonial Lima*. Chapel Hill: The University of North Carolina Press, 2005.

Ramirez, Paul. "'Like Herod's Massacre': Quarantines, Bourbon Reform, and Popular Protest in Oaxaca's Smallpox Epidemic, 1796-1797." *The Americas* 69.2 (2012): 203-235.

Ramirez Moreno, Samuel. "History of the First Psychopathic Institution on the American Continent." *American Journal of Psychiatry* 99.2 (1942): 194-95.

Rawcliffe, Carole. "Medicine for the Soul: The Medieval English Hospital and the Quest for Spiritual Health." *Religion, Health, and Suffering*. Ed. John R. Hinnells and Roy Porter. London: Keagan Paul International, 1999.

Ricard, Robert. *The Spiritual Conquest of Mexico: An Essay on the Apostolate and the Evangelizing Methods of the Mendicant Orders in New Spain*. Trans. Lesley Byrd Simpson. Berkeley: University of California Press, 1966.

Risse, Guenter B. *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh*. New York: Cambridge University Press, 1986.

_____. "Medicine in New Spain." *Medicine in the New World; New Spain, New France, and New England*. Ed. Ronald L. Numbers. Knoxville, TN: The University of Tennessee Press, 1987.

Bibliography

_____. "Medicine in the Age of Enlightenment." *Medicine in Society: Historical Essays*. Ed. Andrew Wear. Cambridge: Cambridge University Press, 1992.

_____. *Mending Bodies, Saving Souls: A History of Hospitals*. New York and Oxford: Oxford University Press, 1999.

_____. "Shelter and Care for Natives and Colonists: Hospitals in Sixteenth-Century New Spain." *Searching for the Secrets of Nature: The Life and Works of Dr. Francisco Hernandez*. Eds. Simon Varey et. al. Stanford: Stanford University Press, 2000.

Rivera Cambas, Manuel. *Mexico pintoresco, artistic, y monumental*. Mexico: Editora Nacional, 1957 [1880].

Rivera-Garza, Cristina. "Dangerous Minds: Changing Psychiatric Views of the Mentally Ill in Porfirian Mexico, 1876-1911." *Journal of the History of Medicine* 56 (2001): 36-67.

Robinson, Daniel N. *Wild Beasts and Idle Humours: The Insanity Defense from Antiquity to the Present*. Cambridge: Harvard University Press, 1996.

Rodriguez, Julia. *Civilizing Argentina: Science, Medicine, and the Modern State*. Chapel Hill: University of North Carolina Press, 2006.

Rodríguez-Sala, María Luisa. *Los Cirujanos de hospitals de la Nueva España (siglos XIV y XVII). ¿ Miembros de un estamento profesional o de una comuniad científica?* (Mexico, D.F.: Universidad Nacional Autónoma de México: 2005).

Ross, Paul. "From Sanitary Police to Sanitary Dictatorship: Mexico's Nineteenth-Century Public Health Movement." Ph.D. Dissertation: University of Chicago, 2005.

Rothman, David. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. New Brunswick and London: Aldine Transaction, 1971.

Ruggerio, Guido. "Excusable Murder: Insanity and Reason in Early Renaissance Venice." *Journal of Social History* 16.1 (1982): 109-119.

Rumbaut, Ruben D. "Bernardino Alvarez: New World Psychiatric Pioneer." *American Journal of Psychiatry* 127.9 (1971): 1217-1221.

Sacristán, Maria Cristina. "La Locura." *Historia general de la medicina en México, tomo IV: medicina novohispana, siglo XVIII*. Ed. Xóchitl Martínez Barbosa. Et. al. Mexico, D.F.: UNAM, Facultad de Medicina, 1984.

Bibliography

_____. "Filantropismo, improductividad, y delincuencia en algunos textos novohispanos sobre pobres, vagos, y mendico (1782-1794)." *Relaciones* 36 (1988): 21-32.

