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Fighting in the streets of Buenos Aires, near the British Hospital at Calle del Temple, present-day Viamonte. A doctor (probably John Mackenna) is shown in the foreground attending the wounded.

(Rudolf Waldemar Carlsen, *Escena del sitio de Buenos Aires, 1852*) in H. F. Warneford's *The British Hospital of Buenos Aires: A History 1844-2000*, by kind permission of the British Hospital.

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Health, Physicians and Nurses in Latin America

Guest Editor: Susan Wilkinson

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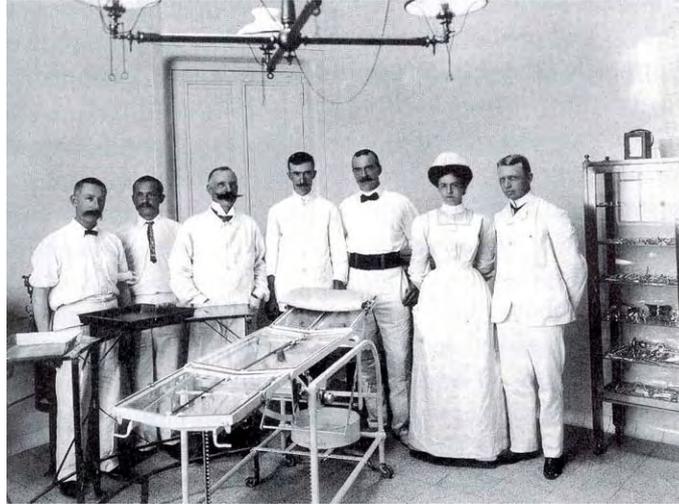
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Health, Physicians and Nurses in Latin America: An Introduction

By Susan Wilkinson (1)

Guest Editor



Operating theatre at the British Hospital of Buenos Aires, *circa* 1900.

Sir John O'Connor, J. Wolfe Morris, Matron Heartnett, E. Burr, R. G. Nothwanger
(H. F. Warneford-Thomson, *The British Hospital of Buenos Aires: A History 1844-2000*, p. 59.

By kind permission of the British Hospital).

In the sixth century, when continental Europe was in the throes of the tribal wars of the Dark Ages, Ireland was known as 'the Island of Saints and Scholars'. In later centuries, it could also have been termed 'the Island of Medical Healing', so great was the contribution of its doctors and, today, its missionary nurses and volunteer organisations, in all parts of the world. In Latin America and the Caribbean this contribution to medicine has, perhaps, not yet been fully acknowledged or explored outside the countries where Irish doctors served in the service of Spain, as surgeons to the armies that fought in the South American wars of independence, who established academies of medicine, or who worked tirelessly in rural communities, often giving their services freely to those who could not afford them.

Education in medicine in Ireland evolved from the Druid physicians and the medical schools of the tenth century. Physicians, like poets, historians and musicians, had a high status in Gaelic Ireland. Medicine was the preserve of a select number of families, with fathers passing their medical knowledge to sons and sometimes to daughters or kinsmen, forming renowned families of hereditary physicians. Irish physicians of the sixteenth and seventeenth centuries were

famed throughout Europe and had connections to the great European medical schools of the time, such as those of Louvain, Paris, Montpellier, Bologna and Padua, thus forging links between Continental Europe and Ireland which, in later centuries, were to influence the course of medical history in Latin America and the Caribbean.

With the 'discovery' of the New World came the discovery of new diseases not encountered in the Old World, like malaria and yellow fever, and new medicines to cure them such as *cinchona*, which became known in Europe as 'Peruvian bark' or 'Jesuit fever bark', from which quinine is derived; *ipecuana* to induce vomiting of poisonous or harmful substances; coca leaves to treat altitude sickness in the high Andes, from which cocaine was derived in Germany in the nineteenth century and used as a local anaesthetic; *curare* used by the aboriginal populations of the Amazon which was found to block the transmission of nerve impulses to muscle which, in the twentieth century, was used as a muscle relaxant in polio, in the treatment of tetanus, epilepsy and chorea (a nervous disorder characterised by uncontrollable muscle movements). One of the first tasks undertaken in expeditions to the New

World was to discover and classify plants unknown in the Old World and to make careful note of their medicinal properties. One of the earliest botanical books and medical compendiums of the New World was the *Florilegio Medicinal*, written by a Jesuit lay brother, Juan de Esteyneffer in 1711 in Mexico, the seat of the first Viceroyalty. The *Florilegio Medicinal*, which encompassed medicine, surgery and what is today called pharmacology in three volumes, contributed vastly to the knowledge of herbs and healing of the New World and had a lasting effect on the *materia medica* of the Old.

In all parts of Latin America and the Caribbean, from the Mayan and Aztec communities of Mexico and the Inca communities in Peru to the forests of the Amazon and the Pampas of the Río de la Plata, the sick were treated by *curanderos* (healers), *boticarios* (apothecaries) and *herbolarios* (herbalists). Beliefs that disease was caused by malevolent spirits, witchcraft or diabolical or divine spirits were prevalent in tribal and rural communities in all parts of the New World. Recovery or death was often attributed to supernatural powers and to the faith of the afflicted in these powers, which gave rise to the reliance on healers. In Ireland, belief in the healing powers of the sacraments, relics, Latin incantations, invocation of saints and holy waters was carried to the New World both by Roman Catholic priests and by many of the Irish who settled in rural communities in Argentina in the nineteenth century.

In the eighteenth and nineteenth centuries, when Irish-born physicians and surgeons took their expertise obtained in the medical schools of Dublin, London, Edinburgh, Paris or Rheims to Latin America and the Caribbean, few knew how disease -- any disease -- was contracted, spread or cured. Some treatments worked; many did not. Smallpox, tuberculosis, various forms of cancer, diphtheria and sepsis resulting from knife or Indian lance wounds were common. Typhus, or typhoid fever, known to armies as 'camp fever', first encountered by the Spanish armies during the Crusades, accompanied the Spanish to the New World and ravaged both armies and civilian communities. Cholera, which first appeared in Argentina in 1857, and later

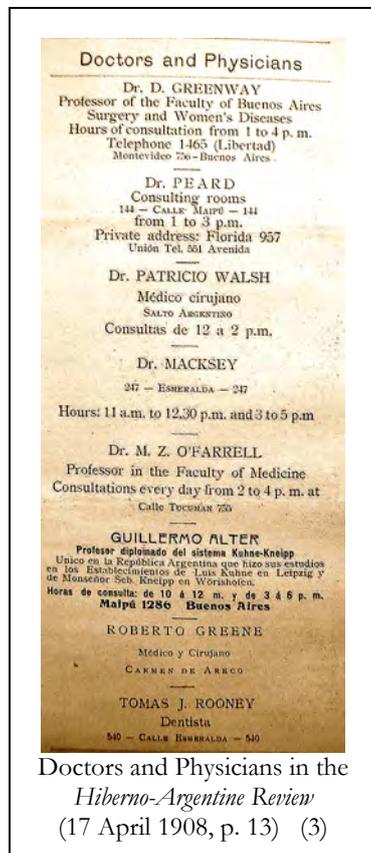
with devastating results in 1868, killed thousands.

Yellow fever, thought to have originated in either Africa or Central America, was endemic wherever mosquitoes proliferated, although it was thought to be caused by *mala aria* ('bad air'). There were recurrent epidemics in Barbados, Cuba, Haiti, Brazil, Colombia, Peru, Ecuador, and Argentina where, in 1871, an epidemic decimated a fifth of the population of Buenos Aires, and in Panama where labourers employed in the building of the Panama Canal died in thousands. There were also epidemics in Iberia; in Spain more than three hundred thousand were known to have died of yellow fever in the nineteenth century, and there were epidemics in Portugal, notably in Porto and Lisbon, likely carried by crews on ships returning from the Spanish and Portuguese colonies. Contemporary accounts, such as those of Marian Mulhall who lived through the epidemic in Buenos Aires in 1872, and of Dr Robert Lyons, an Irish physician and professor at the Catholic University Medical School in Dublin who observed the 1857 epidemic in Lisbon, give valuable insights into the terror it generated and the treatments current at the time.

With the creation of the *Protomedicato* in 1780 under Clare-born Dr Michael O'Gorman, four years after the creation of the Viceroyalty of the Río de la Plata at Buenos Aires in 1776, medicine began to be put on a scientific footing with the eventual founding of a medical school and regulation of those practicing healing, including *curanderos*. After the end of the *Protomedicato* period in 1810, Irish doctors accompanied the armies of Simón Bolívar, Bernardo O'Higgins and José de San Martín in the South American wars of independence. They were, in their own way, instrumental in the births of the South American republics, since victory depended as much on treating the wounded and keeping disease at bay as on military strategy.

Throughout the years of the nineteenth century, Irish physicians educated at the Royal College of Surgeons in Ireland, Trinity College or the medical schools of Europe, influenced the course of medicine in the countries of Latin America. Richard Gumbleton Daunt, a relative

of the Daunt family of Kilcascan Castle in Cork, became a renowned physician in Campinas in the state of São Paulo where a street, Rua Dr Ricardo Gumbleton Daunt, is named after him. In Chile, another Irishman, Sligo-born Guillermo Blest Maybern, established the first School of Medicine in Chile. Thomas Hutchinson from Wexford, diplomatist, explorer, travel writer, explorer, as well as physician, gave his considerable energies to medicine in Argentina. Dublin native, Dr Arthur Leeson, practiced in Buenos Aires during the cholera epidemic of 1868 and in Montevideo, and contributed much to the study of pulmonary tuberculosis, a killer in the nineteenth century.



Many Irish physicians elected to practice in small rural communities where they were sometimes the first or only doctors in the area. Thomas Greene from Kildare accompanied the Welsh settlers to Patagonia in 1865 and was consequently the first doctor in that region. His younger brother, Arthur Pageitt Greene, practiced in Mercedes in the province of Buenos Aires, while another brother, John, was a doctor in Salto and Lincoln in the same province. A first cousin, Robert Greene, who also emigrated

from Ireland, was a rural doctor in the sparsely populated area south of the province of Buenos Aires, known as El Tuyú, ultimately settling in the town of Carmen de Areco, where there was a large Irish community.

Of the many second generation Irish doctors in Argentina, the career of Cecilia Grierson, the first woman doctor in Argentina and the first woman to graduate in medicine in Latin America, is inspirational, while another second-generation Irish physician, Arnaldo Geoghegan, undertook important and far-reaching scientific research in the field of bacteriology which aided in the eventual eradication of bacterial diseases, such as malaria and typhus, in Catamarca in the arid north of Argentina.

The British Hospital of Buenos Aires has been an important health centre for the English-speaking communities of Argentina since its inception in 1844. Among its supporters and members of its board were Thomas Armstrong of County Offaly (1797-1875) and the renowned founder of *The Southern Cross* newspaper, Patrick Joseph Dillon (1842-1889), while many of its physicians were Irish-born. The prestigious 'Hospital Dr. Juan Pedro Garrahan' is the national paediatrics hospital of Buenos Aires, named after Juan Pedro Garrahan (1893-1968), physician and paediatrician. Many Irish communities were isolated far from the medical centres in the towns and capital, and an informal health profession, beneficial to both humans and horses in the Irish 'camps' of Argentina and Uruguay, has been that of the bonesetter, some of whom received their training and skills in Ireland and then practiced in the Pampas. Their skills were passed from father to son for generations, such as Patrick Ward of Drumraney, County Westmeath, who was well-known in San Andrés de Giles and who learned his skill from his father, Michael Ward. (2)

In the various countries of Latin America and the Caribbean, the tradition of medicine, initiated by Irish people in previous centuries, is carried on, often through to the present generation of the same family, such as the Blairs of Medellín in Colombia and the Mulcahys of Buenos Aires. A perusal of phone books in all countries of Latin America and the Caribbean

will turn up doctors whose surnames are clearly of Irish ancestry. Of John Greene's thirteen children, one followed in his father's footsteps and became a doctor, as did some of his grandsons. One of his great-grandsons, an eye specialist in Buenos Aires, Dr Oscar Lombardini, was recently appointed by the United Nations to be part of an international medical team to visit Africa. Lastly, mention must be made of Dr Mario Dolan, a renowned specialist in addiction medicine in New York and, until his death, President of the Irish Argentine Society of New York.

Much of the nursing in the early hospitals in Latin America was done by religious orders such as the Little Company of Mary, the Sisters of Charity and the Sisters of Mercy, who arrived from Ireland in 1856 to manage the Irish Hospital founded in 1848 in Buenos Aires under the auspices of Anthony Fahy. Among missionary orders based in Ireland today, the Medical Missionaries of Mary in Dublin, founded in 1937 by Mary Martin, study in all branches of nursing and medicine, some qualifying as surgeons and obstetricians, and do valuable work among the poor and marginalised in Brazil and Honduras, many of whom are trapped in prostitution by illiteracy and poverty, and traumatised by violence since childhood.

To this day, Ireland is famed for excellence in medical education and training, as it was since the age of Gaelic medicine in centuries past. Its medical schools attract students from all over the world. Many of its hospitals are staffed by junior doctors, medical students and nurses from Latin America and the Caribbean, while young Irish doctors like Arthur Jackson elect to further their studies in their chosen field of speciality by attending courses such as the renowned Gorgas course in Tropical Medicine in Lima, which profoundly augments their understanding of disease in Latin America, such as HIV/AIDS and various forms of anaemias, which tragically affect many communities.

It is impossible within the scope of this journal to do adequate justice to the Irish contribution to medicine in Latin America and the Caribbean. Everyone who has made a contribution to this issue is to be thanked and congratulated for their time and valuable research. Hopefully, research will continue in this fascinating and ever-changing field of Irish Migration Studies in Latin America, and new material will come to light.

Susan Wilkinson

Notes

1. I wish to thank the co-editors, Edmundo Murray and Claire Healy for their help and support and for inviting me to be Guest Editor of this volume. They are to be unreservedly commended for their work in the *Irish Migration Studies in Latin America* journal, both in superb editorship and in the translation of articles from Spanish or Portuguese into English. I also wish to thank John Kennedy for his valuable suggestions based on his own experience as Guest Editor.
2. This information was provided by Edmundo Murray.
3. We are thankful to María José Roger for the clips from *The Hiberno-Argentine Review*.

Early Medical Education in Ireland

By Susan Wilkinson (1)

Abstract

From Druidic times to the present century, Ireland has had a long tradition of healing and excellence in medical education. Education in medicine evolved from the Druid physicians to the medical schools of hereditary medical families of the tenth century to the famed medical schools of the Royal College of Surgeons in Ireland, Trinity College and the Catholic University which was incorporated into the University College of Dublin in 1909. This article describes the evolution of medical education in Ireland, from Druidic times to the nineteenth and twentieth centuries and forms a background to the Irish physicians and surgeons who achieved renown in Latin America and the Caribbean.



*Dian Cécht dressing the arm of King Nuadr after the battle of Mag Tuired, 487 BC
(Medicine in antient Erin, London: Burroughs Wellcome, 1909)
Special Collections, Mercer Library, Royal College of Surgeons in Ireland*

Early Irish physicians were of the priestly or Druidic caste, their traditions being handed down orally from remote antiquity. In many Irish and Welsh tales, Druids appear as healers. The Druid physicians, called *liaig* (2) or, if they were women, *banliaig*, were greatly skilled in surgery, trephination (opening the skull to reduce pressure or remove brain lesions) and amputations. They also healed through herbs, healing stones, medicated baths, sweat houses and thousands of secret verbal charms passed orally down through the ages. Centuries before the traditional stethoscope was invented, they used a horn for assessing the heart beat. Every Irish chieftain was accompanied into battle by his personal *liaig*, and not a few owed their lives - following near-fatal spear or sword injuries - to

the skills of their Druid physicians (Berresford Ellis 1995: 213-214).

In 487 BC, King Nuadr, the leader of the Tuatha de Danaan, lost his hand at the First Battle of Moytura (Mag Tuired) against the Firbolgs. He was given a silver replacement made by the silversmith Credne Ceard under the direction of Dian Cécht, who was believed to be the Irish god of healing (Fleetwood 1983: 2). (3) Dian Cécht's daughter, Airmid, was equally renowned for her prowess as a physician and is credited with identifying over three hundred healing herbs. His son, Miach, was reputed to be a better physician than his father, so much so that Dian Cécht slew his son in a fit of jealousy (Berresford Ellis 1995: 213).

In pre-Christian times little provision was made for the treatment of those who were sick and poor. Even in ancient Greece, the seat of democracy, there was no system of medicine and healthcare that was available to all, regardless of their position in society. In most European societies at the time the wealthy and powerful had their own physicians while the sick poor and elderly were often put to death as the ultimate solution to their ills.

The first hospital in Europe was founded by the Roman matron Saint Fabiola who died in 399 AD, near Rome as a hospice for the sick poor (Berresford Ellis 1995: 214). However, according to legend, the first hospital in Ireland was founded six centuries earlier, when Queen Macha Mong Ruadh (who died 377 BC) established a hospital called *Broin Bherg* (the House of Sorrow) at Emain Macha (Navan). Certainly, by the Christian period there were hospitals all over Ireland, many of which were leper houses, often in the monasteries that sprang up all over the island (Berresford Ellis 1995: 214-215).

Under the Brehon laws, the code of great antiquity now recognised as the most advanced system of jurisprudence in the ancient world, medicine began to be formalised into a sophisticated system. There were free hospitals for the sick poor, maintained free of taxation, with compensation for those whose conditions worsened through medical negligence or ignorance. Medical treatment and nourishing food was made available for everyone who needed it, and the dependents of the sick or injured were maintained by society until he or she recovered. Each physician was required by law to maintain and train four medical students and unqualified physicians were prohibited from practicing. It was also seen to be important that physicians had time to study or travel so that they might acquaint themselves with new techniques and knowledge, and that the clans to which they were attached made provisions for this. Under the Brehon laws, women were also eligible to be physicians (Bryant 1923).

The period from the fifth century until the coming of the Normans in the twelfth century was, in effect, the Golden Age of ancient Gaelic medicine, as noble Irish families surrounded

themselves with entourages of learned men, including physicians. Every Irish lord had his own physician. Physicians, like poets, historians and musicians, had a high status in Gaelic Ireland, the highest position being *ollamb leighis*, or official physician to a king, chieftain or Irish lord. They were awarded hereditary tenure of lands for the medical services they rendered. Medicine was the preserve of a select number of families, father passing his medical knowledge to son and sometimes to daughter or kinsman, forming renowned families of hereditary physicians (Nic Dhonnchada 2000: 217-220).

Among the famed medical families were the Ó Caisides (Cassidys) and Ó Siadhails (Shiels) of Ulster, Ó hÍceadhas (Hickeys) and the Ó Lees of Connaught, and the Ó Callanains (Callanans) of Munster, to name just a few. Their medical schools, such as that of Tuaim Brecaín (Tomregain in County Cavan) founded in the sixth century, Aghmacart (in County Laois), and the medical schools at Clonmacnoise, Cashel, Portumna, Clonard and Armagh were famed throughout Europe. (4) Famed hereditary physicians in Scotland, like the MacBeathas, or Beatons, who provided medical services to generations of Scottish kings, originated in Ireland, and Scottish students studied at the medical school at Aghmacart (Mitchell: 2008).

One of main functions of the ancient Irish medical schools was the writing and translation of medical texts into Irish, such as Galen's commentary on the *Aphorisms* of Hippocrates translated into Irish in 1403 by the Munster medical scholars, Aonghus Ó Callanáin and Niocól Ó hÍceadha. (5) A vast body of medical texts exists, written in Irish or translated from Latin into Irish. Some were of Arabic origin, thus making available to Irish physicians a wealth of new medical knowledge and techniques influential in new schools of Arabic medicine in Europe. These works, together with the books of the old medical families written in Irish and handed down to succeeding generations, such as the *Book of the O'Lees*, compiled in 1443; *The Lily of Irish Medicine*, compiled by the O'Hickeys, physicians to the O'Briens of Thomond, compiled in 1352; (6) *Book of the O'Shiels*, hereditary physicians to the MacMahons of Oriel, and the many manuscripts

written by the O’Cassidys, physicians to the chieftains of Fermanagh, constitute the largest collection of medical manuscript literature, prior to 1800, existing in any one language (Nic Dhonnchadha 2000: 217-220).

Irish physicians were famed throughout Europe and had connections to the great European medical schools of the time, such as those of Louvain, Paris, Montpellier, Bologna and Padua, forging links between Continental Europe and Ireland (Dunlevy 1952: 15). The ancient Irish medical schools existed from before the tenth century to the end of the sixteenth, when an Irish medical education and a continental one were regarded as equal. The Flight of the Earls in 1607 after the Battle of Kinsale marked the decline of the old Gaelic tradition. Along with the Brehon laws and the Irish intelligentsia, the medical schools of the ancient medical families of Ireland were abolished under English rule, and many of the Gaelic-speaking Irish physicians were forced to migrate to Europe where they were held in high regard.

Formal Medical and Surgical Education in Ireland to 1900

From the Middle Ages, medical practitioners in Europe organised themselves professionally in a pyramid with physicians at the top and surgeons and apothecaries nearer the base, with non-medically-trained healers, vilified as ‘quacks’, on the periphery (Porter 1998: 11). The sick, especially the sick poor, were treated in monasteries. Surgery, or ‘surgerie’, bloodletting and the extraction of teeth was delegated to the monastery lay servants, the *barbitonsores*, who attended to the tonsures, involving as it did the shedding of blood. Thus, surgeons became part of the medieval guild of barber-surgeons, whose emblem was the red and white pole still seen outside barber shops today. Only surgeons belonging to the guild had a right to practice (Widdess 1989: 3).

