LAH 3931: History of Medicine in Latin America

Rinker Hall 106
Tuesday 1:55-2:45
Thursday 1:55-2:45, 3:00-3:50

This course offers an overview of the history of medicine in Latin America from contact through the twenty-first century. Covering over 500 years in one course necessitates numerous choices, especially with a topic so encompassing as medicine. Medical systems--“Hispanic” and “biomedical”--constitutes one of the organizing themes of the course. The anthropologist Irwin Press sees a medical system as “a patterned, interrelated body of values and deliberate practices, governed by a single paradigm of the meaning, identification, prevention, and treatment of sickness.” Diseases are central to the history of medicine, and serve as a second theme. The complementary relationships between state and medical power constitute the third theme of the course, especially with the emergence of what Michael Foucault termed “biopower” in the twentieth century to analyze the “numerous and diverse techniques for achieving the subjugation of bodies and the control of populations” that bring “life and its mechanisms into the realms of explicit calculations and made knowledge-power an agent for the transformation of human life.”

Course objectives: Upon completion of the course, the successful student will:

- be able to trace the history of medicine in Latin America;
- accurately use general concepts in the analysis of the history of medicine;
- be able to articulate the ideologies, practices, and power of distinct medical systems, notably Hispanic and biomedicine;
- illustrate the changing pattern of diseases and social responses in the region;
- demonstrate the ability to analyze how social differences such as gender, class, ethnicity and race are revealed in the history of medicine; and
- be able to discuss and illustrate dimensions of biopower within contemporary Latin America.

Course Format and Evaluation: The course will mix lectures and discussion, both of which require active student engagement. Students will create a reading portfolio, take an exam, and prepare a cumulative essay on a period, topic, or region covered by the suggested readings of the syllabus. Grade points are assigned according to University policies.

Assignment weights.

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<thead>
<tr>
<th>Assignment</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Portfolio</td>
<td>45%</td>
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<tr>
<td>Weekly reading reviews</td>
<td>15%</td>
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<tr>
<td>Reflective essays</td>
<td>10% each</td>
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<tr>
<td>Examination</td>
<td>25%</td>
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<tr>
<td>Cumulative Essay</td>
<td>30%</td>
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The **Reading Portfolio** will consist of **weekly reading reviews** and three **reflective essays**. It will be due on April 21, the last day of class. Each Monday, please email me a one-page review of the required readings by 1 pm. The weekly review should address the “main point” of the readings for the previous week, the data and analysis that the author(s) uses to support the main points, a short statement of the significance of the essay, and what questions remain in your mind after the previous week’s classes. I will evaluate these on a +, √, and – basis. These reflections will enable you to write a three-page **reflective essay** every fifth week. Please use these reviews to discuss your progress toward achieving the course objectives. Your reflective essays should discuss both readings and classroom discussions.

**Cumulative Essay** You will prepare a cumulative essay on one of the themes of the class (Conquest, Colonial Medicine, The Great Transformation, and Biomedicine). The cumulative essay will be five to seven pages in length and will be due the last day of class. Please submit the topic of the essay to me at the beginning of week four. The bibliography on the syllabus should provide a foundation for the essay, but additional research is expected. Please use 12 pt. font, double-spaced, standard margins, and Chicago style end notes.

**Attendance** “Requirements for class attendance and make-up exams, assignments, and other work in this course are consistent with university policies that can be found at: [https://catalog.ufl.edu/ugrad/current/regulations/info/attendance.aspx](https://catalog.ufl.edu/ugrad/current/regulations/info/attendance.aspx).”

**Student Assessment** “Students are expected to provide feedback on the quality of instruction in this course by completing online evaluations at [https://evaluations.ufl.edu](https://evaluations.ufl.edu). Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at [https://evaluations.ufl.edu/results/](https://evaluations.ufl.edu/results/).”

**Office Hours** I will be available after class on Tuesdays until 4 pm. I am also be available Thursday after class by appointment.

**Academic Integrity** In writing papers, be certain to give proper credit whenever you use words, phrases, ideas, arguments, and conclusions drawn from someone else’s work. Failure to give credit by quoting and/or citation is **PLAGIARISM** and is unacceptable. Any student caught plagiarizing will automatically receive a zero for the assignment and will face official
prosecution at the instructor's discretion. To be sure that you are fully aware of the relevant policies please review the Student Honesty Guidelines at:
http://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/

Please do not hesitate to contact the instructor during the semester if you have any individual concerns or issues that need to be discussed.

**Accommodation** Students with disabilities requesting accommodations should first register with the Disability Resource Center (352-392-8565, www.dso.ufl.edu/drc/) by providing appropriate documentation. Once registered, students will receive an accommodation letter which must be presented to the instructor when requesting accommodation. Students with disabilities should follow this procedure as early as possible in the semester.