_____. *Locura e inquisición en Nueva España 1571-1760*. Mexico: Colegio de Michoacan 1992.

_____. "Sexualidad femenina y condicion genérica en el México ilustrado." *Tramas. Subjetividad y procesos sociales* 5 (1993): 251-266.

_____. *Locura y disidencia en el México ilustrado, 1760 -1810*. Mexico: El Colegio de Michoacan, 1994.

_____. "El pensamiento ilustrado ante los grupos marginados de la ciudad de México, 1767-1824." *La ciudad de México en la primera mitad del siglo XIX*. Ed. Regina Hernández Franyutti. Mexico, DF: Instituto de Investigaciones Dr. José María Luis Mora, 1994.

Sadowsky, Jonathan. *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria*. Berkeley: University of California Press, 1999.

Sánchez Uriarte, María del Carmen. *Entre la misericordia y el desprecio: los leprosos y el Hospital de San Lázaro en la ciudad de México*. Mexico, D.F., UNAM, Instituto de Investigaciones Históricas, 2015.

Salvatore, Ricardo, Carlos Aguirre, and Gilbert M. Joseph. Eds. *Crime and Punishment in Latin America: Law and Society Since Late Colonial Times*. Durham: Duke University Press, 2001.

Scardaville, Michael C. "Crime and the Urban Poor: Mexico City in the Late Colonial Period." Ph.D. Dissertation: The University of Florida, 1977.

_____. "Alcohol Abuse and Tavern Reform in Late Colonial Mexico." *Hispanic American Historical Review* 60.4 (1980):

_____. "(Hapsburg) Law and (Bourbon) Order: State Authority, Popular Unrest, and the Criminal Justice System in Bourbon Mexico City." *The Americas*. 50.4 (1994): 501-525.

_____. "Justice by Paperwork: A Day in the Life of a Court Scribe in Bourbon Mexico City." *Journal of Social History* 36.4 (2003): 979-1007.

Schutte, Anne Jacobson. *Aspiring Saints: Pretense to Holiness, Inquisition, and Gender in the Republic of Venice 1618-1715*. Baltimore: Johns Hopkins University Press, 2001.

Schwaller, John Frederick. *The History of the Catholic Church in Latin America: From Conquest to Revolution and Beyond*. New York: New York University Press, 2011.

Bibliography

Schwartz, Stuart. *All Can be Saved: Religious Tolerance and Salvation in the Iberian Atlantic World*. New Haven: Yale University Press, 2008.

Scott, James C. *Weapons of the Weak: Everyday Forms of Peasant Resistance*. New Haven: Yale University Press, 1985.

_____. *Domination and the Arts of Resistance: Hidden Transcripts*. New Haven: Yale University Press, 1990.

Scull, Andrew. *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900*. New Haven: Yale University Press, 1993.

Seed, Patricia. "Social Dimensions of Race: Mexico City, 1753." *Hispanic American Review* 62.4 (1982): 559-606.

_____. *Ceremonies of Possession in Europe's Conquest of the New World, 1492-1640*. Cambridge: Cambridge University Press, 1995.

Shapin, Steve. *A Social History of Truth: Civility and Science in Seventeenth-Century England*. Chicago: University of Chicago Press, 1994.

Shuger, Dale. *Don Quixote in the Archives: Madness and Literature in Early Modern Spain*. Edinburgh: Edinburgh University Press, 2012.

_____. "Madness on Trial." *Journal of Spanish Cultural Studies* 10.3 (2009): 277-297.

Silverblatt, Irene. *Modern Inquisitions: Peru and the Colonial Origins of the Civilized World*. Durham: Duke University Press, 2004.

Sluhovsky, Moshe. *Believe Not Every Spirit: Possession, Mysticism, and Discernment in Early Modern Catholicism*. Chicago: The University of Chicago Press, 2007.