Formal medical education in Ireland dates from 18 October 1446 when the Guild of St Mary Magdalene, to which the Dublin barber-surgeons belonged, was established by charter of Henry VI, and was the first medical corporation in Great Britain and Ireland to receive a royal charter. (7) The second charter of the barber-

surgeons guild in Ireland was granted by Elizabeth I in 1577. In 1687 the third charter of the Dublin barber-surgeons was granted by James II, in which barbers, surgeons, apothecaries and wig-makers were united. Many surgeons in Dublin, however, did not wish to associate themselves with barbers. Finally, in 1704, surgeons who were independent of the barber-surgeons guild called upon the Irish parliament to separate surgeons from barbers, and apothecaries from wig-makers. In 1721 the independent surgeons of Dublin formed a society of their own. The apothecaries were incorporated separately as the Guild of St Luke by charter of George II in 1745 (Widdess 1984: 4-5).

In the eighteenth and early nineteenth centuries, physicians and surgeons were educated separately, surgeons being considered of lower medical and social status than physicians who belonged not to a guild, but to a fraternity. The Fraternity of Physicians was formed in Dublin in 1654, and later incorporated into the College of Physicians of Ireland.

The Dublin University medical school was established in 1711. However, few medical degrees were conferred for the first thirty years of its existence and only medicine, or ‘physick’, was taught, no provision being made for the study of surgery.

In 1745 the Dublin Lying-in Hospital (now called the Rotunda Hospital) was opened. At the time midwifery was regarded by physicians as a degrading occupation which was practiced by surgeons who bore the title ‘surgeon and man-midwife’. The same year, a hospital was founded for the mentally ill, St. Patrick’s Hospital, by the will of Jonathan Swift, Dean of the St. Patrick’s Cathedral in Dublin and author of *Gulliver’s Travels*, who left his entire estate for that purpose (Widdess 1984:158). (8) Among the hospitals to emerge in Dublin in the nineteenth century were the Fever Hospital in 1804, Sir Patrick Dun’s and St. Vincent’s in 1834 and the Misericordiae founded by Catholic nuns in 1861. Also established were a number of new maternity and children’s hospitals, small hospitals for the diseases of the skin, and the Adelaide Hospital with its Protestant charter (Lyons 2000: 63).

Before 1765 there was no systematic training of surgeons except by apprenticeship. This was a form of indenture for an agreed number of years, normally from five to seven, the quality of which depended on the knowledge of the master, the degree to which he was willing to impart his knowledge and the degree to which the apprentice was willing to apply himself. There were no examinations or curricula of required courses. The apprentice was not paid during the years of his apprenticeship, but was required to pay a fee to his master who, in turn, provided him with lodging, usually in his own house, food and clothing. Sometimes sons were apprenticed to their own fathers, as was the renowned Dublin ophthalmologist of the nineteenth century, Arthur Jacob. (9)

Training in anatomy and other allied subjects in this period was haphazard or non-existent. Anaesthetics were unknown. If a patient survived a surgical procedure, his or her wound was in danger of becoming infected, and death from septicaemia often resulted. Surgery was confined to amputations, removing exterior tumours, extracting teeth and blood-letting. Little invasive surgery, except the extraction of bullets and kidney stones, was attempted, since death from septicaemia was almost always inevitable.

In 1780 the Dublin Society of Surgeons was formed, having finally broken away from the barber-surgeons guild to which Catholic Irish had been refused membership (Widdess 1989: 2). On 11 February 1784, it received its royal charter, and the Royal College of Surgeons in Ireland was founded under its first president, Sylvester O'Halloran. (10)

In its early years the Royal College of Surgeons granted two kinds of diplomas: the Letters Testimonial or Licence, and surgeoncies to the army, of which there were two grades: surgeons and surgeons' assistants. Later, in 1797, examinations for naval surgeons were instituted. It can be claimed that one of the chief motives for the foundation of the Royal College of Surgeons in Ireland was to provide surgeons for the British army or navy, a purpose which was, in fact, expressed in the original Charter (Widdess 1989: 50). Apprenticeship, by which a student was apprenticed to a member of the

College, was a requirement until 1828, after which it became optional, and ultimately was abolished in 1844 (Widdess 1989: 3).

A licentiate from the Royal College of Surgeons who wished to further his medical education had to take a post-graduate diploma in Medicine by going abroad to Europe or to Edinburgh or London, for it was not until 1886 that a joint diploma of the Irish Colleges of Physicians and Surgeons was established.

From 1804 on, in the time of the Napoleonic Wars, some seventeen privately-owned medical schools in Ireland were founded to meet the demand for medically-trained men. At most of these establishments facilities for teaching were minimal and in the absence of conventional dissecting and lecture rooms, stables were used. Many of the schools existed only for a short time, the need for surgeons for Wellington's army diminishing at the end of the Napoleonic Wars (Widdess 1989: 101).

For all students of medicine or surgery, knowledge of anatomy was deemed the font of medical knowledge and this knowledge was acquired through dissection of human corpses. Following hangings, bodies of criminals would be carted straight to the dissecting rooms of medical schools, normally by a back entrance. Despite the high crime rate in Dublin, there were not sufficient bodies to satisfy the demand, and a brisk trade in grave-robbing emerged. The grave-robbers, or 'resurrection men', working at night at burial grounds of the poor and destitute, dragged the recently-buried corpses from smashed coffins, removed the grave clothes which they replaced in the empty coffin and put the body in a sack for delivery to the designated medical school. (11) Soon the 'resurrection men' were supplying the medical schools in London and Edinburgh with bodies illegally exported in crates as 'Pianos' or 'Books' (Widdess 1989: 34-38). With the passing of the Anatomy Act in Britain in 1832, permitting the medical profession access to 'unclaimed bodies' - in effect, the poor and destitute without families who died in workhouses - grave-robbing came to an end (Porter 1998: 318).

The Académie Royale de Chirurgie, Paris

Medical education in Ireland was influenced by medical institutions in France, one of which, the famed *Académie Royale de Chirurgie* in Paris, was founded by the son of an Irishman. Georges Mareschal was born in Calais in 1658. His father, John Marshall, was an Irish émigré who arrived in France in the mid-seventeenth century serving as an officer in a cavalry regiment until his sword arm was amputated following a serious wound. Orphaned at twelve years of age, Georges Mareschal was befriended by a local barber-surgeon which decided his future career. In 1677 he entered the *Collège de St. Cosmé* in Paris, the first College of Surgeons in Europe, which had been in existence since 1255. His skill as a surgeon was quickly recognised and he became first surgeon to Louis XIV. Under Louis XV, the *Académie Royale de Chirurgie* was founded, becoming the prototype for all future surgical colleges, including the Royal College of Surgeons in Ireland, with Georges Mareschal as its first President (Widdess 1989: 12-13). One of its future graduates was Michael O’Gorman who became the one and only *protomédico* of the Viceroyalty of the Río de la Plata and the father of modern medicine in Argentina.

The Catholic University Medical School

In 1845, under the administration of Robert Peel during the reign of Queen Victoria, the Queen’s colleges were founded in Cork, Galway and Belfast with view to placing higher education on a secular basis. They were known throughout Ireland as ‘the Godless colleges’. The Catholic hierarchy viewed such a system as dangerous to faith and morals and held that Ireland’s future doctors should have access to a medical education in a Catholic medical school and not be compelled to enter non-denominational schools or study abroad. Despite the fact that the founder of the Royal College of Surgeons, Sylvester O’Hallaran, was Catholic, as well as eleven of its presidents, by far the majority of the licentiates, judging by their names, were Protestant. The only way to obtain a medical degree in Ireland was from Trinity College which until 1793 discriminated against Catholics. When Catholics were admitted in 1845, they were not eligible for scholarships.

In 1854 the medical school of the Apothecaries’ Hall in Dublin was purchased in the name of Andrew Ellis, a licentiate and fellow of the Royal College of Surgeons - and a Catholic. Thus, the Catholic University Medical School was founded with John Henry Newman, an Englishman and a recent convert to Catholicism, as rector. Smaller than the medical faculties of each of the Queen’s Colleges in 1880, by 1900 the Catholic University Medical School outperformed all other Irish medical schools, even Trinity College and the Royal College of Surgeons, to become the largest medical school in Ireland. It was eventually incorporated into University College Dublin when the National University was founded in 1909 (Froggatt 1999: 60-90).

The Golden Age

Dublin was reputed to be the second city of medical importance in the then British Empire, second only to Edinburgh. The reign of Victoria marked the Golden Age of medicine in Ireland. Physicians and surgeons such as Abraham Colles (1773-1840), Robert Adams (1791-1875), Arthur Jacob (1790-1874), John Cheyne (1777-1836), William Stokes (1763-1845), Robert Graves (1796-1853) and Sir William Wilde (1815-1876) were pioneers in their fields, giving their names to symptoms and diseases such as Stokes-Adams syndrome, Graves’ disease, Jacob’s membrane, Colles’ fascia and Cheyne-Stokes respiration (Lyons 2000: 63-7).

Conclusion

There were, until the latter years of the twentieth century, Catholic hospitals and Protestant hospitals where the medical and nursing staffs were of one religion or the other, just as schools and universities were separated along religious lines. Happily, that situation has ended as Ireland has moved towards secularisation in medicine and education. In recent years Ireland has been enriched by the mingling of many diverse cultures, philosophies and religions. Nowhere is this internationalism more strongly reflected than in its medical schools where more than half the student body is from abroad, both from developing and developed countries. These schools have

formed links with many countries of the world in medical training.

Many of the graduates from the Royal College of Surgeons in Ireland and Trinity College were surgeons of renown in the armies that fought for South American Independence. In their own way they contributed to the birth of the new republics now forming Latin America. Still more, throughout the nineteenth century, offered their expertise to the new republics of Latin America, some preferring to practice in small towns and communities where doctors were desperately needed, while others attained renown in cities. Many of the early *boticas*, or pharmacies, were established by men such as the Carlow-born brothers Edmund and William Cranwell, who had studied at the famed Apothecaries' Hall in Dublin. Others, like the nineteenth-century physician Robert S.D. Lyons, who obtained his medical education at the

Catholic University Medical School, also in Dublin, risked their lives in the study of epidemics like yellow fever that periodically ravaged Iberia, Latin America and the Caribbean. All formed a valued and respected part of the medical community at large, giving their knowledge gained in Ireland, Britain or Continental Europe to the benefit of their adopted countries.

Because of the Irish doctors and pharmacists who, for various reasons, went to Latin America and the Caribbean in the eighteenth and nineteenth centuries, present-day physicians in the region and the hospitals and academies that Irish physicians helped to found can rank with their counterparts all over the world.

Susan Wilkinson

Notes

1. Without the help of Mary O'Doherty, Medical Essayist and Senior Librarian (Special Collections and Archives), of the Mercer Library at the Royal College of Surgeons in Ireland, much of the research for this article could not have been easily obtained, if at all. I wish to thank her for her help and suggestions in writing this article and for the insight she gave me into many of the Irish physicians and surgeons, past and present, whose names are forever linked with Ireland's medical schools.
2. The word *liaig* means 'leech', an archaic term for a doctor or healer. The term is often used for a Druidic doctor in ancient texts.
3. This is the earliest reference to the fitting of an artificial limb in Western European literature.
4. For a list of hereditary medical families and the ancient Irish medical schools, see 'Medical Writing in Irish, 1400-1700' by Aoibheann Nic Dhonnchadha, *Irish Journal of Medical Science*, 169 (2000), pp. 217-20.
5. Trinity College Dublin MS 1318, cols 487.1-499a24.
6. *Practica seu Liliun medicinae*, comprising seven volumes of diseases of the body, was written by the French physician Bernard of Gordon in 1305, and was one of the best-known medical texts of the Middle Ages.
7. The barber-surgeons of London and Edinburgh were not incorporated until some years later.
8. This was an entirely enlightened approach to treating mental illness, as the norm at that time was to incarcerate the mentally ill in lunatic asylums.
9. The Jacobs were a famous medical Quaker family in Ireland for four generations. After his apprenticeship, Dr Arthur Jacob, born in 1790, studied in Edinburgh, London and Paris before returning to Ireland where he eventually taught at the Royal College of Surgeons.
10. Sylvester O'Halloran (1728-1807), was a distinguished Limerick surgeon and a Catholic, who studied at the Universities of Leiden and Paris. He was one of the few Irish Catholics to reach the top of the medical profession in eighteenth-century Ireland.

11. To steal a body was a misdemeanour, while the theft of garments was a felony, punishment for which was transportation or hanging.

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Irish Doctors in the Colombian Wars of Independence

By Matthew Brown (1)

Abstract

This essay seeks to return the attention of researchers to a subject that has fallen out of favour in recent decades, especially since the retirement or death of the historians who first identified sources, asserted the significance of the topic, and opened the field to investigation. It presents a bibliographical review of the existing literature on the Irish doctors who served in the wars of independence in Gran Colombia, followed by a short biographical survey of some Irish doctors who have not been studied before, at least not in an English language publication such as this. The conclusion makes some general remarks about the role of Irish doctors in the wars of independence. (2)



The role of foreign doctors in administering to the troops of independence in Gran Colombia has been recognised by scholars since the 1960s. Before then, the study of medical practitioners had taken a subsidiary position to the *historia patria* which focused primarily on battles and their heroes. Most historians agree, however, that many more soldiers died of disease in these wars than they did in battle. (3) The ground-breaking work of José Rafael Fortique and Francisco Alejandro Vargas in particular, identified the principal doctors who sought to limit these losses, drawing primarily on published sources, and postulated that these men played a key role in ‘modernising’ Simón Bolívar’s armies and enabling them to resist Spanish forces. (4) A conference and publication in 1972 brought many contributors to the new

field together, providing much useful biographical detail about the doctors (foreign and local) who tended to the wars’ wounded. One of the participants, Franz Conde Jahn, suggested that one of the principal achievements of the foreign doctors was to revitalise the image of the medical practitioner, in Venezuela at least, where prior to independence most doctors were people of colour. The activity and prestige of white doctors who knew Latin terms, he argued, gave confidence and strength to the soldiers in the ranks, and contributed substantially to the victories of Bolívar’s forces at Boyacá and Carabobo (Dias 1972).

It is worth noting that while the medical practitioners referred to in the literature above,

and in this essay in general, were all male, recent scholarship has emphasised the role of women in caring for the sick and wounded during the wars of independence. The contribution of these women continues to be underestimated in the literature, due to a perceived lack of sources or a continued lack of respect for their role. However, a fuller picture of the role women played in maintaining minimum levels of hygiene and tending to injuries can be constructed from references in archival documentation. (5) The work of the AHRC 'Gendering Latin American Independence' project has unearthed many new sources and individuals who can be studied from this angle (Brewster 2005).

The study of health care provision in Colombia and Venezuela has regained the attention of scholars in recent years. Hugo Armando Sotomayor Tribin's excellent *Guerras, enfermedades y médicos en Colombia* builds on the earlier literature whilst placing its attention on a social history of the period, rather than on its protagonists. (6) From Sotomayor Tribin's extensive archival research we learn, for example, of the shopping lists of doctors in 1819 - including powdered rhubarb and selected peanuts, with their respective prices (Sotomayor Tribin 1997: 201). He reveals that Irish doctors such as Thomas Foley used alcohol as an anaesthetic when performing amputations after key independence battles such as Boyacá and Pantano de Vargas (Sotomayor Tribin 1997: 190). Sotomayor Tribin makes a strong case for seeing ill health as one of the principal protagonists of the wars of independence, and its treatment one of the neglected social concerns of the period. For him dysentery, poor nutrition and yellow fever determined the course of military campaigning and shaped the societies that were born out of warfare. 1830 is often taken to mark an epoch in Colombian history; for Sotomayor Tribin this is because 'yellow fever appears in the country's interior, [...] Gran Colombia is dissolved, and Bolívar dies' (Sotomayor Tribin 1997: 213).

My own work on foreign participation in the wars of independence in Gran Colombia has emphasised the Irish predominance in expeditions also comprising English, Scottish,

German, Italian, French, Spanish, Maltese and Welsh men and women (Brown 2006). In 2007 I posted online a database which contains preliminary biographical details for over 3,000 of the 7,000 foreigners who joined the cause of independence, drawn from my own larger database. The database can be consulted freely (<http://www.bristol.ac.uk/hispanic/latin/research.html>). Searching the database for 'Irish' and 'Surgeon' or 'Doctor' as rank, or 'Apothecary' as profession, brings up a total of 85 names. (7) Some of these are well known already, such as the aforementioned Thomas Foley and James H. Robinson (also known as Robertson), and accounts of their careers can be found in the general accounts of Alfred Hasbrouck or Eric Lambert. The database shows that in the years after independence Irish doctors who had made their reputations during the wars were scattered across Gran Colombia: William Porter Smyth settled, married and practiced in Cartagena de Indias. John Irwin of County Sligo settled, married and practiced in Maracaibo, leaving a line of descendents begun by his daughter Margarita, who claimed his pension upon her father's death in 1846 (AGN). Richard Murphy settled in Puerto Cabello (Lambert 1984: 35). Trinity College in Dublin provided many of the Irish doctors who served in Venezuela, Colombia or Ecuador. Edward French Mullery and William Murphy, both of Sligo, were amongst those who sailed for Colombia after graduation. The traveller William Duane recalled meeting them at their practice in Barquisameto in the early 1820s: Duane commented that 'they were held in the highest estimation, as well as for their professional merits, as the exemplary integrity of their social character' (Duane 1826: 185).

Many of the Irish doctors who appear in the database are not mentioned in the studies cited above. Periphery characters such as Henry Smith, who when questioned entered his profession as an 'apothecary' in Achaguas, Venezuela, in December 1820, have only been identified by means of careful accumulation of archival material (AHG). Others slipped through the official records because of the improvised nature of their recruitment, such as Dr Beaurain, who was serving with the British Navy and who, according to the account

published in Jamaica at the time, was 'forced to accept the situation of Director-General of Hospitals of Venezuela', where he served in Angostura (*Royal Gazette*, 25 September 1819; *Carrick's Morning Post*, 24 January 1820). Many of the doctors shared the same fate as the men they hoped to heal: death from the many diseases that afflicted them, especially in coastal regions. This was the case of Dr John Mortimer, who died while marching from Juan Griego to Porlamar on the island of Margarita in 1819 (*Dublin Evening Post*, 30 November 1820). A similar fate befell Dr Alexander Costello, a graduate of Apothecary's Hall in Dublin, who died of yellow fever in 1822, having served three years as *Inspector General de Hospitales* for the troops under the command of General John Devereux (Devereux to O'Connell, 16 July 1822).

Some foreign doctors arrived after independence had been secured, such as Davoren, Dudley, Jervis and the most famous of them all, the Scotsman Ninian Cheyne (Sotomayor Tribin 1997: 205). Cheyne settled in Bogotá after independence and became a crucial nexus between Colombian and British interests in the capital. It is possible that he was also trained at Trinity College in Dublin. (8)

W. Davidson Weatherhead may have been another Trinity College graduate who served in the wars of independence. He wrote two books after his return to Europe, one of which described the tribulations of General Gregor MacGregor's attacks on the coast of Panama. Its final pages demonstrate an interest in local ailments and diseases, with particular reference to fever, sexual organs, consumption, colic and ulcers. Weatherhead's conclusions, that the Spanish forces lost more men to disease than the British and Irish who served with the Independents, is in line with Rebecca Earle's recent synthesis of the role of disease in the wars of independence (Earle 1996). Unlike Earle, whose analysis does not address this differential, Weatherhead asserted that the Irish and British survived more often because Spanish practitioners 'know nothing of medical science' (Weatherhead 1821: 134).

One Irish doctor in Colombia who has been studied in some depth is Hugo Blair Brown. His

biographer, and descendent by marriage, Aquiles Echeverri, provides useful detail on Blair's personal and professional life. The author is keen to contrast his noble, disinterested medical services with the Irish soldiers who travelled to Colombia at the same time, who he sees as craven, mercenary and unpatriotic. Comandante Rupert Hand, the Irish mercenary who killed General José María Córdova in 1829 after the battle of El Santuario, epitomises for Echeverri the worst excesses of unwanted Irish intervention in Colombian affairs. In contrast, he sees Blair and other doctors like him as a benign force for good. (9)

Protestant in origin, Hugo Blair converted to Catholicism in Medellín in 1829, and married into the important local Gaviria family in 1836. He worked in Medellín until his death in 1864, and Echeverri posits Blair as a patriotic Colombian who founded an impressive line of descendents who should be proud of their 'Irish blood'. Echeverri's dedication to the subject went so far as to have Blair's remains exhumed from the San Pedro Cemetery in Medellín, where they had lain since Blair's death, in order to measure his bones and provide an accurate identification of his resting place (Echeverri 1972: 36). The book contains interesting oral history testimony from the subject's granddaughter, Julia Blair Gaviria, transcribed in the 1960s. Apparently in 1857 the Antioquian *caudillo* Mariano Ospina Rodríguez had asked Blair to assist him in a medical capacity, but Blair replied '*Yo no presto servicios a quienes fueron traidores del General Bolívar*' (Echeverri 1972: 52). (10)

In conclusion it can be asserted that the Irish doctors who served in the wars of independence in Gran Colombia provided an important service to the army and navy. Their contribution was acknowledged by contemporaries who sought them out for service and for treatment. Those who settled in the Gran Colombian republics even after Bolívar's death in 1830, found a settled lifestyle and a degree of social status that would have been difficult to attain in Britain or Ireland. It was the social status attained by these peace-time practitioners that secured the reputation of their colleagues who had served in wartime. Historians in both

Colombia and Venezuela have recorded the names of most prestigious of these doctors. It is to be hoped that this essay has provided an outline of a research topic that remains relatively un-mined and which can provide an important

contribution to the social and cultural history of the new republics.