**Readings** Students are expected to complete the required (REQ) readings prior to class. Please purchase this book; articles and book chapters are through the bookstore.


**Course schedule:** We will adhere closely to this schedule. Tuesdays will tend to be more lecture and review, and Thursdays more directed discussion.

January 6  The Languages of the Class: Terms and Concepts

January 8  REQ  *Medicine and Public Health*, 1-35


**Conquest:** European diseases ravaged indigenous bodies, leading to a ninety percent population decline in the first century of Iberian rule in the Americas. This section explores the Columbian exchange and those remnants of indigenous healing practices that persisted into the colonial era.


**Colonial Medicine** Spain and Portugal shared medical heritages that combined humoralism and Catholicism, though distinct areas of conquest implied quite distinct colonial medical systems. Whereas large numbers of indigene occupied the core of the Spanish empire, enslaved Africans in Brazil came to constitute the social and economic foundation for the empire. Spanish institutions—the Church, the *protomedicato*, and the university—supported an “official” approach to healing that came to dominate the colonies, though most people utilized healing practices that combined indigenous, hybrid, and Hispanic tendencies.


**Cumulative Essay Topic Due**


**The Great Transformation:** Enlightenment thought re-envisioned the human body to adhere to “laws of nature” and eventual led to new medical practices. This section explores medical ideologies and practices during the Great Transformation that began during the Bourbon and Pombaline reforms of the late-eighteenth century and persisted in some areas until the twentieth century. Scientific rationalism gradually eclipsed scholasticism in the university system, gave rise to a distinct type of physician who was deeply influenced by Darwinism, notions of geographic determinism, and concepts of Tropical Medicine. Significantly, these new medical beliefs constituted fundamental dimensions of the modernization and state-formation projects.

February 3 REQ Medicine and Public Health, 35-57


**First Reflective Essay Due**


**February 10**  
REQ *Medicine and Public Health, 58*-81


**February 12**  

**February 17**  
REQ *Medicine and Public Health, 164*-67;  

**February 19**  


**Biomedicine** The development of Germ Theory after the 1870s symbolized the emergence of biomedicine, a medical ideology that envisages the body to be a biological entity that can be known and treated through scientific inquiry.
Vaccinations, surgical techniques, antibiotics and other procedures improved biomedical efficacy, enabling its practitioners to assert that they had learned the “truths” of nature, thereby reducing other medical practices to superstition or quackery, which needed to be suppressed in favor of biomedical authority. Foucault’s concept of biopower captures the hegemonic nature of biomedicine, which came to infuse contemporary society. However, despite the pervasive character of biopower, subaltern medical practices enable patterns of medical pluralism to persist in many countries.

February 24 REQ *Medicine and Public Health*, 81-105


**Spring Break February 28-March 7**


March 17 REQ Medicine and Public Health, 106-56


Marcos Cueto, Missionaries of Science: The Rockefeller Foundation and Latin America (Bloomington: Indiana University Press, 1994).


Second Reflective Essay Due


April 2  Examination

April 7  REQ  *Medicine and Public Health*, 157-203


April 14  REQ  *Medicine and Public Health*, 204-268


*Cumulative Essay Due April 30, 10 am.*
**Historiography** Early examples of the history of medicine tended to be “heroic” in character, uncritically celebrating the men and inventions associated with “modern” medicine. Often written by medical practitioners, this approach has been largely supplanted over the past thirty years. Easily accessible historiographical essays include:

Diego Armus, “History of Disease and Health in Modern Latin America” in the Oxford Bibliography series.


A Brief History of Rehabilitation Medicine tells of the growth and evolution of rehabilitation medicine in Australia and New Zealand. The medical specialty of Rehabilitation Medicine arose largely in response to the needs of those injured in wartime, particularly following the Second World War, and gained momentum in Australia from the 1950s onwards. A Brief History of the Australasian Faculty of Rehabilitation Medicine. A Brief History of the Australasian Faculty of Rehabilitation Medicine publication provides a history of Rehabilitation Medicine in Australia and New Zealand. The Australasian Faculty of Rehabilitation Medicine (AFRM) welcomes contributions from RACP Fellows and Trainees on the publication. Introduction (PDF) The story of Latino-American discrimination largely begins in 1848, when the United States won the Mexican-American War. The Treaty of Guadalupe Hidalgo, which marked the war’s end, granted 55 percent of Mexican territory to the United States. With that land came new citizens. Anglo-Americans treated them as a foreign underclass and perpetuated stereotypes that those who spoke Spanish were lazy, stupid and undeserving.