Socolow, Susan Midgen. *The Women of Colonial Latin America*. Second edition. Cambridge: Cambridge University Press, 2015.

Somolinos D'Ardois, Germán. *Historia de la psiquiatría en México*. Mexico, D.F.: Secretaria de Educación Pública, 1976.

_____. "Las epidemias en México durante el siglo XVI." *Ensayos sobre la historia de las epidemias en México*. Eds. Enrique Florescano and Elsa Malvido. Mexico City: Instituto Mexicano de Seguro Social, 1982.

Bibliography

Sousa, Lisa. "The Devil and Deviance in Native Criminal Narratives from Early Mexico." *The Americas* 59.2 (2002): 161-179.

Spirenborg, Pieter. "The Sociogenesis of Confinement and its Development in Early Modern Europe." *The Emergence of Carceral Institutions: Prisons, Galleys, and Lunatic Asylums 1500-1900*. Ed. Pieter Spirenborg. Rotterdam: Centrum voor Maatschappij Geschiedenis, 1984).

_____. *The Prison Experience: Disciplinary Institutions and their Inmates in Early Modern Europe*. Amsterdam: Amsterdam University Press, 2007.

Spores, Ronald. *The Mixtecs in Ancient and Colonial Times*. Norman, OK: University of Oklahoma Press, 1986.

Stearns, Peter N. "Madness in Early American History: Insanity in Massachusetts from 1700-1830." *Journal of Social History* 20.1 (1986): 25-44.

Stein, Stanley J. and Barbara H. Stein, *Apogee of Empire: Spain and New Spain in the Age of 1759-1789*. Baltimore: Johns Hopkins University Press, 2003);

Stern, Steve J. *The Secret History of Gender: Women, Men, and Power in Late Colonial Mexico* (Chapel Hill: The University of North Carolina Press, 1995).

Stoler, Ann. *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule*. Berkeley: University of California Press, 2002.

_____. *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things*. Durham: Duke University Press, 1995.

Suarez, Marcela. *Hospitales y sociedad en la ciudad de Mexico del siglo XVI*. Mexico: 1988.

Taylor, William B. *Drinking, Homicide, and Rebellion in Colonial Mexican Villages*. Stanford: Stanford University Press, 1979.

_____. *Magistrates of the Sacred: Priests and Parishioners in Eighteenth-Century Mexico*. Stanford: Stanford University Press, 1996.

Terrenciano, Kevin. "Crime and Culture in Colonial Mexico: The Case of Mixtec Murder Note." *Ethnohistory* 45.4 (1998): 709-745.

_____. *The Mixtecs of Colonial Oaxaca* (Stanford: Stanford University Press, 2004).

Thompson, John D. and Grace Goldin, *The Hospital: A Social and Architectural History*. New Haven: Yale University Press, 1975.

Bibliography

Tomes, Nancy. "A Generous Confidence: Thomas Story Kirkbride's Philosophy of Asylum Construction and Management." *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*. Ed. Andrew Scull. Philadelphia: University of Pennsylvania Press, 1991.

Tortorici, Zeb. "Masturbation, Salvation, and Desire: Connection Sexuality and Religiosity in Colonial Mexico." *Journal of the History of Sexuality* 16.3 (2007): 355-372.

_____. "Contra Natura: Sex, Crime, and 'Unnatural' Sexuality in Colonial Mexico." Ph.D. Dissertation. Univeristy of California, Los Angeles, 2010.

_____. "Reading the (Dead) Body: Histories of Suicide in New Spain." *Death and Dying in Colonial Spanish America*. Eds. Martina Will de Chaparro and Miruna Achim. Tucson: The University of Arizona Press, 2011.

Trexler, Bernice J. "Hospital Patients in Florence: San Paolo, 1567-58." *Bulletin of the History of Medicine* 48.1 (1974): 41- 59.