Matthew Brown

Notes

1. Dr Matthew Brown is Lecturer in Latin American Studies at University of Bristol.
2. Gran Colombia is the term used by most historians to refer to the republic formed by Simón Bolívar in 1819, and which was dissolved in 1830. Its territory covered the present-day republics of Ecuador, Colombia, Panama and Venezuela.
3. For a review of the literature see: Earle 1996: 371-83.
4. Fortique's more accessible work is *Crónicas médicas de la independencia venezolana*.
5. See Davies 2006 and Brown 2005.
6. See also the less accomplished Silva Alvarez 1985.
7. This figure includes individuals whose origin is unknown and as such is entered on the database as 'British or Irish'. My findings in *Adventuring through Spanish Colonies* suggest that such a person was more likely than not to be from Ireland.
8. John Watson Stewart lists a Dr Cheyne as a non-practising member of the College of Physicians in Dublin (Watson Stewart 1820: 1170). One of Cheyne's descendents produced a short biographical paper on his ancestor, which I have been unable to locate. Jaime C. Gomez, 'Doctor Ninian Cheyne: Profesor Escocés de la Cirugía en Colombia', paper presented to the Academia Nacional de la medicina, 26 May 1982 (Abel 1994).
9. In 2007 I travelled to El Santuario with the support of a research grant from SILAS, which I gratefully acknowledge. My book on the battle of El Santuario and its consequences will be published in 2010.
10. My translation: 'I will not serve those who betrayed General Bolívar'.

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The Other Front of the Hispanic-American Independence The Battle for Health and Hygiene

By Alejandra Baldrich and Mario Marini (1)

Abstract

General José de San Martín began his career in the Spanish Army and suffered diverse injuries and illnesses both there as well as in the South American campaigns. We prepared a chronological order of his multiple illnesses - some of doubtful origin - trying to understand how a sick man could have crossed the Andes to fight battles in Chile and to finally triumph over the Spaniards with the surrender of their army in Peru. The illnesses of this Spanish American general and the health and hygiene of his army were decisive to the destiny of almost half a continent.

The Illnesses of General José de San Martín

José Francisco de San Martín (1778-1850), the Liberator of the southern countries of South America, was born in Yapeyú, in the Spanish Viceroyalty of the Río de la Plata, on 25 February 1778. He travelled to Spain, and at the age of twelve was admitted into the Regiment of Murcia. He fought in the Battles of Melilla, Orán, Arjonilla, Bailén, and Albuera. His ship was seized by the English and it was probably there that he learnt of the liberation movements inspired by Masonic groups. Back in the regiment of Cádiz, San Martín joined *Los caballeros racionales de Lautaro* lodge and had contacts with the *Semanario Patriótico* newspaper.

The manuscripts in the Baldrich family collection covering the Spanish American campaign and our research on José de San Martín's health led to a review of his bibliography, so as to establish a chronology of his illnesses in a period when these could determine the course of wars.

1801: Wound in thorax and hand. As a soldier in Spain, he was injured while carrying objects of value (3,300 *reales*) on horseback from Valladolid to Salamanca.

1803: Sabre wound on the left arm in the Battle of Albuera.

1808: Gout, hyperuricaemia (high levels of uric acid in the blood) and arthritis. According to our records he suffered episodes in 1817, 1818, 1841. For his arthritis he would take baths in the Tunuyán River and at the hot springs of

Cauquenes in Chile, a treatment recommended by Dr Colisberry. There were also signs of arthropathy (arthritis) in the right arm and fingers; in the daguerreotype published by *The Mosquito* newspaper there were signs of advanced arthropathy in the fingers of his right hand.

1808: Asthma. The first signs were recorded in 1808. In 1814 he suffered another crisis in Mendoza and was attended by a Peruvian doctor, Juan Isidro Zapata. According to Olazábal, when San Martín arrived at the Portillo pass in the Andes in 1823, he complained of feeling exhausted.

1809: Haemoptisis (coughing up blood). Most historians discarded this and maintained that they were the symptoms of haematemesis (bleeding from the mouth).

1813: Luxation of the shoulder, face wound and crushing of the leg, when he returned to the Río de la Plata in 1812, and trained a cavalry regiment (Granaderos a Caballo). His first battle against the Spaniards was when he concealed his soldiers behind the San Lorenzo Monastery, where the Spanish usually stayed to rest, and he was able to take them in a surprise attack. The strategy was successful, but San Martín's horse suffered a fall which injured his leg. Doctor Francisco Cosme Argerich attended him.

1814: Haematemesis. According to Martín de Pueyrredon, the army's diet was based on coffee, chilli, *charqui* (dehydrated salted meat), onion, and the traditional alcoholic beverage known as *aguardiente*. (2) This symptom could

have indicated a chronic duodenal ulcer. The pain was episodic. He was treated with opium and developed an addiction to this drug. There is evidence that he used it in 1816, 1821, 1832, 1833, 1834, 1840, 1841, 1844, and 1847. Gailatoire put forward another diagnosis, tuberculosis, but this was discarded as there was neither fever, nor weight loss, nor any expectoration.

1816: Angina, according to the edict drawn up by Governor Toribio de Luzuriaga.

1817: Essential tremor. There are multiple sources which confirm that San Martín wrote with difficulty and that he needed the help of a secretary or scribe. The soldier Zenteno recorded the military orders that were later signed by San Martín. San Martín suffered from arthropathy of his right wrist, which could have been gout and essential tremor. It is not clear if San Martín actually wrote or was assisted by Zenteno to write out the orders. In a letter from J. M. de Pueyrredón to San Martín the former says that 'the day before yesterday I received your last letter written by a scribe due to the weakness of your pulse.' From a comparative analysis of both documents signed by San Martín, it is obvious that the text belonged to the same handwriting as that of a secretary named Zenteno, although later they were signed by San Martín himself. There is a letter from Manuel Belgrano to San Martín recommending 'galvanism', a treatment using a galvanic machine. He described the new treatment as electricity generated by a dynamo and applied to the trembling region on the body.

1819: Haemorrhoids and anal fistula. This information was obtained from a letter to Tomás Guido.

1820: Dysentery. During the Chilean campaign there was an epidemic of dysentery which caused the death of San Martín's friend Antonio Alvarez Jonte, member of the government of the Río de la Plata in 1812.

1821: Malaria (also known then as the 'Valley of Huaura's disease', misnamed 'Yellow Fever' although San Martín and his soldiers were in contact with the '*Aedes Aegypti*' mosquito. It started suddenly after the onset of dysentery. There were 1,500 independent cases, and

amongst the Spanish soldiers 3,000 fell ill. This epidemic and the famine of the Spanish royal army became a strategic reason for their surrender, making it easier to conquer Lima, the main city of the Viceroyalty of Peru. Differential diagnosis: salmonellosis. Furthermore, during San Martín's return from Peru, and whilst he was living at Bernardo O'Higgins's house near Santiago de Chile he suffered a bout of exanthemata typhus. This is caused by fleas from rats, but there are no other references to identify this cause and no mention of the pathognomonic rash. It could have also been *Chavalongo*, a regional folkloric name (from *chavo*: sleepy and *louco*: head) for an unknown chronic disease, characterised by prolonged fever and a bowel-colonic process. Differential diagnosis: typhoid fever.

1826: Erysipelas. 'Since the last time I wrote to you I have been suffering from illness and anguish: whilst I was on my way to a friend's country home the carriage tipped over and I dislocated my right arm developing an erysipelas from which I have not yet fully recovered' (San Martín to Manuel de Estrada).

1832: Cholera. San Martín had enemies in Buenos Aires, so he had to abandon the United Provinces of the Río de la Plata and was exiled in Europe during an epidemic of cholera there (1831 to 1837). He and his daughter showed signs and symptoms of this disease, and were helped by Mariano Balcarce (son of General Balcarce) who came over from London. Differential diagnosis: a cholera frusta form (a choleric gastroenteropathic infection from *Salmonella typhus*.)

1833: Epilepsy: referred to in a statement by Manuel Ricardo Trelles, which states that San Martín suffered a seizure in the presence of Posadas whilst they were travelling from Paris to Rome to purchase a sculpture of Napoleon. It was also mentioned in a letter from San Martín to Bernardo O'Higgins. There were other seizures during 1836 and 1848.

1840: Influenza.

1845: Cataracts: Dr Sichel was the ophthalmologist who performed surgery on San Martín in 1849 in Paris, without anaesthesia. There was no improvement.

1850: Death. Causes unknown (may have been ulcer complications, cancer, heart failure or aneurism).

Health and Hygiene in the Army of the Andes

During the South American Wars of Independence José de San Martín faced serious sanitary and health problems in his Army of the Andes. Manuscripts shed light on the diseases suffered by the troops during the different campaigns, and the hygienic and medical measures implemented by San Martín's doctors, amongst them Juan Green and Patricio O'Donnell. Bernardo O'Higgins also played an important role in these historical events and in the prevention of illnesses.

In 1816 San Martín was in Mendoza, a city in the Cuyo region of the United Provinces of the Río de la Plata, organising an army for the independence campaign. The discovery of a document about the dermatological venereal diseases of the troops that was signed by San Martín in 1816 led to an exploration of the historical context and the circumstances of that period. The document, the existence of which was known, has not as yet been completely researched and/or interpreted:

Having positively confirmed that the diseases generally affecting the troops are the result of venereal ailments, following the doctor's advice I have decided to set up a consulting room in every quarter which will be used provisionally as a hospital or nursery, in which those suffering from the most common galic symptoms, such as 'vubones,' gonorrhoea and others that for their nature do not require surgery, neither do they require difficult nor prolonged assistance. In order to do so, you will prepare this consulting room under your mandate with the knowledge that the government will appoint a doctor to assist you using the drugs available at the army's apothecary for which the administrator or person in charge has already received the appropriate orders, as has the President Priest of the General Hospital not to admit patients with these types of diseases as from the 20th of this month, unless they require major assistance or are affected by other diseases. May God protect you for many years. Mendoza, March 12th, 1816 (José de San Martín to Pedro Regalado de la Plaza). (3)

This document proves that consulting rooms were created in regimental quarters which served as anti-venereal hospitals, and that Dr Pedro Regalado de la Plaza, General Commander of Artillery had been appointed to assist San Martín. It also confirms the existence of dispensaries and apothecaries and proves the existence of the Director and President Fray Pablo de Rosario at the general and military Bethlemitic Hospital of San Antonio in Mendoza. The patients were admitted to the hospitals depending on the complexity of the treatment.

Another document confirms that Fray Luis Beltrán, a priest, was appointed Lieutenant General of Artillery and Chaplain of the Army. Finally, a third document in the collection signed by Bernardo O'Higgins is not related to health and sanitation, but important to the historical context.

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The historic context regarding these documents: Diseases and Hygiene

During the colonial period of the Viceroyalty of the Río de la Plata, the science and art of healing was regulated by the Protomedicato. After 1810 it was replaced by the Medical Military Institute, which regulated the education of doctors during this transitional period.

When José de San Martín replaced Manuel Belgrano in the Northern Army at Tucumán, he requested doctors from Buenos Aires: Cosme Argerich, Guillermo Colisberry from Philadelphia, and English-born Diego Paroissien. General Belgrano, leader of the Northern Army, had his own doctor, Joseph Thomas Readhead. When the Spanish Royalist soldiers were in need of a doctor in Salta, Readhead was kidnapped but was able to escape and rejoined the Northern Army.

José de San Martín, Governor of the Cuyo region, was charged with the organisation of military health and hygiene for the civilian population as well as for the troops. He established military hospitals in the cities of Mendoza and San Juan, the general and military Hospital of Mendoza and the Bethlemitic Hospital of San Antonio, which was located near the Zanjón canal (in the intersection of present-day San Luis and Francisco de la Reta streets of San Juan). There was another hospital in San Juan, the Bethlemitic Hospital San Juan de Dios. The Bethlehem priests, who supported independence, acted as nurses and doctors. Not only did they cater for the hospitals but also offered their help on special missions and in military matters. After Fray Pablo del Rosario, Fray Juan Pedro de Santa María became Director of the Bethlemitic Hospital of Mendoza. He studied medicine and, as a surgeon, accompanied the Independence Army of the Andes in 1817.

In 1815, San Martín began to supervise the financial administration of the hospitals, establishing control committees known as Juntas Hospitalarias, which had already been created in other regions but had never been implemented in Cuyo.

When learning that doctors in Mendoza were pro-royalist, San Martín requested more doctors from Buenos Aires, and only put his trust in Juan Isidro Zapata, a doctor from Perú. He implemented physical examinations for soldiers entering the army. Those who fell into any of the following categories were denied entry:

- Those without teeth
- Those with fistulas
- The elderly with disabilities

- Men with amputations
- Young men who showed adjustment problems
- Those with tuberculosis
- Those with sanguine (bloody) expectoration

The diseases suffered by the troops during the campaigns were:

- Wounds by sabres or fire arms
- Fractures and luxations
- Burns from canon shots
- Surumpi, an ophthalmologic condition due to the sun's reflection on the snow-covered surfaces of mountains, which can cause blindness for two days
- Soroche, or altitude sickness, with headaches
- Tuberculosis
- Malaria
- Venereal Diseases

Regarding the prevention of venereal diseases San Martín established anti-venereal consulting rooms in the artillery quarters and also in the quarters of Cavalry Regiment, the Regimiento de Granaderos a Caballo.

He also worked on the prevention of these diseases, voicing his concern to other authorities in the army, as well as in Chile. In a letter from Bernardo O'Higgins to San Martín, the Chilean general wrote:

... in the meantime I am working on the construction of a camp by the river Lircay which is a league away from this city and is without any doubt one of the best military positions available in this area. The construction is moving forward and in exactly two days the entire army will be camping out there. In this way we will avoid all contact with the local civilian population who unfortunately suffer from venereal ailments ...

In order to avoid frost-bite, San Martín requested large boots to be sent from Córdoba to Mendoza. He ordered felt to be inserted as lining in the boots.

Hydrophobia (rabies) was brought into the territory at the time of the English Invasions of 1806 and 1807. In order to control the risk of contagion, he ordered that all rabid dogs be killed (La Abeja Argentina, 15 May 1822).

After the Battle of Chacabuco Guillermo Dunyer and David Noel joined the forces, as well as Patricio O'Donnell and Juan Green. The

latter became O'Higgins's personal doctor. Green saved O'Higgins's arm by performing a bleeding after the battle of Cancha Rayada.

Fray Juan Pedro de la Santa Cruz returned to Mendoza and worked independently, as a doctor, in the San Antonio Bethlehemite Hospital of Mendoza. He was an excellent director of that institution.

Manuel Belgrano was assisted by his personal physician, Joseph Readhead, to whom he gave his golden watch as payment and gratitude before his death. Readhead also performed Belgrano's autopsy.

Bernardo O'Higgins died in Peru. It seems that he had always been treated by Dr Juan Green, as has been pointed out by Antonio Guerrino (based on Vicuña Mackenna's information). Guerrino put an end to uncertainty regarding the name of O'Higgins' doctor.

Conclusion

In 1814, when José de San Martín organised an army for his campaign of independence, he faced serious sanitary and health problems, both in his army and in respect of his own health. Keeping so many soldiers under military discipline required having an organised medical infrastructure. Thus, there were two fronts in the South American wars of independence. In addition to the military one, there was another front which was fought within the medical field. The fate of Chile, Bolivia, Paraguay, Colombia, Peru, Ecuador, Venezuela, Uruguay and Argentina was not only decided by military strategy but also by the hygiene and health of the army and its leader.

Alejandra Baldrich and Mario Marini

Notes

1. Dr Alejandra Baldrich, staff dermatologist, Department of Dermatology, British Hospital of Buenos Aires and School of Medicine, University of Buenos Aires. Dr Mario Marini, Head of the Department of Dermatology, British Hospital of Buenos Aires, Professor at the School of Medicine, University of Buenos Aires. This research was partially presented on two papers during the 23rd RADLA conference (*Reunión Anual de los Dermatólogos Latinoamericanos*), 1-4 May 2004, Lima Peru, and the National Congress of Dermatology, from 18-21 August 2004, Mar del Plata, Argentina (Honours Mention).
2. *Aguardiente*, eau-de-vie, coarse kind of brandy obtained by fermentation and distillation of sugared musts.
3. *The documentary source belongs to the Baldrich family collection of American Manuscripts.*

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Irish Immigrants and their Arrival in Chile: The Case of Dr William Blest Maybern

By Fabián G. Bustamante Olgúin (1)

Translated by Edward Walsh

Abstract

This article includes a first part regarding Irish immigration to Chile during the last century of Spanish colonial rule up to the sporadic arrival of the Irish who left their mark on the newly born Chilean Republic in the nineteenth century. The second part considers the case of Dr William Blest Maybern, founding member and professor at the University of Chile's School of Medicine, who undertook many studies and helped the advancement of science in Chile giving him a notable reputation among his medical peers.

Introduction

Irish immigration in Chile did not have the numerical significance to compare with other waves of migration such as those of the Germans in the south, or the Italians and British. The Irish arrival in the country was sporadic and happened within a very precise context. It was principally the product of Spanish colonialism, (2) and the expansion of the informal British Empire in the port city of Valparaíso and in the northern cities, with the development and expansion of the nitrate trade. (3)

Nevertheless it is argued here that the Irish who arrived in Chile during the nineteenth century became a part of the Creole elite, which in turn was Anglophile and revered the British Empire. However, it is difficult to state that those Irish people identified with England and that they were counted as being 'British'. (4) Given their early presence in Chile, the fact that they were generally considered as Irish and not English was due to their Catholic religious affinity with the Spanish and subsequently the Chilean metropolis.

Regarding the arrival of Irish immigrants in Chile, towards the end of the eighteenth century, Ambrose O'Higgins, the Viceroy in Peru, endeavoured to re-found the city of Osorno with Europeans (Irish), Creoles and indigenous people so that they would live peacefully and thus drive an economy based on

flour milling, spinning mills and tanneries. O'Higgins' desire was to build a modern industrial centre and for that reason he sent for his compatriots (the majority artisans) to change the allegedly superstitious and pre-modern mentality of the native inhabitants of the place with the avowed purpose that the Irish would teach them some trade. To that end he counted on the help of another Irishman, John MacKenna, who would become Governor of Osorno.

By 15 September 1798 the first fifteen Irishmen arrived in the city of Osorno. Carpenters: Thomas Robertson, John Knitht [Knight?], Charles Bider, Robert O'Keefe [O'Keefe?], Charles Beaver; Blacksmiths: John Green, James Glover, John Titson, John Ornsbi [Hornsby?]; Tanners: John Waterson, John Web[b?]; Carvers: Daniel Cloghan; Shoe Maker: Peter Smith; Boys: James Wakeman, John Lervis [Jervis?]. (5)

In November 1798 a new group of Irishmen arrived. Masons: Thomas Sullivan; Carpenters: Charles Badder; Metal Workers: Richard Mills; Shoemakers: George Johnson; Weavers: William Conoly [Connolly?]; William Waito; Tailors: William Nial [Neal?]; Carvers: John Nelegan; Labourers: Henry Graham; Carpenters: Thomas O'Donovan, Abraham Thorn (Sánchez Aguilera 1948: 102-103).

O'Higgins' good intentions to build an industrious city failed. Apparently, the work-

shy habits of the Chileans and the constant drunkenness of some of his compatriots resulted in some of them being returned to Lima.

With the end of John MacKenna's government, O'Higgins' dream also came to an end. The city of Osorno would subsequently fall into a deep economic crisis from which it would in due course recover with the arrival of German immigrants to the zone.

Thanks to the Chilean historian Guillermo Bravo Acevedo in his transcription of volume 2834, piece 11 of the *Fondo de la Real Audiencia* from the National Archive in Santiago, entitled *El expediente tomado sobre averiguar los extranjerios que residen en el reyno* (The Dossier Made when Establishing the Number of Foreigners Living in the Kingdom) shows a census taken by the Spanish Government in 1808-1809, when five Irishmen appear as living in the Kingdom of Chile. Their geographic location was as follows: in Santiago an Irishman named Mark Lozet who came on board the corsair frigate *Cornoals* and was a quarryman or stone mason (Bravo Acevedo 1991: 31). William Luns lived in Talca; he arrived in the frigate *Lobera* and was a boot maker (Bravo Acevedo 1991: 38). Charles O'Hega[n] lived in Talcahuano. He arrived on the English frigate *Ceres* and was a carpenter and navigator by profession (Bravo Acevedo 1991: 40). And lastly in Valdivia resided James Hogan and Peter Smith; the former was contracted by the Valdivia Infantry Battalion on 2 March 1807 and the latter arrived on board the whaling frigate *Juniper*, and was a prisoner in Valparaíso in 1797 from where he was returned to Lima and then came to Osorno. In Osorno Smith was not given land because he was single, so he returned to Valdivia, where he was a shoe and boot maker. (6)

Chilean historian Gabriel Guarda provides other very interesting details for the period 1820-1850 in the southern zone of our country, where seven marriages were registered between Irishmen and women with southern Creole elite background. The Irishmen were Timothy Cadagan, James Glover, James Hogan, John MacKenna, Peter Smith, William Taylor and Charles Emanuel Webar (Guarda 2006: 674).

The small number of Irish who arrived in Chile left their influence on republican history by their participation in the military campaigns. (7) This is represented by such names as Ambrose O'Higgins, Governor of Chile and Viceroy of Peru; John Garland, a cavalry officer of the Order of Santiago; John Clark, an engineer who worked on the construction of the trans-Andean railway; John MacKenna, a soldier in the service of the Spanish Empire, Governor of Osorno 1897-1899 and subsequently a leader in the fight for Independence, as were Charles María O'Carroll, John O'Brien and Stanislaus Lynch. There are others with Irish ancestry, including Bernard O'Higgins the Liberator of Chile; Benjamin Vicuña MacKenna, politician and historian; Germán Riesco and Juan Luis Sanfuentes Andonegui, presidents of Chile (Griffin 2006); Albert Blest Gana, novelist and Chilean diplomat and son of the subject of this article, the medical doctor William Blest.

An Irish Doctor in Chile

William Cunningham Blest was born in Sligo in 1800, the son of Albert Blest and Ana Maybern. He studied at Trinity College, Dublin from where he graduated with a licence in medicine. He entered the University of Edinburgh, being a pupil of the Academy of James IV and obtained the degree of Doctor of Medicine on 21 March 1821. He went immediately to London where he began to practice, and was received as a member of the College of Surgeons and Apothecaries.

Blest arrived in Chile in 1824, about a year before his brothers Andrew and John. Andrew founded the first brewery in Valparaíso and married María de la Concepción Prats Urizar. Blest's brother John established himself in Valparaíso and practised medicine and would subsequently leave and go to work in the Peruvian city of Arequipa where he married María Faustina Zavala. (8) William married (for the first time) María de la Luz Gana y López in Santiago on 21 March 1827. Three of the seven children of that marriage were distinguished men of letters; the poet Guillermo Blest Gana, Alberto Blest Gana a notable writer and diplomat and Joaquín Blest Gana, journalist,

writer, lawyer and historian and who was also a member of the Supreme Court and Ministry of Justice prosecutor from 1866 to 1870.

Dr William Blest practised medicine with great success and in 1826 he was the author of a report entitled *Observaciones sobre el estado de la medicina en Chile* (Observations about the State of Medicine in Chile). Blest judged the sanitary conditions of the country and criticised the low level of teaching and the low interest in medical science in Chile. The repercussions of Blest's report were immediate and in 1826 the Government created the Medical Society which was made up of all the doctors of Santiago with Blest assuming the presidency.

His constant preaching regarding the importance of medical studies put Blest at the top of the medical profession when he published his *Ensayo sobre las causas más comunes de las enfermedades que padecen en Chile* (An Essay about the Causes of the Most Common Sickness Suffered in Chile) in 1828, and afterwards for his notable creation of the School of Medicine on 17 April 1833, during the government of Don Joaquín Prieto. On that occasion, Blest gave the following discourse:

Gentlemen, students: the constant and ardent desire of my life has been to help the beneficent tendency, dignity, importance and respect of the profession to which I belong, and I being the first who has the honour to open the majestic doors of medicine to the Chilean people, an illustrious science which puts me in circumstances of being useful to the country, my spirit is moved by a sentiment of thanks to the Government which has provided the means to fulfil

my desires, and that my name be found in its future history (Blest 1946: 3).

Blest was Professor of Pathology and Internal Clinics until the year 1851 and Dean of the School of Medicine from 1865 to 1867.

From then on Dr Blest was an important man in Chile, and after naturalisation was elected deputy for Rancagua in 1831-1834 but did not intervene much in parliamentary debates. He was also one of the drivers of Public Welfare and for many years was a member of the Central Committee. He put a lot of his creative work in to fomenting the creation of hospitals, cemeteries, orphanages and other institutes to help the destitute.

On a personal level, William Blest suffered greatly on the death of his wife María de la Luz Gana y López at his home (Alameda de las Delicias in front of the Poor Clare nuns' convent) in Santiago on 6 March 1851.

Dr Blest married for a second time on 15 September 1879 to María del Carmen Ugarte y Plaza, daughter of Juan de Dios Ugarte y de Santos Plaza Araya. Ricardo Blest Ugarte was born of this marriage, the father of Arturo Blest Ugarte and Clotario Blest, the well-known trade union leader and founder of the Central Unitaria de Trabajadores.

Retired from professional practice, Dr Blest died on 3 February 1884 at his house in San Bernardo, bequeathing Chile a School of Medicine as well as an illustrious family, which was involved in Chilean republican history.

Fabián Gaspar Bustamante Olguín

Notes

1. B.A., University Diego Portales; M.A. Chilean History, Universidad de Santiago de Chile.
2. Towards the end of the eighteenth century, due to the efforts of Viceroy Ambrose O'Higgins there were two Irish colonies in the city of Osorno in southern Chile. O'Higgins wished to create an industrial centre, but after some time the colonists began to desert and returned to Lima where they had come from.
3. Towards the end of the 1820-1839 period, Waddington House was the most important trading house on the Pacific coastline. Other commercial houses such as Haigh, Head, Huth, Gibbs, Hull and Hemenway were also active at the same time.

4. I share Edmundo Murray's thesis with respect to Argentina. Murray states that the nucleus of Irish arriving in Latin America identified themselves with England. See Edmundo Murray *Becoming Irlandés: Private Narratives of the Irish Emigration to Argentina (1844-1912)* (L.O.L.A., Buenos Aires, 2006).
5. National Archive, Vol. 225, F. 221, various sources. This migration may have also been related to the Irish 1798 Rebellion.
6. This Irishman appears in the first list of Irish artisans brought to the city of Osorno by Viceroy O'Higgins in 1797. See *Expediente formado sobre averiguar los extranjeros que residen en el reyno*, pp. 41-42.
7. Political unrest and upheaval in seventeenth-century Ireland saw many Irishmen leave the country to serve in the armies of Catholic Europe, particularly in the Spanish army.
8. *Revista de Estudios Históricos* (Santiago de Chile: Instituto Chileno de Investigaciones Genealógicas, 1974, No.19), p.18.

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Jack of All Trades (and Master of All) Dr. Hutchinson's Practice in Africa and Latin America, 1851-1874

By Edmundo Murray

Abstract

Nineteenth-century British explorers like David Livingstone, Richard Burton, Mary Kingsley, Henry M. Stanley, and others inspired new ways of perceiving the world, and at the same time reinforced the values associated with Victorian morality and its imperialistic attitude towards other cultures. Many elements in the biography of Thomas Hutchinson are remarkable, but the most notable feature is his versatility in undertaking different endeavours at the same time. Physician, diplomatist, explorer, travel writer, business entrepreneur, and archaeologist were his most constant occupations: a jack of all trades and master of all. This article covers some of the medical research conducted by Dr Hutchinson during his consular appointments in Fernando Po, Argentina, and Peru. (1)

Ireland, England and Africa

Thomas Joseph Hutchinson (1802-1885) was born on 18 January 1802 in Stonyford, Kilsoran parish of County Wexford. (2) His father, Alfred Hutchinson, was a petty landowner from an Anglo-Irish family with a Protestant background. Although it was reported that Thomas Hutchinson studied on the European continent and graduated as a medical doctor from the University of Göttingen in 1833, there are no surviving records in this institution that could confirm this. He graduated on 2 January 1836 from the Apothecaries' Hall, Dublin. By May 1843, Hutchinson was practicing as a physician and surgeon at Saint Vincent's Hospital in Dublin, a training ground for doctors and nurses. Six years later he worked in the Poor Law Union of Wigan, Lancashire (England).

Between 1851 and 1855, Hutchinson was the senior surgeon on board the *Pleiad*, for the expedition to the rivers Niger, Tshadda and Binue, led by John Beecroft. On 29 September 1855, Thomas Hutchinson was appointed British consul for the Bight of Biafra. That year he married Mary, his lifelong wife, with whom he arrived on 29 December 1855 in Port Clarence (later Santa Isabel and present-day Malabo, capital of Equatorial Guinea), formerly a Spanish dominion. Most of the business managed by Hutchinson in Fernando Po was related to British affairs in the region, which included chiefly the production and transport

of palm oil and occasionally other products. He also represented, albeit unsuccessfully, a group of freed slaves and their families who wished to be recognised as British citizens, and was a constant arbiter between the ship masters and the local producers of raw materials. (3)

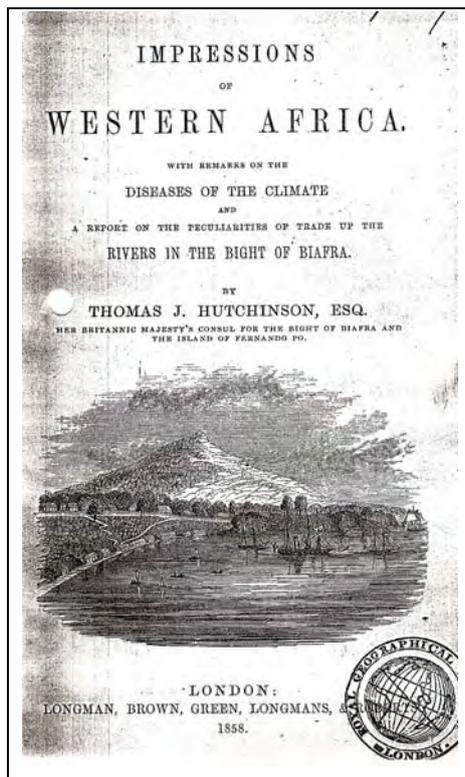
A pioneer of African cotton production, Hutchinson obtained in 1858 a tonne of seeds from the Manchester Cotton Supply Associations to undertake experiments on the continental coast of West Africa. In his affairs, he was frequently partial to the interests of certain Liverpool merchants, a practice for which he was reprimanded by the Foreign Office. Hutchinson remained in Africa until June 1860, when he and his wife returned to England for health reasons, together with Fanny Hutchinson, an African girl they had adopted. On 9 July 1861 he was replaced by Richard Francis Burton (1821-1890), the celebrated explorer and translator of *The Book of One Thousand Nights and a Night*. (4)

Malaria

During the journey of the *Pleiad*, Hutchinson conducted research on the use of quinine as a preventative measure against the effects of malaria. He insisted that, in small doses, quinine had a favourable effect in preventing fever.

The benefits of quinine were originally discovered by the indigenous peoples of Peru, who extracted it from the bark of the cinchona tree (*quina quina* in Quechua). An effective

muscle relaxant, quinine was used to halt shivering brought on by cold temperatures in the Andes, and was brought to Europe by the Spanish in the early seventeenth century. The bark was first dried, ground to a fine powder and then mixed with wine. It was first used to treat malaria in Rome in 1631. Large scale use of quinine as a prophylaxis started around 1850, when it played a significant role in the European colonisation of Africa. It was the prime reason Africa ceased to be known as 'the white man's grave'.



Hutchinson explained that

My first experience there having been in a Medical capacity, I made the subject of African malaria and fever my continuous and attentive study. The truth of the old maxim that "prevention is better than cure," with which I commenced my professional duties at Old Kalabar in the year 1850, which I followed up in the Niger Expedition of 1854, and which I still practise as well as preach, has been abundantly confirmed in my experience (Hutchinson 1858: v).

He 'was puzzled to understand how malaria could be generated. [...] Malaria and fever are cause and effect in Africa [...] Endemic fever

attacks a large proportion of the crews of nearly every ship sent out for the purpose of trading' (Hutchinson 1855: 192). Therefore Hutchinson dedicated his efforts to understanding how and when quinine should be administered to the crew members. 'As soon as the expedition crosses the bar of the river, [Niger] they should commence taking quinine, in the proportion of six to eight grains per diem, one half in the morning and one half in the evening' (211).

In this period, some believed that malaria was caused either by submarine volcanic action or the action of vegetable matter upon the sulphates. It was not until 1898 that Ronald Ross in India proved that malaria was caused by mosquitoes carrying the protozoan *Plasmodium sp.* Without knowing the cause of the sickness, Hutchinson recommended prevention and a hygienic environment.

Reflecting Hutchinson's entrepreneurial spirit, in the late 1850s Bailey & Wills of Horsley Fields produced 'Dr. Hutchinson's Quinine Wine', marketing it to ship owners and crews. (5)

Argentina and Uruguay

With friends and connections in the Foreign Office and various scientific and business associations, among them George William Frederick, Earl of Clarendon, and William Bingham Baring, Lord Ashburton, Thomas Hutchinson managed to balance his consular work and medical practice with exploration, travel writing and scientific research. From 1858 to 1867 he was appointed Fellow of some important institutions, including the Royal Geographical Society, the Ethnological Society, the Royal Society of Literature and the Anthropological Society. During his long life, he was also elected honorary vice-president of the African Institute of Paris, an honorary member of the Liverpool Literary and Philosophical Society, foreign member of the Paleontological Society of Buenos Aires, and founding member of the Society of Fine Arts in Peru.

Hutchinson's next appointment was as consul in Rosario in the Argentine province of Santa

Fe. On 12 July 1861, he arrived with his family to this city - at that time a small provincial town - where he also acted as agent for Lloyds. According to Thomas Murray there were rumours in Buenos Aires 'that Hutchinson got his appointment and preference from the English Government for betraying his friends. He was an Irishman and was, it is said, one of O'Connell's secretaries' (Murray 1919: 310).

Hutchinson's ideological platform was quite distinct from Catholic emancipation and Irish home rule. Therefore it is unlikely that he had worked as O'Connell's secretary. Hutchinson's connections and friends, and his own record of service, were the principal cause of his appointments in the consular service. This suggests that the 'rumours' were probably the product of Murray's marked dislike of anything English.

Between 25 November 1862 and 10 March 1863, with the merchant Esteban Rams and official support, Thomas Hutchinson organised an exploration from Rosario to the River Salado in search of wild cotton. As a result of this journey, he wrote *Buenos Ayres and Argentine Gleanings: with extracts from a diary of the Salado exploration in 1862 and 1863*, published in London in 1865.

In 1864 and until 4 June 1865, Hutchinson was also Acting Consul for Uruguay. In Montevideo, he owned the *Farmacia Británica* at the corner of 25 de Mayo and Ituzaingo. On Hutchinson's initiative, the governor of Santiago del Estero, Gaspar Taboada, began testing to produce cotton in his province. In October of 1870 the family left Rosario for England.

Cholera and Native Diseases

Two cholera epidemics broke out in Rosario in from March to May 1867 and from December 1867 to February 1868. Cholera was a frequent visitor during the summer heat and the rainy season. This time the outbreak was out of control. In April 1867 alone there were 462 victims buried in the church cemetery. Hutchinson was assisted by his wife and the Sisters of Mercy. They established a sanatorium

in their own house and rendered a great service to the poor of the city by administering free medicines and clothing. According to Richard Burton, Thomas and Mary Hutchinson were scorned in the press by the local doctors. They used bleeding as the basic treatment and sent dozens to the grave, but Hutchinson cured his patients by administering chloroform, chlorodyne, brandy, and turpentine (Burton 1870: 324).

Hutchinson observed that 'in some cases, the process just described occurred in a period of five or six hours from the appearance of the first signs of symptoms' of the disease (Hutchinson 1867: 110). He added that the cause was unknown, as 'it has been since cholera broke out in 1665 in London or in 1807 in Jessore, Hindustan, when it extended to Asia and took millions of lives' (115). (6) He insisted on the use of quinine as the only prophylactic medicine.

For his great services during the epidemic, the governor of Santa Fe province Nicasio Oroño gratefully mentioned Hutchinson in his message to the provincial parliament. Furthermore, in July 1867 Hutchinson was presented with a gold medal by the Union Masonic Lodge of Rosario.



During a journey through the northern part of Argentina, Hutchinson also studied an intermittent fever, locally known as 'chuchu'.

(7) 'Muleteers going from either of the latter [La Rioja] to one of the former provinces [Catamarca], and having already suffered from the mild species of this disease are most predisposed to take it on coming within its sphere of germination. In such cases it proves fatal to a large per-centage' (Hutchinson 1865: 182-183).

His observations on the South American flora were significant and completed his medical practice. Yerba mate (*Ilex paraguarensis*), a highly-caffeinated tea regularly drunk in Brazil, Paraguay, Argentina, Uruguay, and other countries, has been the object of frequent commercial enterprises to export it to Europe. Hutchinson wrote that

there are two qualities of this herb of the Paraguaya, styled respectively the caa-guazu (large herb) and caa-mi (small herb). [...] When the leaves are fit to be pulled, they are gathered, toasted, and pulverized. This is done under a shed, made of posts and covered with the branches of trees. [...] The quantity of yerba exported from Paraguay in a year is incalculable (Hutchinson 1865: 142).

Peru

In 1870 Thomas J. Hutchinson was appointed British consul at Callao, the port of Lima, where he arrived with his family on the *Cordillera* on 22 April 1871. Most of his work in Peru had to do with shipping, in particular with the problems of crimping by British and other ship captains. (8) He also dedicated time to travel and to exploring vestiges and the burial grounds of the indigenous peoples previous to the Spanish conquest, an experience he recorded in the two volumes of *Two Years in Peru, with Exploration of its Antiquities* (1873).

In his book, Hutchinson focused on the shipping trade and also on his new archaeological interests. He regarded the Andean nation as 'a mine of archaeological lore, as inexhaustible as her treasures of silver and gold' (Hutchinson 1873, I: vii). A good portion of the first volume includes extracts of his consular reports about the trade in Callao, with details of agriculture and mining in Peru.

Most of the second volume is dedicated to the archaeology of ancient cultures in the Andes.

Permeated by the spirit of illustration and progress, and influenced by the typical British perception of Latin America in that period, Hutchinson presented an enthusiastic vision of Peru as a leading country that

has entered a new era. [...] With these we have the daily-increasing commercial spirit, chiefly called into life by the Pacific Steam Navigation Company [...]. Peru has a greater length of railways than any other South American Republic, or even than Brazil. She has reformed municipalities - made grants for bringing out schoolmasters from Europe - is putting forth educational and scientific schemes - proposes outlay for immigration purposes - and through Congress, as well as the Executive, is presenting to the world the tout-ensemble of a regenerating progress - needing only the security of permanent tranquillity to make her hold a primary position amongst the nations of the world (I: xiv).

Barbarous Fashions and Civilised Houses

Scarce in medical descriptions, Hutchinson's *Two Years in Peru* abounds with archaeological descriptions and commercial reports, as well as in observations and remarks about the people that are enriched by his medical experiences in Africa and the Río de la Plata region. 'The Conibos [...] have the barbarous fashion of flattening the heads of their children with two small pieces of thin board - one of which is applied to the forehead, and another behind - in such a manner that the front of the head is pushed down, and the head enlarged posteriorly, resembling the skulls that are sometimes turned out of the burial-grounds (huacas) in the sierras' (II: 83). Opposite to this 'barbarous fashion' were the works of European residents, like the hospital of Pacasmayo, in the northern part of the country. Hutchinson visited Dr. Heath's 'excellent institution, like all those built by Mr. Meiggs, with capacity for accommodating forty to fifty patients' (II: 167).

The description of houses reflects the same contrast between the 'houses at San José [...] are most miserable and uncomfortable of

residences. [...] Not whitewash, and no arches, no comfortable promenade, excepting what is built by the foreigners (II: 216).

Retirement and Travel Writing

Hutchinson resigned from the Consular Service in 1874, though he had been on leave and off-duty since November 1872. On 21 April 1874 he was granted a life pension. The family went to live in Ballinescar Lodge in Curracloe, St. Margaret's parish, County Wexford, where Hutchinson dedicated himself to writing about his travel experiences. He travelled through

Germany and France, and in 1876 he published *Summer Holidays in Brittany*. Then he moved to Chimoo Cottage Mill Hill near Hendon in the English county of Middlesex, and finally to northern Italy. Hutchinson died on 23 March 1885 in his apartment at 2 Via Maragliano, Florence. He was survived by his wife Mary Hutchinson and their adopted daughter Fanny Hutchinson.

Edmundo Murray

Notes

1. I am thankful to SILAS Treasurer Edward Walsh (London) for his generous hospitality and expert guidance through the intricacy and formalities of the city's various libraries and archives. I am also grateful to Roberto Landaburu of Venado Tuerto for sharing with me interesting information about Hutchinson, and to genealogist Helen Kelly of Dublin for her research on the Hutchinson family in Wexford archives.
2. Although 1820 is mentioned in some sources as the year of birth.
3. The former slaves were liberated by a British battleship and wished to become British citizens. They bore English names and spoke *pidgin*, a mix of African languages, English and Spanish. They were labelled *Fernandinos* by the local population. Some of their names are visible on the abandoned graves at the old cemetery of Barrio Ela Nguema, Malabo.
4. Later in 1865, Captain Burton followed Hutchinson to South America as the British consul in Santos, Brazil. In 1868 he visited Hutchinson in Rosario.
5. Some other quinine wine brands were Waters', Goodall's and Lyman's. By the end of the nineteenth century the quinine wines started to be marketed as tonic waters (eg. Canada Dry, Schweppes). The bitter taste of anti-malarial quinine tonic led officers and employees of the British East India Company to mix it with gin, thus creating the gin and tonic cocktail.
6. In 1866, the British epidemiologist William Farr identified contaminated drinking water as the likely source of the disease. However, only in 1883 Robert Koch identified *Vibrio cholerae* as the bacillus responsible for the disease.
7. *Chucho*. Hutchinson's writing includes frequent and startling misspellings of common nouns, toponyms and other proper names in Spanish and French languages.
8. 'Crimping' ('Shanghaiing' in American English), was the practise of conscripting men as sailors by coercive techniques such as trickery, intimidation, or violence.