Tropé, Hélène. *Locura y sociedad en la Valencia de los siglos XV al XVII*. Valencia: Diputació de Valencia, 1994.

_____. "Locura y Inquisición en la España del Siglo XVII." *Norte de Salud Mental* 8.36 (2010): 90-101.

_____. "Inquisición y locura en la España del Siglo XVI y XVII." *Bulletin of Spanish Studies* 87.8 (2010): 57-79.

Twinam, Ann. *Public Lives, Private Secrets: Gender, Honor, Sexuality and Illegitimacy in Colonial Spanish America*. Stanford: Stanford University Press, 1999.

Van Deusen, Nancy E. "The 'Alienated' Body: Slaves and Castas the Hospital de San Bartolome in Lima, 1680-1700." *The Americas* 56.1 (1999): 1-30.

_____. *Between the Worldly and the Sacred: The Institutional Practice of Recogimiento in Colonial Lima*. Stanford: Stanford University Press, 2001.

Van Young, Eric. "Millenium on the Northern Marches: The Mad Messiah of Durango and Popular Rebellion in Mexico, 1800-1815." *Comparative Studies in Society and History* 28.3 (1986): 385-413.

Vaughn, Megan. *Curing their Ills: Colonial Power and African Illness*. Stanford: Standford University Press, 1991.

Bibliography

- Venegas Ramírez, Carmen. *Regimen hospitalario para los indios en la Nueva España*. Mexico City: Instituto Nacional de Antropología y Historia, 1973.
- Verástique, Bernardino. *Michoacán and Eden: Vasco de Quiroga and the Evangelization of Western Mexico*. Austin: The University of Texas Press, 2000.
- Vidal, Fernando. "Miracles, Science, and Testimony in Post-Tridentine Saint-Making." *Science in Context* 20.3 (2007): 481-508.
- Viesca Treviño, Carlos and Igancio de la Peña. "Las enfermedades mentales en el Códice Badiano." *Estudios de Cultura Nahuatl* 12 (1976): 79-84.
- _____. *Medicina prehispánica de México: el conocimiento médico de los nahuas*, 1st ed. México, D.F.: Panorama Editorial, 1986.
- Villa-Flores, Javier. *Dangerous Speech: A Social History of Blasphemy in Colonial Mexico*. Tucson: University of Arizona Press, 2006.
- Villella, Peter B. "'Pure and Noble Indians, Untainted by Inferior Idolatrous Races': Native Elites and the Discourse of Blood Purity in Late Colonial Mexico." *Hispanic American Review* 91.4 (2011): 633-663.
- Viquera, Carmen. "Los hospitales para locos e 'inocentes' en Hispanoamerica y sus antecedentes Españoles." *Revista Española de Antropología Americana* 5 (1970): 341-84.
- Voekel, Pamela. *Alone Before God: The Religious Origins of Modernity in Mexico*. Durham: Duke University Press, 2002.
- _____. "Peeing on the Palace: Bodily Resistance to Bourbon Reforms in Mexico City." *Journal of Historical Sociology* 5.2 (1992): 183-208.
- Warren, Adam. *Medicine and Politics in Colonial Peru: Population Growth and the Bourbon Reforms*. Pittsburgh: University of Pittsburgh Press, 2010.
- Warren, Fintan B. *Vasco de Quiroga and his Pueblo-Hospitals of Santa Fe*. Washington, D.C.: Academy of American Franciscan History, 1963.
- Watson, Katherine Denise. *Forensic Medicine in Western Society: A History*. New York: Routledge, 2011.
- Zahino Peñafort, Luisa. *Iglesia y sociedad en México 1765-1800: tradición, reforma y reacciones*. Mexico, DF: Universidad Nacional Autónoma de México, 1996.

Bibliography

Zeitlin, Judith Francis. *Cultural Politics in Colonial Tehuantepec: Community and State Among the Isthmus Zapotec, 1500-1750*. Stanford: Stanford University Press, 2005.