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Dr Leeson of Dublin, Buenos Aires and Montevideo

By Edward Walsh (1)

Abstract

Few nineteenth-century Irish medical practitioners can have had quite such a peripatetic and interesting a career as Dr Arthur Edmund Leeson. But is what some doctor did in the past of any importance today? Of course it is, for as the erudite general practitioner (GP) Dr John Horder notes 'the past still matters. The present brings constant change in the influences that play on our work, especially in the application of new knowledge, but there are basic elements in generalist practice which change little' (Horder 2003: 750). In this respect Leeson was in advance of his time, and his paper published in the Dublin Journal of Medical Science (2) is his legacy in the annals of the cure or arrest of incipient phthisis.

Born in Dublin on 26 March 1832, (3) Leeson studied medicine at Trinity College, Dublin, and graduated with an MB degree in 1854. (4) He was described as 'a distinguished graduate (MA, MD) of Trinity College, Dublin and a favourite pupil of the late Professor Stokes' (*The Hastings* 1908: 7). A year later he was practicing in Buenos Aires, where he would live and work for the next fifteen years. According to Mulhall, Leeson was resident at 66 or 72 Reconquista (Mulhall 1863). For a time he had worked in partnership with another Irish doctor, John Leslie (1817-1868), a native of Belfast. They appeared before Frank Parish, the British Consul on 8 and 9 April 1863 and 'declared and stated that the partnership which formerly existed between them and the contract of which was deposited in this office, was dissolved by mutual consent on the 3rd December 1861' (NA: FO 446/6, 374). Scarcely two months later, on 5 June 1863 Leeson was back before Consul Frank Parish, this time to 'solemnly declare upon oath, previous to my intended marriage with Alice Fraser, a native of Bayonne, of British parentage that I am a bachelor and that there exists no legal or other impediment whatever, to my entering the Holy state of matrimony. So help me God' (NA: FO 446/6, 377-378). Alice Fraser aged twenty-three years and a spinster made a similar declaration before Consul Parish. They were married at St John's Cathedral, Buenos Aires on 16 June 1863, with the Revd. J. Chubb Ford officiating. Charles B. Krabbé, Isabella Krabbé C. A. Milligan and Mary Krabbé were witnesses at the ceremony

(St John's Marriages). Was there pressure on Leeson to formally sever his links with Dr Leslie before his marriage with Alice Fraser? Maybe - maybe not. In any event there is no evidence to show any linkage between those two events. Two children were born to the Leesons, Elanor Constance (known as Nora) on 11 June 1864, and Mary on 1 October 1865. Both girls were baptised by the Rev. J. Chubb Ford at St John's (St John's Baptisms). Leeson's will shows that he also had a son (Arthur Gerald Leeson) whose date of birth is unknown (*Wills & Admons*).

During the 1868 outbreak of cholera in Buenos Aires there are glimpses of the doctor at work, as recorded in Ellen Wyatt-Smith's diary. Tuesday January 21 Ellen notes 'I sent for Dr Leeson to have his advice for all of us... The Dr came three times and this night as the fatigue had made me ill again he said I must go at once to bed and get up for nothing...' Wednesday 22 saw Mrs. Leeson coming to visit her husband's patient. Friday 24: 'I was very poorly & sick and Dr Leeson said I must have some soup - so he went home and brought me a little can full & after that they made me some every day - and this day cooked dinner for us...Mrs. Leeson also not well...' (Wyatt-Smith 1868).

Within two years of this epidemic Leeson was to leave Argentina. He appeared before the British Consul once more to declare that 'previous to leaving Buenos Aires on the fifteenth day of October 1870, [he] desired a memorandum to be entered in this Register stating that he had executed his Last Will and

Testament on the tenth day of December 1867, which instrument will be found registered in the office of the Notary Mariano Cabral, and this Will revoked a former one made before marriage also registered in the office of the same Notary on the twenty fifth day of November one thousand eight hundred and sixty two' (NA: FO 446/29, 161).

The family took up residence in Switzerland, and *The London and Provincial Medical Directory* in 1873 noted that Leeson was now resident in Vevey (Medical Directory 1873: 1042). Vevey is a beautiful town to the north of Lake Geneva, famous today because Charlie Chaplin lived and died there and also because the headquarters of the Swiss multinational Nestlé is located there. Vevey, Montreaux and Leysin in the Vaud Alps were world-famous centres for treating tuberculosis (TB) in the nineteenth and early twentieth centuries. One may speculate as to why Leeson came to live in Vevey. Was it perhaps an interest in TB or an opportunity for further professional development? Although his stay in Vevey was short, he did write a letter dated 14 August 1874 to the Editor of the London based *Medical Times and Gazette*, entitled 'Montreaux As A Health Resort' (*Medical Times* 1874: 274-275). He noted that 'there are few physicians in England who will not be called upon, a month or two hence, to choose winter quarters for one or more of their patients. Now, as year after year a greater number of invalids come to winter in Montreaux....I propose to lay before your readers a few facts concerning this neighbourhood, and what it has to offer to invalids' (*Medical Times* 1874: 274). Leeson had become something of a specialist. As Dr David Haslam, President of the Royal College of General Practitioners tellingly observes 'in medicine, specialisation is relatively easy. If a problem doesn't fit your speciality, you don't deal with it. You send the patient back to his or her GP, or make a cross-reference to another speciality, usually unnecessarily. But being a generalist is increasingly complex; almost everything is our problem' (Haslam 2003: 7). Almost everything was Leeson's problem.

By 1875 Leeson and family had returned to the River Plate. For the next thirteen years until 1888 Leeson worked in Buenos Aires - much of that time (from 1882 to 1888) at the British Hospital both as a staff doctor and Chief of Service and Medical Committee Member (Warneford-Thompson 2001: 201-202, 218-219). Consumption, or the white spectre, were terms used to describe pulmonary tuberculosis (also known as phthisis), which at this time was rife in Buenos Aires. Phthisis is defined as any disease that causes wasting of the body especially pulmonary tuberculosis. Vera Blinn Reber, professor of history at Shippensburg University of Pennsylvania, is an expert in this area and has published some outstanding studies on the topic. But it seems that Blinn Reber was unaware of Leeson's work in this field.

Leeson's little-cited article in *The Dublin Journal of Medical Science* is a mine of detail and information. This publication was a pioneering medical journal of its time with distinguished editors like Robert Kane, Robert Graves and Oscar Wilde's father, William Wilde. The title of Leeson's eight-page article is intriguing 'On Emigration to the River Plate as a Means of Cure or Arrest in Incipient Phthisis' by Arthur E. Leeson, MA, MD, Dub.; Visiting Physician to the Infirmary for Diseases of the Chest, Margaret Street, London. (5)

Emigration to more genial climates, and that on a large scale, has been practised for the last thirty years as a means of curing or of arresting phthisis. Few physicians who have seen much of this disease but can record numerous instances in which a valuable life was thus saved, or an existence not bereft of usefulness and enjoyment prolonged to a much longer term than would be possible in this country...We have received from all sides warning to send out none but carefully selected cases; we are told that phthisis is almost as common in all these places as at home...My knowledge of this country [Argentina] dates from the year 1855, from which time, till 1870, I resided and practised there. Then, as now, I was much interested in the subject of consumption, and endeavoured to acquire some exact information as to the prevalence of this disease amongst the population in general, and the

various races and classes in particular. There was at that time no registration of deaths in any part of the country. It was only in 1868 that this was established, and then only for the province and city of Buenos Ayres. I am thus unable to bring forward any formal statistics prior to this date to illustrate the points I wish to establish...The rural districts of the province of Buenos Ayres contained some eight or ten thousand Irish, mostly engaged in sheep-farming. The vast majority of these were my patients, and I was accurately acquainted with the state of health of the whole community. Now, with the exception of a few cases of neglected pneumonia (chiefly amongst the intemperate), which had become chronic, and terminated in a group of symptoms which might be fairly classed as phthisis, I never saw one single case of this disease amongst this large number of persons. The few cases I saw amongst English or Irish were amongst the inhabitants of the city. So much for the Irish...Buenos Ayres was then as large as Dublin, with the population of Cork...The great industry of the country is sheep-farming, and life on a sheep-farm is the best conceivable for a pulmonary invalid - one spent almost entirely in the open air, with plain and wholesome food. But the immediate change and tending of sheep occasionally entails great exposure and exertion, and should not be undertaken until such an improvement has taken place in the patient's state as to inspire some confidence in his powers of resistance (Leeson 1878: 20).

The British Consul in Buenos Aires Lionel Sackville-West, (6) by letter of 15 September 1877 provided Foreign Secretary Lord Derby 'with some statistics in relation to the mortality of Buenos Aires during the last years' (NA: FO 118/166; Dft., Consular No.5, no pagination).

Year	Population	Deaths
1871	195,262	20,748
1872	204,634	5,671
1873	214,453	5,891
1874	222,000	7,190
1875	230,000	6,751
1876	200,000	5,277

'Pulmonary consumption has increased rapidly of late years. From 1869 to 1871 it averaged 4 per cent of the mortality whereas in 1875, 1876

it ranged from 13 to 15 per cent, so that 4,800 died of consumption in eight years' (NA: FO 118/166; Dft., Consular No.5, no pagination). There were other no less serious problems as Sackville-West noted that 'infant "tetanus" known here as the *mal de 7 días* carries off 10 p.c. of the persons who die. The total deaths in 8 years reached 4,500. During the same period small pox carried off 4,534 persons. It is difficult to ascertain the numbers of violent deaths. The municipal report for 1875 showed however 600 deaths from stabbings in the city hospitals' (NA: FO 118/166; Dft., Consular No.5, no pagination).



Dr Leeson's grave at Hastings Cemetery marked with a Celtic cross (Edward Walsh 2008)

In 1889 Leeson came to live at 22 Dorset Square, London NW1, a three-story yellow brick Georgian town house in a fashionable part of town. For the next three years he would be a visiting physician at the Margaret Street Hospital and at another hospital in Richmond. The 1891 Census Return shows Leeson to be living with his wife, both of his as yet unmarried daughters and three female servants - a cook and two maids. (7) But his stay in London did not last long, as the medical directory shows Leeson as living in Montevideo from 1893 to 1895 (Medical Directory 1893: 1574; 1894: 1621; 1895: 1607). He may well have worked at the British Hospital in the Uruguayan capital. (8) And then for a second and final time Leeson moved to Switzerland and lived at Territet, Montreux between 1896 and 1905. Territet was the summer abode as

winter was spent at the Hotel Croce di Malta, Spezia, Italy (Medical Directory 1896-1906). In 1906 he went to live (as an invalid) at Franklands, 17 Cloudesley Road, St Leonards-on-Sea, Sussex, and died there on 4 October 1908. He left an estate of £10,203-10s-3d (The Hastings 1908: 7). (9)The doctor's last will (dated 21 October 1904) was drawn up when Leeson was living at No.1 Via di Barbano, Florence, Italy. He declared 'I desire to add that it is not from any want of affection that I have given my said son [Arthur Gerald Leeson] a less share in the residue of my estate than my said daughter [Nora] as I regard both with equal affection but because I consider that a man requires less help in the struggle of life than a woman' (Wills and Admons 1908). His daughter Nora never married, and in 1891 Mary would marry Major Dr John Elsdale Molson (1863-1925) a scion of the famous Canadian Molson family and brewing dynasty. (10)They had five children. Alice Leeson would survive her husband by fifteen years; she lived at 1 Blomfield House, Upper Westbourne Terrace, Notting Hill Gate, London, and died on 6 November 1923 leaving an estate worth £7,537-5s-5d (Wills and Admons 1924: 57). She was buried alongside her husband in Hastings Cemetery in a grave marked with a medium sized Celtic stone cross.

Curiously there is no mention of John Leslie or Arthur Edmund Leeson in Eduardo Coghlan's great opus *Los Irlandeses en la Argentina*. Religious prejudice or ethnic discrimination? It is most unlikely, for as Edmundo Murray comments 'Coghlan's main source was the census returns (1855, 1869 and 1895). Usually he included in his lists anyone who declared "irlandés" nationality, who had an "Irish" family name (according to him) regardless of nationality, and others prominently or presumably Irish (e.g. Thomas Armstrong). In a second phase he annotated the records with information including passenger lists, announcements in *The Standard* (11), *The Southern Cross* (12), etc. A statistical analysis comparing Coghlan's data with those in Maxine Hanon's *Diccionario* (which is based on consular records) identifies biases towards Roman Catholic and rural segments, against Protestant and urban. However, this may have not been on purpose. There are many instances in which Coghlan included Protestant settlers, even if he wasn't sure about their place of birth.' (13)

Edward Walsh

Notes

1. I am indebted to Beverley Berry, Librarian at the Royal College of Practitioners, London; Luca Dussin, Assistant Librarian at the Royal College of Physicians, London; Mary O' Doherty, Special Collections Librarian, The Mercer Library, Royal College of Surgeons in Ireland, Dublin; Gillian Newman, Assistant Librarian, Hastings Library, Hastings, East Sussex; Edmundo Murray, Geneva, who have helped and assisted me in preparing this article; and Judy Barradell-Smith.

2. This medical journal was founded in 1832 as *The Dublin Journal of Medical and Chemical Science* and over the years became the prestigious *Irish Journal of Medical Science*. See E. Colman MD (US Food and Drug Administration, Rockville, MD 208577), online available (www.ijms.iy/Portals/_IJMS/Documents/16910.pdf), Robert Graves and the origins of Irish medical journalism, cited 7 February 2008.

3. Detail from the headstone of the Leeson grave at Hastings Cemetery, Hastings, East Sussex, UK. Arthur Leeson's father was the architect John Leeson (d.1855). In 1819-1822 John Leeson was clerk of works at the Pro-Cathedral in Dublin, and mapped out the principal lines of the church of St Nicholas of Myra, Francis Street.

4. See *The London and Provincial Medical Directory*, London 1873, Practitioners Resident Abroad Possessing British Qualifications, p.1042.

5. The Margaret Street Hospital, or 'The Infirmary for Consumption', 26 Margaret Street (Cavendish Square) London W1, was founded in 1847 and known as 'Margaret Street Hospital for Consumption and Diseases of the Chest' until 1908. The old structure was demolished many years ago and the site is now occupied by a modern office block. The only known photos of the façade of this edifice are in the Margaret Street Hospital 1898 Report, London Metropolitan Archives, Call No. SC/PPS/093/36, p. 27.
6. Lionel Sackville West, Foreign Office diplomat who had served in Lisbon, Naples, Stuttgart, Berlin, Turin, Madrid and Paris before being appointed Extraordinary Minister Plenipotentiary to the Argentine Republic 17 September 1868.
7. 1891 Census Return, Ref.: Class TG12; Piece 100; Folio 28; p.52; GSU Roll: 6095210.
8. The British Hospital of Montevideo was founded in 1857; the present edifice located on Avenida Italia dates from 1867.
9. There was also an obituary in *The Times* of London.
10. Major Dr John Elsdale Molson TD. Son of Samuel Elsdale and Agnes Molson, born in Montreal on 6 August 1863. Educated at Cheltenham College and Emmanuel College, Cambridge, MD qualified 1889. Major RAMC(I). Conservative MP for Gainsborough, Lincolnshire, 1918-1923. J. P. for West Sussex. See Michael Stenton and Stephen Lees, *Who's Who of British Members of Parliament*, Vol. III, 1919-1945; *A Biographical Dictionary of the House of Commons*, Harvester Press, Hassocks, Sussex, 1979, p. 247.
11. *The Standard* newspaper was founded by Edward Thomas Mulhall in 1861; he would subsequently be joined by his brother Michael George Mulhall and they worked together as joint editors.
12. *The Southern Cross* newspaper was founded by Dean Patrick Dillon in 1875.
13. Communication with the author, 27 May 2008.

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Richard Gumbleton Daunt: The Man, the Physician and the City of Campinas (1843-1893)

By Viviane Carvalho da Annuniação (1)

Abstract

Dr Richard Gumbleton Daunt was an Irish doctor born in England in 1843, related to the Daunts of Kilkascan Castle in Cork, who settled in the city of Campinas in the state of São Paulo. This paper describes Dr Daunt's forebears and the society in which he lived in Brazil and how they influenced his thinking. A staunch traditionalist, his Irish background and the privileged Brazilian elite of which, through his marriage, he became a part, were reflected in his views on medicine and politics of his adopted country.

*I am of Ireland
And the Holy Land of Ireland
And time runs on*

W. B. Yeats

Introduction

At the outset of her biographical research on the Irish physician Richard Gumbleton Daunt, the historian Ana Gicelle García Alaniz quotes John Donne's widely-known Divine Meditation XVII: 'No man is an island, entire of itself; every man is a piece of the continent, a part of the main'. Inasmuch as this critic tries to present an unbiased and accurate account of the doctor's life, she admits to having conceived such a man in terms of the places and time that he lived in. In her own words, 'I have tried to cast man and city in a single unit with a view to understanding, through this intimate and hybrid relationship, the impact of modernization on both' (Alaniz 1999: 14). (2) Nevertheless, Alaniz also brings the readers abreast of the main features of Brazilian society in the nineteenth century which enabled Dr Daunt to carry out his medical and political pursuits. In this sense, instead of a one-dimensional study that simply embellishes one's course of action, she introduces the main political debates of that time, taking into consideration the most important aspect of Brazil during the Second Empire (1840-1889): the experience of incongruity (Schwarz 2001). According to the literary critic Roberto Schwarz this is the social impact of an ex-

colony whose ideals oscillate between the modern liberal ideas of enlightenment and the conservative imperialistic ideology of slavery.

The Second Empire in Brazil was strongly characterised by a huge drive on the large landowners' part to contain popular demonstrations. In order to assure their power, the coffee producers, who were the bulk of the elite, ensured that the fifteen-year-old Emperor, Dom Pedro II, would pay heed to their needs. Likewise, each state's governor took on board the task of repressing any democratic revolution, while ensuring that coffee supplies would continue to meet all foreign demands. The City of Campinas was exemplary in this respect, due to its effective control of its workers and the continued success of its business classes. Had it not been for the yellow fever epidemic that frightened citizens out of their homes during the years of 1889 and 1897, Campinas would have become the most important city of the whole state. This is the period when Dr Richard Gumbleton Daunt entered the spotlight. Not only was he traditional in his personal concerns, but also in his medical ideals, since he was a huge supporter of traditional and preventive medicine. Contributing to the discussion between scientific and alternative treatment, the

Irishman expressed his philosophical and intellectual beliefs on that topic.

For the reasons mentioned in the previous paragraph and others which will be developed further throughout this article, it should be affirmed that Dr Richard Gumbleton Daunt was a 'great man'. As regards the legacy of the militant intellectual Professor Fernando de Azevedo, one of the most prominent Brazilian sociologists and critics, Antonio Candido stated, quoting a Dominican priest: 'the characteristic of a great man is that he discovers the fundamental necessity of his time and devotes himself completely to it' (Lacordaire *apud* Candido 2002: 309). (3) Even though history has swept Dr Richard Gumbleton Daunt's memory under the carpet, his deeds, although highly controversial and debatable, could be considered those of a great man. Not only do we state this due to its contradictory attitudes, but also because their outcomes help us to plumb the depths of the history of medicine in Brazil, more specifically on how the process of modernization was largely embedded in the development of healthcare.

In order to recount the facts traced by Ana Gicelle Garcia Alaniz the article is divided into three sections: the first accounts for the intermittences of medicine in the vertiginous eighteenth century in Campinas. The second one explores Dr Daunt's familiar and personal activities. And the third one seeks to explain his interventions in the health arena of the period. We will also include a last section as summary of the issues touched on.

Medicine and Politics in the Eighteenth Century

According to Alaniz, the city of Campinas was absolutely essential for Dr Daunt mainly because it acted in a dialectical relationship with his personality. Not only did the city transform his character, but he also changed some of the features of that place. We must, hence, remember that Brazil was the most important Portuguese colony, since the Portuguese nobility transferred to Brazil in 1822 following the Napoleonic invasion of Portugal. Coerced by England, which was the country with which

Dom João had numerous debts and long-established business, the king literally opened Brazilian ports to foreign investors, allowing its landowners to trade with any part of the world. Indeed, this is a contradiction in itself, for colonial relations start to fade out of sight at the very moment the monopoly colony-metropolis is undone.

Owing to the substitution of the local power, it was only a question of time before large Brazilian landowners had complete freedom from the monarchy. After the Declaration of Independence in 1822, with the intention of building up a liberal modern republic, a bourgeoisie started to take shape in various parts of the country, since the male sons of those landowners took up medicine and law. In an extremely committed way, those newly graduated doctors took responsibility for improving the quality of the cities. The area most in need of improvement was health. Nevertheless, their scientific models and principles from European universities were not up to par with the ancient shibboleths perpetuated by the old aristocracy. This configuration, then gives rise to a clash of ideals and practices: on the one hand the European immigrants who were highly praised for their depth of knowledge, wisdom and white-coloured race (one of the Brazilian's government secret agendas was to 'whiten' the population); on the other hand the actions they proposed were not quite applicable in Brazil.

It goes without saying that Dr Gumbleton Daunt, in spite of picking up on some of those old values from having married into a traditional family from the interior of São Paulo, was one of the most arduous defenders of public health measures. In the period that ranged from 1869 to 1871 he was elected town councillor, and amidst bickering and wrangling among politicians, he was able to address higher authorities on the matter of projects of hygiene. Nonetheless, his attempts were hampered by higher matters of state, such as disputes about political posts and old-fashioned prejudices. For the most part, the whole question of public and private health was embedded in the capitalist development of the

country: while the structure of the city needed to provide the minimum necessary for a worker to carry out his duties, on the other hand it also needed to prevent rebellion. Thus, in order to put that into practice, the diseased and criminals were confined to asylums on the outskirts of the town, leaving the physicians with the task of excluding from the public sphere not only those who suffered from a bodily ailment, but also a psychological, or revolutionary, one.

To understand how this project affected Dr Daunt, let us establish the main facts regarding his life and relationship with the city, as well as its citizens and their frame of mind.

Dr Richard Gumbleton Daunt: the Man and his Reputation

In the words of one of the cultural critics who has theorised widely on the theme of subjective and geographical displacement, Homi K. Bhabha, 'the concept of people is not a "given" as a... homogenous part of society *prior to politics*; "the people" are there as a process of political articulation and political negotiation across a whole range of contradictory social sites' (Bhabha 1990: 220). This is significantly relevant in our case, mainly because there is a discrepancy regarding the place of birth of Dr Daunt. While Alaniz affirms that he was born in Cork, in Kilcascan Castle, she points out that this may not be totally precise, for his University résumé indicates he was actually from East Yorkshire, in England. Through our researches, and with the aid of the researcher Joseph Daunt Johnston, we came to discover that he was in fact born in Yorkshire. However, even though his place of birth was England, he was to consider himself an Irishman, probably because of his beloved ancestors, and as he was so obsessive about his origins.

Going back over Dr Daunt's genealogy, it is possible to trace his ancestry back to William the Conqueror who was accompanied by a Norman knight, Dauntre, in his conquest of Britain in 1066. Throughout the course of history, the Daunts established partnerships and alliances with important monarchs and kings. During the Wars of the Roses, they

supported the House of Lancaster but, with Protestant reform and the Tudor ascension, especially of Elizabeth I, they were alienated in such a society, being Catholic. The most renowned member, Thomas Daunt Owlphen, from Throckmorton, who had taken part in the Catholic party's conspiracy to put Mary Stuart on the throne of England, was forced to migrate to Ireland, giving birth to the branch that would later produce Dr Daunt. Although he established powerful affiliations in Ireland, other members of the family were not so lucky in the old kingdom. Some were executed or ostracised in England. Such was the case of Francis Daunt Throckmorton, who was hanged for religious treason, and Elizabeth Throckmorton, wife of Walter Raleigh, the explorer of America and one of the Queen's favourite vassals without Her Majesty's consent. Once in Ireland, Owlphen allied himself with the Catholics in defence of their religion and Ireland.

Even though Dr Daunt, in his studies, attributed Thomas' success on Irish soil to his associations with the patriotic family of Roderick O'Connor, the suzerain monarch who died in 1198, historians long discounted such connections for lack of sufficient evidence. General Francisco O'Connor, Símon Bolívar's Chief-of-Staff, made similar assertions, which were also disregarded. According to Daunt Johnson, the part of his genealogy that the doctor ignores is William Daunt MacCarthy-Reagh, Prince of Carbery (1801-1874), of Palmyra, Wisconsin, who had a well-established claim to Irish royalty. Nevertheless, it seems the Irish doctor was more interested in inscribing his identity within the borders of the Irish soil, for he always referred to the English as usurpers and would remain true to Catholic and aristocrat ideals. This is also ironic when we come to discover that his father, Captain Richard Gumbleton Daunt, was a commander in the British navy and that his mother was of English ancestry. According to Bill Bailey, present owner of Kilcascan Castle where Dr Daunt was brought up, his father was married twice: to Anna Dixon, possibly from Yorkshire, and to Margaret Gumbleton, who was not only

his cousin, but also the sister of his brother's second wife.

As was made clear at the beginning of this section, the definition of people is constantly part of a much larger whole of implications and identifications. Dr Daunt was indeed a cultivated man - most likely due to the instruction he received from his uncle, Dr Isaac Dixon. With an intrinsic passion for family roots, in addition to having married the daughter of an illustrious family, the Camargos - original descendants of Father Diogo Antonio de Feijó (1784-1843), the Regent of the Empire of Brazil from 1835 to 1837 - he also tried to adhere to Brazilian culture by searching for noble deeds amongst prosperous wealthy families. In his correspondence with Baron Francisco Ignacio Marcondes Homem de Melo, the doctor discusses his in-laws, the Joaquim dos Santos Camargos', connection to Fr. Feijó. Apropos of the subject, Emperor Dom Pedro I established a commission to determine the parentage of Feijó at the time he was serving as Minister of Justice and Deputy to the Court of Lisbon. What was established was that Feijó was a foundling raised by Maria Gertrudes de Camargo, widow of Felix Antonio Feijó. In the 1860s Dr Daunt decided to reveal the dark family secret that Feijó was the illegitimate son of Maria Gertrudes' brother, Padre Fernando Lopes de Camargo who was avoiding all scandal prior to his appointment as bishop.

Following these lines, what should be perceived is that Dr Gumbleton Daunt was a conservative traditionalist and he defined himself as a noble Irishman. His domestic attitude and fascination with familiar resonances proceeded from a 'transnational' and 'translational' strategy of cultural self-representation (Bhabha 1992: 438). By transnational, we mean that specific values and traces of Irish culture, or even the idealisation of such, were transplanted, in other words, translated, into the Brazilian context. The whole intrigue of families and the distinguished nobility are indeed traces of a mythological Ireland that existed nowhere else, but in the doctor's mind, for real Ireland, at that time had to tackle problems such as

agricultural problems, and the prevalence of bare subsistence standards in regions like the west... This climaxed, horrifyingly, with the potato famine of mid 1840s. Under-invested and labour-extensive agrarian practices coexisted with inadequate smallholdings and congested populations; temporary employment, endemic poverty, and a universally execrated land system were the usual targets of contemporary criticism (Foster 1989: 166).

A clear example of Dr Daunt's search for a common ground of ethical and aesthetic values was seen in his letter addressed to the Brazilian Geographical Institute, in 1883. After recognising that he could not express himself in Gaelic, due to the British rule that imposed the English language on the Irish people, he claimed:

I intend to consult a person, versed in the Irish language, about the signification, in this language [Portuguese] (because thanks to the tyranny of the German race that inhabits England, I, as many individuals that belong to the Irish race, am ignorant of the language that was supposed to be the vernacular) the origin of the word Brasail or Brasil, for it is an extraordinary coincidence that... further down West, there was a land... called Hy-Brasail, the land of the fortunate ones (Daunt apud Alaniz 1999: 82). (4)

Such was his fascination with race that his research on the Celtic root of the name of Brazil led to Dr Daunt being made a member of the Gaelic Union. Through this complex mechanism, it can be perceived 'the articulation of cultures [was] possible not because of the familiarity or similarity of contents, but because all cultures are symbol-forming or subject-constituting interpellative practices' (Bhabha 1990: 210). Given that Dr Daunt needed to find a *point d'appui* in a society whose liberal European ideals were misplaced, there was nothing better than mythical atemporal folktales to find meanings and means to exist in that specific historical period. On the grounds of his quasi-anthropological diggings, his reputation in the Camargo family was unblemished. While being so enthusiastic about his wife's relatives, the very thought of a *mestiza* or *mestizo* would leave him disgruntled

and out of sorts, as we can observe in a letter written to Dr José Couto de Magalhães, on the occasion when he called Feijó a mestizço himself:

The Regent... as well as my family... are... descendants of Princess MBycy (baptised as Donna Isabel Dias) for her daughter Donna Catharina, but it seems to me that you have another reason to classify Feijó as a kind of Mestiço (Daunt apud Alaniz 1999: 84). (5)

Returning to power relations in Brazil in the nineteenth century, we can also observe, as pointed out by Roberto Schwarz, that the three classes that made up the social structure were: landowners, slaves and freemen. As the work was performed by the slaves, freemen depended on a favour-based type of relationship to exercise their activity. In this way, doctors, lawyers, small farmers, amongst others, were deeply indebted to the influential landlord - 'favour then is our universal mediation' (Schwarz 2000: 5). One of the instances that perpetuated this twisted logic was the institution of the family. Since Gumbleton Daunt found his way to the core of Brazilian coffee owners, his nine offspring were the beneficiaries: Haroldo (1846-1886), vicar of Capivari, Torlogo (1847-1909) lawyer, Fergus (1949-1911) vicar of São Paulo, Alicia (1851-1933) single lady, Briano (?-1889), lawyer, Winifrida (1857-1928) had an arranged marriage with José Salles Leme, Fernando (1858-1930) unknown profession, Cornélio (?), teacher and Rogério (1862-1914) lawyer. Although they had vast properties, those were diminished by the crises in the coffee plantation. Accordingly, when Dr Daunt passed away, due to a stroke - according to the medical report in 1893, his belongings were divided among their remaining sons and daughters.

In short, these were the main facts and idiosyncrasies that surrounded his private and familiar life. In the last section before the final remarks, it is necessary to explore more profoundly how his dislocated identity impacted on the field of medicine.

Homeopathy, Allopathic and Antipathy

On 28 August 1850 Campinas witnessed the onset of a war between two areas of medicine: homeopathy on the one hand, and allopathy on the other. The field of such a battle was the municipal court of law which received Dr Daunt's appeal against José Francisco dos Santos, due to the fact that the latter was an occasional practitioner of medicine, and the former, a traditional clinic with specific expertise. Having graduated at Edinburgh University, Dr Daunt was utterly opposed to the new specialists who were experimenting in treating the recent yellow fever epidemic with specific herbs and botanical compounds. The grounds of the complaints were that Santos was unconventionally trying to persuade Dr Gumbleton Daunt's patients - and openly offending his morals as a physician - to opt for homeopathy instead of traditional medication. The trial took place and a number of people were requested to give their testimony on the fact. Even though the results were negative for Dr Daunt, since Santos was absolved of every accusation, their contention was typical of the discussions on the treatments of that time: while ordinary citizens were suffering from a myriad of diseases due to the poor sanitary conditions, respectable men of law were wasting their time on personal quarrels.

As someone who moved in cultured erudite circles, Dr Daunt would hardly ever restrict his theoretical discussions only to his professional peers; he constantly had to resort to the laws to solve his problems. Not only had he to exercise his professional activities, but also his public rhetoric, within the community. There is substantial likelihood that this is one of the reasons why his fame reached the *Scottish Medical Times*, a journal that published some of his studies and essays. Although his researches in the medical field spread through the British Isles, his conclusions proved to be somewhat inaccurate and uncertain, unquestionably due to the historical conditions of his time. In addition to the specific configuration of his time, Dr Daunt proved to be a man whose prejudiced vision on the new flow of immigration also contributed to his

diagnostics as a doctor and as a member of the elite.

As the doctor would himself attest, the only way to fight this fatal illness was the isolation of the immigrants in shelters in the outskirts of the city:

The state of sanitation in São Paulo is far from being satisfactory. This disgrace (the yellow fever) is due to the introduction of immigrant farm-workers. First, in bringing them in the boiling hot months, second in not keeping them in quarantine or not having a procedure of disinfection before allowing them into the interior. Brazil, at least, São Paulo is governed by children, or near their like in ignorance (Daunt apud Alaniz 1999: 159). (6)

Furthermore, Dr Daunt goes as far as to say that the water used to supply the city was a 'corpse soup' (*sopa de cadáveres*), mainly because there was neither proper water treatment, nor a sewerage system; and to make matters worse, the main cemetery was located in the central part of the city, giving rise to contaminations. Owing to his presence in such hard times, Dr Daunt's requests were indeed heard. In 1881 central cemeteries were closed and corpses were buried in outlying districts. Immigrants and sick patients were also confined to outlying hospitals. Although doctors had an almost divine aura due to their interventions, as Alaniz highlights, there is no clear evidence that these measures were taken because of Dr Daunt's demands. On the other hand, it should be pointed out that, with the materials and scientific advances of his time

and space, he changed the city, especially in what pertained to space, in many ways.

Conclusion

In his explanations about the artist as an individual, one of the most sensitive philosophers, the German Theodor Adorno, draws attention to the fact 'the artist, provider of the work of art is not just that character who produces, but the one who becomes representative... of the social subject' (Adorno 2003: 2e03). Notwithstanding the fact that he was not an artist, as a man and a public figure, Dr Daunt was a man who could not be otherwise because he was born in England, raised in Ireland as a nationalist and grew as a professional in Campinas, a city whose function was to provide supplies for the Empire. All these social connections enabled him to fight for what he believed in as a man shaped by these specific historical details.

This article, in line with Ana Gicelle Alaniz's intention in her PhD thesis, is an attempt to recover a forgotten fragment of history left in the archives of Brazilian records. If on the one hand we could follow the historian's point of view, on the other hand these served as guidelines through which we could consider the migrant condition as a process of 'othering' (Bhabha 1990: 219) and assimilation. Selecting the most pertinent facts was, then, another way to approach the Irish traditionalist who made the city of Campinas his dis-utopic Hy-Brasil.

Viviane Carvalho da Annuniação

Notes

1. PhD student at University of São Paulo and full-time researcher, Carvalho de Annuniação holds an MA on the theme of exile in the poetry of Seamus Heaney. She now studies the theme of the city in the poetry of Northern Ireland. Acknowledgements: I am thankful to Daunt Johnston for making available his researches on Doctor Daunt's ancestors; to Billy Bailer for the information on the Kilcasan castle; to João Marcos Fantinatti for the pictures in the city of Campinas; and to Michael Breslin for revising the language of my article.
2. All translations are mine. *Realizamos uma tentativa de fundir o homem e a cidade num sujeito, visando, a partir dessa relação híbrida e íntima, desvendar o impacto da modernização no cotidiano de ambos.*
3. *A característica do grande homem é descobrir qual a necessidade fundamental de seu tempo e consagrar-se a ela.*

4. *Pretendo igualmente escrever para consultar com alguma pessoa versada na língua irlandeza sobre a significação n'esta língua (porque graças á tirania da raça aleman, que abita a Inglaterra, eu, como milhares de individuos de raça irlandeza, ignoro oque (sic) devia ser o meo idioma vernáculo) da palavra Brasail ou Brasil, pois é uma coincidência extraordinária, que... mais ao poente avia uma terra... e a esta terra davão o nome de Hy-Braasail e terra dos bem-aventurados.*
5. *O regente... assim como minha família... era descendente da Princesa MBycy (em Baptismo Donna Isabel Dias) por sua filha Donna Catharina, mas parece que a V^a. S^a. tem algum outro motivo para especialisar o Feijó como typo Mestiço.*
6. *O estado sanitário de São Paulo tambem está longe de ser satisfactorio. Esta desgraça (a febre amarella) é devida à estúpida introdução de colonos, primeiro em trazer-los nos meses de calor, segundo em não sujeital-los em um lugar apropriado a uma quarentena de desinfecção antes de dar-lhes entrada no interior. O Brazil, ou ao menos S. Paulo, está governado por crianças, ou por quem as iguala na ignorancia.*

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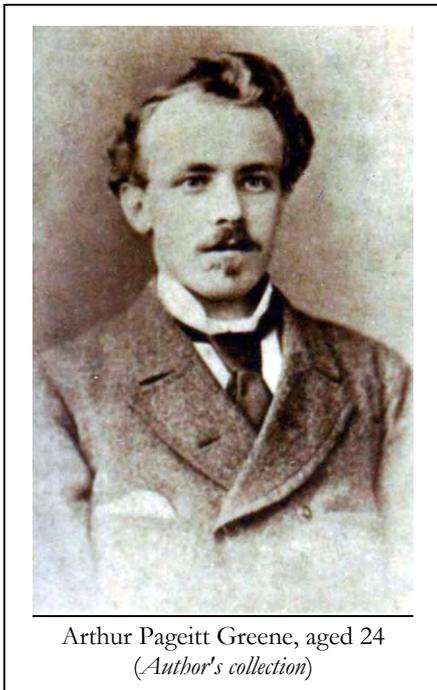
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Arthur Pageitt Greene (1848-1933): A rural doctor in Argentina

By Susan Wilkinson (1)

Abstract

Comparatively little is known of the Irish doctors who settled in the rural areas of Argentina. In that milieu doctors battled not only disease but the people's faith in the efficacy of local healers and in their priests, whose word, even in medical matters, frequently overrode those of the doctor. Arthur Greene was a Protestant who left Ireland for Argentina in 1872 when he was twenty-four, having qualified in Surgery and Medicine in two of the best medical schools in Europe: the Royal College of Surgeons in Ireland and the Royal College of Physicians in Edinburgh. This article describes Arthur Greene's years in Argentina, where he practiced in Mercedes in the province of Buenos Aires, from 1874 to his death in 1933, the politics of the country which sometimes affected his movements, his attitude to curanderos (faith healers), his relationship to local priests and his medical accomplishments. (2)



Family background and medical education

Arthur Pageitt Greene, the sixth of seven boys, was born in 1848 on a family farm in the village of Kilkea, County Kildare. When he was two months old, his father leased a three-hundred-acre farm called Cruisetown near the town of Nobber in County Meath, where his youngest brother Godfrey was born.

His mother, who was of Welsh ancestry, belonged to a dissenting sect called Separatism,

so called because it had separated from the Established (Anglican) Church of Ireland. Like Quakers and other dissenters, Separatists abhorred any form of dogma or religious ritual. They met weekly on Sunday mornings, not in a church or chapel, but in rented rooms in Dublin. Arthur and his brothers were educated at schools owned and run by schoolmasters who followed their mother's religion. Separatism, which advocated simplicity in all things, was a way of life and thought, and in his childhood and early adolescent years in Ireland it was an inseparable part of Arthur's life. Until he went to Argentina he had never once seen the inside of a church.

Arthur's father was the seventh son in a family of thirteen, and Arthur's youngest brother was therefore the seventh son of a seventh son. As such, he was deemed by the local population to be invested with powers of healing the disease called 'The King's Evil', or scrofula. (3)

One of Arthur's earliest memories was of a man infected by the disease, his face and neck suppurating in a mass of sores, being brought to his brother Godfrey, then a mere baby, in the hopes that the touch of the infant's hands would effect a cure. To the end of his life, Arthur remained sceptical of faith healers.

Of his many first cousins, three, Robert, Samuel, and Jones Greene, would also settle in Argentina, Robert becoming a doctor. Their

mother, Anne Irwin, was a granddaughter of Jones William Irwin of Streamstown, County Sligo, whose house was famous for hospitality to itinerant musicians. Jones Irwin's own father, Colonel John Irwin, was a patron of the famous blind harpist, Turlough O'Carolan, who, in 1713, dedicated a ballad, 'Colonel John Irwin', to him. (4) The harpist, Arthur O'Neill, also blind since childhood and one the last of the traditional bard harpists, records a visit to Jones Irwin's house in 1759 in his memoirs.

I am totally at a loss how to describe this gentleman's uncommon manner of living at his own house and among his tenantry. This gentleman had an ample fortune and was passionately fond of music. He had four sons and three daughters who were all proficient; no instrument was unknown to them. There was at one time a meeting in his house of forty-six musicians who played in the following order: the three Miss Irwins at the piano; myself at the harp; six gentlemen, flutes; two gentlemen, violoncellos; ten common pipers; twenty gentlemen, fiddlers; four gentlemen, clarionets. At the hour this hospitable gentleman's customary meeting was finished, some guests contiguous to their places went away, but those who lived some miles off remained, and in order to accommodate them Mr and Mrs Irwin lay on chairs in the parlour. For my part, I never spent a more agreeable night ... (5)

When they were sixteen and fifteen respectively, Arthur's two oldest brothers, John and Thomas, entered the Royal College of Surgeons in Dublin, medicine and surgery then being separate disciplines. The Royal College of Surgeons of Ireland was ranked as one of the most enlightened medical schools in Europe, requiring of its students a greater range of knowledge than did most other institutions in Europe. Thomas qualified first, in 1862, obtaining his Letters Testimonial, at eighteen years of age. John obtained his Letters Testimonial a year later. (6)

In 1865, when Arthur was seventeen and beginning his own studies at the Royal College of Surgeons in Dublin, Thomas accepted a post as surgeon to the Welsh colony in Patagonia and sailed with the colonists on the *Mimosa* (Wilkinson 2007: 141-143). It was Thomas's decision to go to South America that changed

the destinies of Arthur and his brothers. By then both his parents had died; his father when Arthur was ten, having been gored by a bull on his land, his mother of an unknown illness, possibly cancer, when Arthur was fourteen, leaving Arthur and his brothers, in effect, orphaned and entirely reliant upon one another. Where one brother decided to go, the others would follow.

Arthur obtained his Letters Testimonial at the Royal College of Surgeons in 1870, when he was twenty-two, and obtained his diploma in Medicine at the Royal College of Medicine in Edinburgh in 1872, when he was twenty-four. By then all five of his brothers (an older brother who had been of poor health had died in his early twenties) and his three first cousins, Robert, Samuel, and Jones Greene, were living in Argentina, some two hundred miles southeast of Buenos Aires where the broad estuary of the River Plate meets the sea and the land forms a vast peninsula called *El Rincón del Tuyú* where his brother Thomas had re-located after leaving Patagonia. Visits to patients were on horseback, sometimes a distance of half a day's ride. Thomas's living conditions were rough in the extreme, his house a mere shack that was thatched with bulrushes. This was where Arthur and his brothers and first cousins first lived upon their arrival in Argentina. Herbert Gibson, owner of a vast *estancia* in the area, the *Estancia de los Yngleses*, described it in the *estancia* diary after a visit in 1887.

It is a cold little wooden house. ... The wind blew chillily through the inch boards. It was freezing hard outside. The rats were running under us and over us all night. Not a tree around the wretched wooden buildings, not a flower. I never saw such a dreary forsaken wilderness in my life. (7)

Arthur joined them, arriving in Argentina in 1872. As he could not practice medicine until he had validated his diploma and mastered Spanish, accompanied by his younger brother, he rented land on the *Estancia de los Yngleses*, on which, with his brother Godfrey, he proceeded to keep sheep as well as minister to the sick when required to do so.

The Tuyú

In 1874, when Arthur arrived in Argentina, many towns outside the main cities were isolated pockets of scattered population - Spanish, French, Basque, Irish and, increasingly, Italian. Travel was by passenger coach, ox cart and by horseback along deeply rutted tracks and, in some areas, by rail. Distance was calculated in leagues, one league being approximately three miles or seven kilometres. Crime was a fact of life, and most citizens, including doctors, carried a firearm for protection. Politics were violent, the leaders often resorting to force in order to gain or retain power. It was unwise, as Arthur was to discover, to ally oneself to one party for fear that the other would retaliate if it gained power.

The Tuyú, from an Indian word meaning ‘mud’ or ‘clay’, is an area of immense lakes, abundant pasture lands, marshes and, during the nineteenth century, of dense *montes* or woods of indigenous trees. The largest *monte* - Montes Grandes - was fifty miles long and from twelve to fifteen wide. The areas of scattered population were referred to as *partidos*, or districts, such as the *partido* de Monsalvo, now known as Maipú, and the *partido* de Ajó, originally named *Rincón del Tuyú*, which became the town of General Lavalle in 1891.

The rural population had greater faith in *curanderos* than in doctors (Garcerón 1988: 22). (8) One well-known *médica-curandera* was an old woman who lived in the Montes del Tordillo in the Tuyú. Probably born in the last years of the eighteenth century or beginning of the nineteenth, her real name is unknown. She was known only as ‘*La médica del Pabilo*’, or simply *La Pabilo*, the Wick of a Candle. *La Pabilo* ‘cured’ by putting her saliva, green from continually sipping mate, on the wick of a candle and placing the saliva-soaked burnt wick on the affected part. If the patient’s ailment was cured it was attributed to *La Pabilo* (Velázquez 1987: 88). (9)

A comisario of the partido, wishing to know if his wife was encinta, sent a soldier to La Pabilo with a bottle of her urine to be examined by her. On the

way, the soldier fell from his horse, the cork came out of the bottle and the liquid was lost. In fear of the comisario, the soldier substituted other liquid of the same nature, corked the bottle and brought it to La Pabilo. After a long examination lasting several hours, she announced to the soldier that the urine was that of a person encinta for three months. The poor man nearly died of fright, threw away his sword and cap and cleared out to some distant place, believing himself to be bewitched, for he never doubted the decision of La Pabilo. (10)

The wildness of the area, the vast distances, the enormous skies and the *lagunas* that proliferated with hundreds of species of birds had a euphoric affect on the young twenty-four-year-old doctor from Ireland unconcerned with creature comforts who thought that, perhaps, he might remain in the Tuyú for the rest of his life. It was not to be. In 1874 a revolution broke out between Bartolomé Mitre and Nicolás Avellaneda for the presidency that was fought in the district of Ajó by Mitre and Valentín Alsina, in which Mitre lost (Rock 1985: 130-131).

Sometime in the month of August of 1874 ... a small body of Alsinistas took possession the town and camped in the plaza, but when the Mitrista party had collected sufficient men, they, the Mitristas, attacked them. The Alsinistas made no resistance and cleared out, and neither side lost a single man in these encounters. The Mitristas held the town until the arrival of General Mitre. The great majority of the inhabitants of all the partidos around were Mitristas and very soon he had assembled twelve hundred men, not soldiers of course, and only armed with facones (knives) and lances made of long canes with the blade of a shears for shearing sheep fastened at the end.

Some of the troops had declared for Mitre, but the bulk of the army joined the Alsinistas. I was too short a time in the country to understand the politics of either side, but, from listening to the encomiums poured on General Mitre by all my friends and, I suppose, influenced by that Irish failing of being ‘agin’ the government’, sympathised with the Mitristas. Mitre remained in General Lavalle for six weeks waiting for a consignment of arms, munitions, etc. from his friends in Buenos Ayres, and I think that this was the chief cause of

his defeat as it gave time for Alsina to make preparations. (11)

Arthur had shown sympathy for Mitre, to the extent of contemplating offering his services as surgeon to the army until he was warned that to do so might affect his revalidation should Mitre lose, and on Mitre's defeat he was ordered to leave the district.

Some few months after peace was established I received a notice from the juez de paz (juez de paz) to present myself at the juzgado on a certain day. I went accordingly and found that the local priest and the apothecary had also been ordered to appear. The juez de paz was a gallego (Galician). Before the revolution he had been an employee in the tienda, and he had more than once served behind the counter. He was not a bad lot. The government had to appoint him as there was no Alsinista in the partido who could read or write.

He called me up first and said that he regretted to inform me that he had received orders from Buenos Ayres to dismiss everyone who had shown sympathy to the Mitristas. He also told me that as I was not yet qualified to practice, I could not do so in the partido of Ajó. By acting so, they probably thought that they were doing me an injury. But on the contrary, they were doing me a service as, if not forced to leave, I would probably vegetate there for many years and never revalidate my diplomas. Now I would go to Buenos Ayres, qualify in the university and return to practice in the town of General Lavalle. The priest and the apothecary were called up next and dismissed in the same way. They made a clean sweep. (12)

Revalidation and betrothal

By the mid-nineteenth century foreign-born doctors in Argentina were required to revalidate their medical diplomas at the Department of Medicine at University of Buenos Aires in a three-day *viva voce* examination before a committee of doctors. They were required to have fluency in Spanish, and so on arrival doctors often practised in rural communities, as Arthur did, or took lessons in Spanish until they acquired the required level of fluency.

On the first day the candidate had to perform two operations on the cadaver. There was a table on

which were laid all the instruments which were purposely mixed up together. If he performed the operation to the satisfaction of the professor, he was given another to do. If he performed that one well also he was said to have passed in Operations. If he failed in one he was put back six months until he could present himself again.

The second day's examination consisted of the diagnosis (at the bedside) and treatment of two medical and two surgical cases. If he did those to the satisfaction of the professor the candidate on the third day gave a viva voce examination to thirteen professors (on different subjects such as Anatomy, Physiology, Botany, Chemistry, Surgery, Medicine, etc.). Should he come out well from this ordeal he was qualified to practice in the Argentine Republic and entitled also to practice in the Republic of Uruguay. (13)

It was in Buenos Aires that Arthur met his future wife, Maria Elena Latham. Her father, Austin Latham, was born in Liverpool of a Roman Catholic family. Like his brother, Wilfrid, he was educated at the well-known Catholic boys' private school, Ampleforth, and later in Paris. When he was twenty-two, in 1851, he joined Wilfrid in Argentina. Wilfrid Latham had become a wealthy landowner and breeder of merino sheep; he was one of the founders of the *Sociedad Rural Argentina* and author of a book, *The States of the River Plate; their industries and commerce*, published in London in 1866 (Hanon 2005: 497-498). Together, they formed an import-export business, Latham & Co. When Austin Latham was twenty-six, he married Jane Dowdall whose father, George Dowdall, born in Newry, County Down, was one of the most powerful merchants in Buenos Aires and owned a large *saladero* (meat salting plant) described by William MacCann in his *Two Thousand Miles Ride Through the Argentine Provinces*. George Dowdall was one of the founding members of the Buenos Aires stock exchange and the British Medical Dispensary which became the British Hospital and subscribed to the Irish Relief Fund, administered by Father Fahy for the victims of the disastrous potato famine in Ireland (Hanon 2005: 282). Austin Latham died when he was

thirty-four of tuberculosis of the spine, Maria Latham being just seven years old.

Arthur and Maria Latham married in January 1877, the marriage being conducted by Father, later Monsignor, Dillon, as Maria Latham was a Roman Catholic. By this time, following a six-month spell as a junior doctor in the town of Lobos in the province of Buenos Aires in 1876, Arthur was established in the city of Mercedes in the same province.

Mercedes

Mercedes, one hundred kilometres west of Buenos Aires, was established as a garrison fort against indigenous attack in 1752, when it was known as la Guardia de Luxán or la Guardia de Luján. By 1780 it had evolved as a town for settlement and was re-named Villa de Mercedes, after the Virgin of La Merced. The population was small and the sick sought the skills of *curanderos*.

With the creation of the *Protomedicato* in 1780 under County Clare-born Dr Michael O’Gorman (1736 -1819) four years after the creation of the Viceroyalty of the Rio de la Plata at Buenos Aires in 1776, medicine began to be put on a scientific footing with the eventual founding of a medical school and regulation of those practicing healing. (14)

Under the *Protomedicato*, *curanderos* were also required to obtain permission to practice healing. On 16 August 1780, an order sent to all local *alcaldes* (mayors) stipulated that no one could practice *cirugía, farmacia ni flebotomía* (surgery, pharmacy or phlebotomy) without the authority of the *Protomedicato*. Anyone doing so was fined twenty-five pesos if he was Spanish, and one hundred lashes if he was *indio* or *mestizo*. A letter from the local *Juez de Paz, comisario* or priest to the effect that the *curandero* in question had good results in healing, had saved a person from dying and that the potions administered had been of beneficial effect was sufficient for the applicant to be given the title of *médico-curandero* (Garcerón 1988: 19).

The first medical men in Villa de Mercedes, from 1779 until almost the middle of the nineteenth century were *médico-curanderos*,

registered by the *Protomedicato*. They treated ailments empirically: by blistering, applying plasters and poultices and phlebotomy, commonly known as ‘blood-letting’. As the population increased, many of whom were Irish, Spanish and Italian immigrants, scientifically-trained physicians began to replace the *médico-curanderos*, and by 1854 there were European-trained doctors established in Villa de Mercedes, the first being a surgeon from Spain, Francisco Lozano of Castile, whose permission to practice medicine in 1781 in the Viceroyalty of the Rio de la Plata read: *Aprobado por el Real Protomedicato Matritenci, refrendado por el señor Protomedicato de Buen Ayre y de Don Miguel O’Gorman* (Garcerón 1988: 21).

In 1865 Mercedes was designated a city. In the cholera epidemic of 1868, according to parish records, almost twelve hundred people were known to have died. Many more were uncounted since their relatives buried them secretly at night in order to avoid isolation (Garcerón 1988: 301).

In February of 1870 the first hospital of twelve beds was established in a house which was soon found to be too small for the numbers needing hospital care. That same year, in December, land was given by the municipality of the city to build a larger hospital. In September of the following year, 1871, through donations from local landowners which included Irish-born *estanciero* (rancher) Nicholas Lowe, (15) taxes from the National Lottery and a 1% loan from the Banco Popular, the Hospital de Caridad was inaugurated. It was staffed by two doctors practicing in Mercedes - Drs. Eugenio Hernández and Francisco Sebastián Bianchi - and by the Sisters of Charity. It was the second hospital in the province and a model for others later established, functioning until 1947. The early cases were those of typhus, knife wounds, tuberculosis, heart disease and various forms of cancer. For the first nine years there was no women’s ward (Garcerón 1988: 42-45).

At this time [1876] none of the streets of Mercedes were paved. In summer the dust was considerable, while in winter the mud abounded. The houses were of brick and of only one storey with flat roofs,

Spanish style. There were civil and criminal courts, courts of appeal, also a large national school with small municipal schools in the chacras and quintas. The only railway was the Western which belonged to the province. There was a hospital with fifty beds besides an operating theatre and other departments. The largest estancia was that of Don Saturnino Unzué, but there were several others such as those of Don Pedro Frías and Mr. Nicholas Lowe.
(16)

Some three years after Arthur's arrival, 1879, the number of doctors practising in Mercedes had increased and, along with Arthur, they gave their services to the Hospital de Caridad free of charge, rotating month by month. As well as Mercedes, the hospital served the outlying areas around Suipacha, Carmen de Areco, San Antonio de Areco, San Andrés de Giles (popularly known as Giles) and Navarro whose municipalities contributed to its upkeep. In 1880 it was used for the soldiers wounded in General Julio A. Roca's campaign to eliminate the indigenous people from the Pampas and, for a time, renamed the Hospital Militar (Garcerón 1988: 48).

Arthur was born in an age when faith in non-medical healing in rural areas, both in Ireland and in Argentina, was stronger than confidence in scientifically-trained physicians. Many would consult a doctor as a last resort, sometimes when all hope for recovery had passed and when other methods had failed. It is worth quoting here an excerpt from the late British medical historian, Roy Porter.

Professional medical men, and a tiny number of women, comprised only the tip of the healing iceberg. From peasants to princes, people had views and practices of their own in health, sickness and remedies. Across vast tracts of Europe and its overseas empires, professional help might be far distant, but disease was always lurking. ... Ordinary people mainly treated themselves, at least in the first instance. There was nothing new about this in the eighteenth century, but better survival of records allows us more of a glimpse of the 'medicine without doctors' which was a necessity for many and a preference for some.

Religious healing continued to be practised, and not only by so-called ignorant peasants. Healing and holiness still criss-crossed. In Europe and Latin America, the Catholic Church upheld familiar healing rituals: holy water and wells, shrines, saints' relics, processions and pilgrimages. Even in Protestant nations where such 'superstitions' were censured, seventh sons of seventh sons ... might claim miracle cures, while Bourbon and Stuart monarchs flaunted their 'divine right' powers by touching for the 'king's evil' (scrofula). ... At his coronation in 1722, Louis XV touched more than 2000 scrofula victims, and as late as the Bourbon restoration in 1815 touching was revived in hopes of strengthening the monarchy if not of healing the sick. Charles X gave the last performance on 31 May 1825.

Diaries and letters show that when people fell sick, they often framed their own diagnoses, helping them to make their next decision: whether to summon professional help. Many had recourse to folk healers. 'I would rather have the advice or take physick from an experienced old woman that had been at many sick people's bedsides,' Thomas Hobbes avowed, 'than from the learnedst but unexperienced physician'. ... The eighteenth century has been dubbed the golden age of quackery. With the rise of a literate public eager to exercise its judgement and consumer power, demand welled up for all sorts of healing, and the more the state and the medical authorities tried to clamp down on them, the greater their popularity (Porter 1998: 281-283).

Arthur Greene was a man of science in an age of ignorance and superstition, an agnostic dissenter in an atmosphere of strong Catholicism, both in the country of his birth and in his adopted land. He was respectful of the consolation they gave to the dying. Furthermore, his five daughters were baptised in that faith, his wife being a devout Roman Catholic. But he frequently found himself at odds with the parish priests who exerted much influence on the sick as well as the healthy and strongly opposed their involvement in medical matters.

Cases of smallpox were always cropping up in Mercedes. An Italian doctor asked me to accompany him to the quintas (farms) in

consultation to a very bad case of this disease. I went with him and found a child of three or four years already in a hopeless state. We had the other children brought in. The doctor then asked the mother if the child and the other children had been vaccinated and asked what doctor had vaccinated them. 'No doctor,' she said. 'The priest has done it with holy water.' Well, the child died and the doctor vaccinated the others next day. One of them developed the disease and died of it. The vaccination had come too late to save it.

Not long afterwards I saw another case of the same kind when I was asked to see a sick child in a hotel in the town. The child was an infant of about eight or nine months, well nourished and breast-fed. The disease was of the confluent kind, and there was no hope for the child. It died on the following day. I asked the mother (a Basque) if the child had been vaccinated. She said that the cura párroco of the town where she lived (some leagues distant from Mercedes) had vaccinated the child and all her other children with holy water. I told her some of the things I thought about that priest and advised her to send at once for all her children and have them properly vaccinated. She sent for them at once, and they were brought to Mercedes by their father. Some were quite grown up. I vaccinated them all. Fortunately none of the others contracted the disease.

It cannot be wondered that smallpox was at that time almost endemic in this province if the priests - Basque, French, Spanish as well as Irish - have taken vaccinations into their hands using what they call holy water. They tell the people that vaccination has something to do with the devil and to protect their flocks inject them with holy water. It is disheartening to think that in this day men of such ignorance have such influence. (17)

In 1886 Arthur and his young family temporarily left Mercedes for Buenos Aires where Arthur was appointed Chief Medical Officer and Director of the British Hospital in 1889 until 1895.

The medical board of the British Hospital was at that time composed of Dr John MacDonald, Dr. L. Colbourne, Dr. A. Leeson (when in Buenos Aires), Dr. Peacan and two other doctors whose names escape me. Shortly after my arrival I was

invited to join this board and of course accepted. There were but two doctors in daily attendance, a physician and a surgeon. There was also a house surgeon who lived in the hospital. The visiting staff had to be qualified in the Argentine, but the residents could be qualified in England. In case of necessity or for consultation any of the medical board might be called on.

At the end of 1889 Dr. Colbourne sold off all his effects and returned to England with his family. Before leaving the Argentine he proposed me to the committee of the hospital to fill his place there, and I was offered the position of Chief Medical Officer and Director. There was no remuneration attached to this position, but there was a certain amount of responsibility as all complaints of whatsoever nature were made to me. The Resident Medical Officer was a Dr. John O'Connor. (18)

Arthur returned to Mercedes in 1895. In February of that year there was another outbreak of cholera in Mercedes. Two people contracted it; one died. A few days later a guard at the prison died. A week later there were three more suspected cases. It spread beyond the limits of the city to the outlying farms, and cases were reported in other parts of the province. A *lazareto* was established, as was the custom, close to the cemetery on the outskirts of the city and the sick were nursed by nuns (*las Hermanas del Colegio San Antonio*). Water was ordered to be boiled. Polluted wells were filled in. Schools were closed. All large social gatherings were forbidden. Disinfectant was sent by train from the city of La Plata. The epidemic was contained and in contrast to the epidemic of 1868 when over fifteen hundred died in Mercedes alone, which did not take into account the numbers buried secretly at night, there were less than twenty fatalities (Garcerón 1988: 53-54).

The Hospital de Caridad was too small for the medical needs of a population that was increasing rapidly. Medicine had made great advances since it was founded and a new century demanded new innovations. In 1902 Nicholas Lowe died and bequeathed a large legacy to the hospital of which he had been one of the chief benefactors during his lifetime. His legacy, with other donations, enabled the

hospital to be extended and modernised. An outpatients department, X-ray unit, maternity ward and tuberculosis sanatorium were built. In 1904, when he was fifty-six, Arthur Greene was appointed Director.

As well as the hospital, Mercedes itself had grown. The main streets were paved. Electric lighting was beginning to replace kerosene lamps. Three railway lines converged there. Towns like Salto, Luján, Suipacha, Gowling, etc., set in rich farming land had also grown, due in large part to Irish immigration.

Arthur's family had also grown. He and his wife had four daughters: Maria Elena, Anita Jane, Alice, and Ethel; and a son: Arthur Latham Greene. His third-born daughter, Amy, and his second-born son, Austin Pageitt, died in infancy. As was prevalent in many Catholic-Protestant, or 'mixed', marriages, their daughters were baptised as Catholics and their sons as Protestants. They lived in a large house in the centre of Mercedes that had a walled garden at the back where, being passionately fond of animals, Arthur and his family kept a variety of pets and birds. It broke his heart when a pet dog developed rabies and he had to destroy it.

We had one year in Mercedes almost an epidemic of rabies amongst dogs. Our house dog - an old fox terrier - was one of these. He was a tame old dog and never aggressive.

Early one morning I was woken with the news that he had rabies. I dressed quickly and went into the garden. I was told that he had killed all the ducks and most of the hens in the yard, that he had bitten one of the carriage horses, and had done his best to bite the cook. (Fortunately her dress reached to the ground, so he only tore it.) He then ran into the street through a wicket in the large gate and bit a boy on the leg, then ran up the street. I took a small bore rifle and ran to the window of my room which looked onto the street he had taken. I saw him about half a square away. I fired at him and must have wounded him as he turned and ran back into the yard through the wicket and crouched down under the horses' manger. I went into the yard and, taking perfect

aim, killed him with one shot. The bullet hit him between the eyes.

We were all very sad as we had reared him from a pup, but with rabies there can be no trifling. The boy he bit was a son of a neighbour and I had to send him to Buenos Ayres to the anti-rabies institute for treatment. He received the injections, but after a few days the doctor of the institution sent him back saying that as he had been bitten through the trousers the bite was not dangerous.

The treatment, even if used immediately after being bitten, is not always successful. When I practised in Buenos Ayres an employee of Cranwell's botica in Calle Reconquista, (19) on entering one morning passed his hand over the back of a large black cat which was sitting on the counter in its favourite place. This morning it turned round and bit the young man on the back of his hand. The bite bled a little, but was not very painful. On the advice of a doctor who had entered the pharmacy just then, the young man went to the institute and placed himself under the care of the doctor in charge. He received two injections daily for a week or ten days, and one daily for a further period. He was then declared free from danger.

For sixty days he appeared quite well, and the matter was quite forgotten. But one morning at the pharmacy he complained of itchiness at the site of the bite. He returned to the institute and explained what he felt to the doctor who advised him to stay there and gave him a room. On the second day he developed hidrofobia and died three days later. He was English and a strong healthy man of about twenty-five years of age. I may mention that the cat after biting him jumped off the counter, ran into the street and was not seen again.

It is considered that the bite of a rabid cat is more dangerous than the bite of a dog and that the bite of a rabid wolf or fox is the most dangerous of all.
(20)

Retirement and upheaval

On October 1916, Arthur Pageitt Greene, aged sixty-eight, retired from medicine and left Mercedes for Buenos Aires from where he ultimately went with his family to England.

Greene wrote this memoir of his life in Argentina when he was living with his family in

the house he had bought in the south of England - in the quiet town of Bromley in Kent. He wrote about the diseases and treatments prevalent in the nineteenth century. He wrote about the changes he had witnessed during his years in Argentina: in the Tuyú, Lobos, in Mercedes and in Buenos Aires. He also wrote about his marriage and births of his children. He wrote of violent crimes and revolutions prevalent in his day, of diseases and the ravages of smallpox, and of his final years in Mercedes before retirement from medicine.

In writing his reminiscences in the suburban comfort of Bromley he became nostalgic for the land in which he had spent three quarters of his life and despite the fact that his son and daughters were settled in England he returned to Argentina, sailing from London on 29 September 1923 on the *Hardwicke Grange*. He died ten years later, on 11 May 1933 in Buenos Aires from complications of pneumonia. His wife died a year later in England. On his death his memoirs passed to his oldest daughter, Maria Elena. After her death they were sent for safe keeping with the Greene family archives in Kilkea, County Kildare and a copy was kept in Argentina by Carmen Greene de Lombardini, the youngest daughter of Arthur's oldest brother, John.

Arthur Pageitt Greene is listed in Eduardo Coghlan's definitive book on the Irish who emigrated to Argentina in the eighteenth and nineteenth centuries, *Los Irlandeses en la Argentina, su actuación y descendencia* (Coghlan 1987: 492). A chapter on him appears in the history of medicine and the doctors of Mercedes, *Médicos mercedinos* by Dr Ignacio V. Garcerón, who wrote of him thus:

A man of great intelligence and culture, his standing as an accomplished doctor was recognized by all. He was a man whom other doctors would consult. He never refused an opinion drawn from his considerable knowledge of medicine. He was a good surgeon, but where he stood out was in clinical

medicine. This required a vast knowledge of pathology which was not a specialty at that time ... A professional respected by his colleagues who held him in great esteem, he never created resentment among his peers or distanced himself from anything that might provoke confrontation. In general, he was a man of the highest character, treating his patients with courtesy and good manners. He was especially very kind to children. ... His departure was greatly lamented by all the population regardless of class as they were losing a great doctor, a friend and a benefactor of the poor (Garcerón 1988: 79). (21)

Arthur's brother, Thomas, having lived and practiced in Uruguay after leaving Argentina in 1869, returned to Ireland upon retirement from medicine, where he died in 1922. On a visit to Ireland in 1872, the year of Arthur's arrival in Argentina, he had met and married Lucy Day whose brother was a Church of Ireland clergyman in the parish of Stradbally, County Kildare, whose son was the Irish-born British poet laureate, Cecil Day Lewis. (22)

Arthur's oldest brother John practiced first in Salto in the province of Buenos Aires where he donated land for the building of the first hospital there, and later in Lincoln in the same province. During Arthur's absences from Mercedes, he sometimes took over Arthur's practice as *locum*. He bought a large tract of land in Vedia, near the town of Junín in the same province, where an unpaved street, Calle Juan Samuel Greene, is named after him. Some of his medical artefacts were donated to the museum in Vedia established in the old railway house.

Arthur's cousin Robert Greene took over Thomas's practice in the Tuyú, and later practiced in Carmen de Areco. His descendents live in Spain, Argentina, and Chile.

Susan Wilkinson

Notes

1. The author is a descendent of Arthur Pageitt Greene, and is editing his memoirs for publication.

2. I wish to acknowledge the help of Mary O'Doherty, Senior Librarian, Special Collections and Archives of the Mercer Library at the Royal College of Surgeons in Ireland for archival information on Arthur Greene's and his brothers' medical education; and Dr Ignacio V. Garcerón of Mercedes in the Province of Buenos Aires, retired physician and author of *Médicos mercedinos*, for his kind hospitality on my first visit to Mercedes and for the insight he gave me on Arthur Greene's life and times as a doctor in Mercedes.
3. Tuberculosis of the lymph glands, once held to be curable by royal touch.
4. The old Gaelic patronage system whereby bards or musicians were supported by wealthy noblemen was then in its last days.
5. This account of the famous gathering of musicians at Streamstown is documented in 'Harp Festivals and Harp Societies' in *A History of Irish Music* by William H. Grattan Flood, published by Browne & Nolan, Dublin, 1906. The same musical event is also mentioned in *Between the Jigs and the Reels* by Caoimhín MacAoidh, Drumlin Publications, 1994.
6. *Minute Book of the Court of Examiners 1858-1864*. Royal College of Surgeons of Ireland Archives..
7. This entry was kindly transcribed and sent to me by Sra. Minnie Magrane de Boote, whose husband is one of the present owners of the *Estancia de los Yngleses*.
8. Original: *Sabemos que el curanderismo tenía muy fieles y desconfiaban de los auténticos médicos*.
9. Original: *La imaginación popular ha aureolado a la milagrosa médica de los Montes del Tordillo con un halo de omnisciencia u omnipotencia espiritual. Ella era el tribunal de última instancia, en cuanto a enfermedades se refiriera. Los que los médicos desahuciaban, ella curaba. Se le guardaba cierto respeto que podría llamarse místico. Curaba la graciada o energúmena mujer, con mechones de pabulo empapados en su saliva; tomaba constantemente mate amargo, lo que, como consecuencia químicamente natural, debía dar la insalivación de coloración verdosa. Era tanta su fama, que a su casa llegaron desde el paisano ignorante y humilde, hasta hombres de bastante ilustración, de holgada posición pecuniaria y relacionadas con altas personalidades científicas*.
10. Arthur Greene, Memoirs (unpublished).
11. Arthur Greene, Memoirs.
12. Arthur Greene, Memoirs..
13. Arthur Greene, Memoirs.
14. A *Protomédico* was the Royal physician, appointed by the Emperor. The *Tribunal del Protomedicato* was the office or medical board of the Royal Physician. Since Michael O'Gorman lived through all eleven viceroys of the thirty-four-year duration of the Viceroyalty of the Río de la Plata, he was the only *Protomédico* there.
15. Nicholas Lowe was born in Ireland in 1827, in Granard, County Cork. He arrived in Argentina in 1849, living first in Lobos before settling in Mercedes where, with his brother Richard, he established a large *estancia*, *Altamira*, and was director of the Banco de la Provincia and founder of the *Sociedad Rural* of Mercedes..
16. Arthur Greene, Memoirs.
17. Arthur Greene, Memoirs.
18. Arthur Greene, Memoirs. It is interesting that three of the doctors at the British Hospital were Irish. Dr Arthur Leeson's medical career is documented by Edward Walsh in this issue of *Irish Migration Studies in Latin America*. Dr Luke Peacan was born in Galway in 1851 and studied medicine in London. Dr John O'Conor was born in Carrick-on-Shannon in County Leitrim in 1863, studied medicine at Trinity College Dublin and arrived in Buenos Aires in 1890. Ultimately, he became head physician at the British Hospital where he worked from 1890 to 1927..

19. The renowned apothecary shop on Calle Reconquista, universally known as ‘Cranwell’s *botica*’ or, simply, ‘Cranwell’s’, was established by Irish-born Edmund Cranwell. Edmund Cranwell was born in Carlow, and apprenticed in the renowned Apothecaries Hall in Dublin. His brother, William, established the first apothecary shop in Montevideo.

20. Arthur Greene, *Memoirs*.

21. Original: *Hombre de una inteligencia muy clara, de gran cultura, prevalecieron sus condiciones de eximio médico. Fue un hombre de consulta, nunca las rebuyo, poniendo en las mismas sus amplios conocimientos, que no eran pocos. Ejercicio sobre todo clínica médica, aunque incursión en cirugía cuando las circunstancias lo llevaban a ello. Fue un buen cirujano, pero donde mas se destacó fue en clínica médica. Esta fue la mas necesaria en estos sitios, pues el medico debía tener vastos conocimientos en la patología ya que en esta época no se podía hacer una especialidad, porque la gente no estaban educada para ello y esa enseñanza costo muchos esfuerzos. Profesional respetado por sus colegas, los cuales le tenían gran estima. No creo resentimiento entre sus pares y se alejo de todo aquello que pudiese provocar resquemores, es decir, que no solamente era un señor en su porte, sino en su persona toda, por eso sobresalió dentro de la sociedad donde el se desplazo. En general era de muy buen carácter, tratando a sus enfermos con paciencia, con buenos modales. Con los niños era muy cariñoso. ... Su alejamiento fue muy lamentado por toda la población sin distinción de clases, porque con su retiro perdían a un gran medico, a un excelente amigo, a un benefactor de los pobres.*

22. Cecil Day Lewis’s youngest son is the actor, Daniel Day Lewis.

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Cecilia Grierson: Argentina's First Female Doctor

By Carolina Barry (1)

Translated by David Barnwell

The name of the first female doctor in Argentina is associated with the pioneering period when a group of women in Latin America and the Caribbean challenged barriers of indifference and rejection. These were the first women to join the professions.

Cecilia Grierson was born in Buenos Aires on 22 November 1859. Her appearance - round face, lively blue eyes and bright brown hair, betrayed her family origin. Her mother, Jane Duffy (1832-1887) was Irish. (2) Her father, John Parish Robertson Grierson (1828-1872) was the eighth child of William Grierson, one of the Scottish colonists who had arrived in Buenos Aires in 1825 to settle the Scottish colony of Santa Catalina-Monte Grande.

Cecilia Grierson spent her early childhood on her family's estancia in the province of Entre Ríos, where her family were prosperous farmers. At the age of six she was sent to attend English and French schools in Buenos Aires, but had to return home upon the early death of her father. Despite her youth, she helped her mother run a country school, at which the young Cecilia worked as teacher. As she was still a minor, Cecilia's teaching salary was paid to her mother. With time the family overcame its tragedy, and Cecilia returned to Buenos Aires to enter the N° 1 Girls Normal School. She graduated as teacher in 1878. She taught for some years at a boys' school but then decided to undertake the study of medicine, a rare choice for a young woman at that time.

Medical Career

Her path was difficult and in the beginning, strewn with obstacles. At the age of twenty-three, Grierson had to provide written justification for her wish to become a doctor. In the interests of truth it should be recorded that earlier another woman, Elida Passo, had entered the School of Medicine to study

pharmacy, becoming the first woman to graduate in that field in 1885. Unfortunately she became seriously ill while in the fifth year of medical school and died in 1893, without being awarded a degree.

The path that led Cecilia Grierson to study medicine, with all the difficulties she had to confront, must be seen in terms of the slow but important reforms and changes in the law that gave women greater access to education in Argentina, indeed throughout the Latin America of the 1870s and 1880s. This was the period of the creation of schools and colleges for young ladies, with the goal of forming good and suitable wives and mothers. The curriculum was elementary, being restricted to reading and writing as well as some basic arithmetic and language. It should be remembered that secondary education for girls did not exist until the early years of the twentieth century. Such was the climate in which Cecilia Grierson and her contemporaries had to move. There is no doubt that for a woman to decide to study medicine in 1882 was totally novel, ground-breaking and, it might be added, illegal. It was considered inappropriate for a female to be in contact with human bodies, even if it were with the noble goal of curing them. Grierson began her studies in a difficult environment, full of prejudices and even animosity. Women were until then barred from the School of Medicine; as we have seen, they scarcely yet participated in formal secondary education. Nevertheless, Grierson was an exceptional student and managed to get involved in an impressive range of activities while still a student. Among the most important were: her unpaid service as assistant of the university laboratory: and, in 1885, her practicum in Public Health in several hospitals. Here she organised an ambulance service, introducing the use of alarm bells (equivalent to today's sirens), an innovation in a system that

till then had been exclusive to the fire brigade. In 1886, during a cholera epidemic, she received widespread acknowledgment for her efficient work in caring for patients in the Isolation Unit (present-day Hospital Muñiz).

It was there that she began to see the need for professionalising auxiliary medical staff. This was a new measure in the Argentina of the time. She introduced the teaching of nursing and incorporated the latest European - especially British - practices. She founded the first Nurses' School in the country, inspired by the reports of the Third International Conference of the Red Cross on first aid training. Student nurses attended classes on childcare, first aid and treatment of patients. This initiative led in 1891 to the creation and official recognition of the Nurses' School of the Argentine Medical Circle. This later became the Municipal Nursing School 'Dr Cecilia Grierson', which still today bears her name. She continued as Director until 1913. In 1890 Dr Grierson also founded the Nursing School of the British Hospital. Grierson was a pioneer in what today is known as kinesiology. She put this into practice in a course in massage which she taught at the School of Medicine, and she later developed her ideas in her book *Practical Massage*. The book was widely read and played a key role in the development of modern kinesiology in Argentina. Nowadays two of the fundamental pillars in nursing education in Argentina are the Nurses' School founded by Cecilia Grierson and the School founded by the Ministry of Public Health under the direction of Ramón Carrillo.

Grierson was a practical person. What she learned, she taught, wrote about and then put into practice. In 1888 she was practising at the Rivadavia Hospital, a fact even more revolutionary than her becoming a doctor in the first place. A year later she successfully defended her thesis on gynaecology, the fruit of her work in that area: *Histero-ovariotomías efectuadas en el Hospital de Mujeres desde 1883 a 1889* (Ovary Extractions at the Women's Hospital 1883-1889). She became the first woman in Argentina to receive a degree in medicine. (3) But Dr Grierson continued to face difficulties even after graduating, to the

point of discovering that she was unable to practice legally. Yet, undeterred, she continued her many activities, especially that of teaching.

Upon her graduation she joined the Hospital San Roque, today Hospital Ramos Mejía. In 1892, not three years after her graduation, she created the Argentine First Aid Society and published a book on the care of accident victims. At the same time she was offering classes in anatomy at the Academia de Bellas Artes, as well as providing free psychological and learning consultations for children with special needs. She promoted the teaching of childcare and was a pioneer in the education of blind and deaf mute children. Around this time she also finished her books: *La educación del ciego* (The Education of the Blind), *Cuidado del enfermo* (Patient Care - a book of more than 800 pages) and *Primer Tratado Nacional de Enfermería* (First National Nursing Textbook).

In 1901 she founded the National Obstetrics Association, where she adopted the best practice from the obstetric and gynaecological clinics of Paris. Typically, she accompanied this with the creation of the *Revista Obstétrica*, a journal that set out to offer midwives in Argentina a scientific and medical approach in a field that had traditionally been run by untrained women. In 1902 she founded the Society for Domestic Economy, later to become the Technical School for Home Management, the first of its kind in the country. In 1907 she began teaching Domestic Science at the *Liceo de Señoritas de la Capital* (Buenos Aires Girls' Secondary School), the first such course in Argentina. Two years later she travelled to Europe in order to study issues of concern to women: education, domestic economy, industrial schools. As a result of what she observed, the *Consejo Nacional de Educación* (National Education Council) put together a curriculum for professional schools. Grierson published *Educación técnica de la mujer* (Women's Technical Education), introducing the study of childcare into these schools. She held teaching positions in the Escuela de Bellas Artes (School of Fine Arts) and Liceo Nacional de Señoritas (National Secondary School for Girls) where she taught from its inception in 1907. She was a tireless worker throughout, even giving

gymnastics lessons at the School of Medicine. In 1912 the Argentine government sent her to return to Europe to study curricula and participate in the First International Eugenics Conference, held in London (Kohn Loncarica 1976: 79).

Feminist Activity

The lack of acceptance which Cecilia Grierson faced led her to adopt a militant posture and agitate to change the real living conditions of her sex. This task came in addition to her prolific academic activity. Soon she held an important role in the recently founded Argentine Socialist Party, and was taking part in the first feminist groups which arose out of the international women's emancipation movement that had started in the United States and Britain. Membership of these groups was in the main restricted to university graduates from the upper middle classes. They were women who had faced resistance and obstacles at every step, both in the home and in the academy, and yet had managed to complete their courses of study. Dr Grierson, together with other women such as Petrona Eyle, Julieta Lantieri Renshaw, Alicia Rawson de Dellepiane, Alicia Moreau de Justo, Sara Justo and Raquel Camaña, began the struggle to reform the civil and political situation of women. They campaigned against women's inferior legal status, their exclusion from civic activity and lack of educational access. Grierson was part of a generation which, as Alicia Moreau de Justo has pointed out, had the courage to break the silence which shrouded these problems (civil and political rights, the situation of children, be they legitimate or not, family organization, divorce, the fight against alcoholism, prostitution and gambling) at a time when many men did not care to discuss such topics in public (Barrancos 2007: 114).

Cecilia Grierson was vice-president of the second meeting of the suffragist organization, the International Council of Women (ICW), which was held in London in 1889. This led her to found the Argentine Women's Council (CNM) in September 1900. The Council sought to work for the improvement of the situation of women by promoting a difficult alliance

between women of the elite upper classes who were involved in charitable work, on the one hand, and female university graduates and professionals who felt deprived of power and influence and held different perspectives on women's problems. At the beginning the CNM acted as coordinator for the diverse groups and philanthropic associations of women in Argentina, as well as a link with similar bodies in other countries.

CNM members operated according to the principle that home and family were fundamental interests for women. It was agreed that their principal goal would be women's equality, both as a means of gaining a respected place within society as well as helping women attain their goals in life as mothers and wives. They however accepted that men were more intelligent and rational than women, though women were morally superior. Given such views, agreement among the membership did not survive for long. Alvina Van Praet de Sala, the president, arranged for a priest to attend all their meetings, a decision which was opposed by Cecilia Grierson and other women. These began to identify themselves with feminism and to promote more vigorous campaigns in favour of women's suffrage. In any case, while the CNM was still in existence, Cecilia Grierson, together with another doctor, Elvira Rawson, presented a draft bill to the National Congress of 1906. This measure proposed the creation of funds for social welfare benefits and maternity leave for working-class women. It was unsuccessful, as was another measure designed to combat the white slave trade (Nari 2004: 98).

Some thirty university and professional women, in open disagreement with the 'moderate' and Catholic line of the CNM created the Association of Argentine University Women (AMUA). Cecilia Grierson was among these. The AMUA sought to engage with the problems of working-class women as much as with those of female university graduates. In all likelihood they had no thought of revolutionary social change, but rather sought to lend moral support to women in the professions, combining the struggle for a European-style rationalist feminism with social work aimed at helping working-class women. Cecilia Grierson

presided over the First International Women's Conference, organized by the AMUA. Among the principal resolutions and declarations adopted were calls for legislative reform to ensure equality of civil and legal rights of men and women, support for women's political rights, the establishment of unlimited access to divorce and the struggle to better the conditions of women and children.

In 1905 Grierson was an enthusiastic supporter of the membership of the Argentine Free Thinkers Association (AALP) who advocated, among other things, universal rationalism, anticlericalism, a scientific approach to life, and citizenship and full equality for women. The AALP sought to join the CNM but were rejected on account of their anticlericalism. This provoked a new confrontation between Grierson and the membership of the CNM. Simultaneously and in parallel to the organisation of the AMUA, the Argentine Socialist Party created the Women's Socialist Centre, of which Cecilia Grierson became a member. As part of the events to mark the centenary of Argentine independence, Grierson chaired the First International Feminist Conference of Argentina that was organised by the Association of Women University Graduates. This provoked her departure from the CNM, which, with official support, had put together the parallel First Patriotic Women's Congress. This exemplified the existence of contradictory tendencies in the women's movement. Grierson articulated the alternative

posture in her *Decadencia del Consejo Nacional de Mujeres de la República Argentina* (Degeneration of the Argentine National Women's Council, 1910). Once more she was combining ideas, struggle and writing. She always felt compelled to set out her analysis of events in writing, perhaps as a means of rebelling against what she considered to be injustices.

Final Years

In 1914, she was publicly honoured on the occasion of the silver jubilee of her graduation, an homage repeated in 1916, when she retired from her teaching duties. In her retirement she lived in Los Cocos, Córdoba. She donated a school to the town, as well as a residence for teachers and artists. Most of her activities were carried out pro bono. Upon her retirement she was allowed credit for only a few years service and received but a modest pension. Yet she at no stage complained about money, and indeed she probably was most hurt by the fact that she never was offered a Chair in the School of Medicine. She died in Buenos Aires on 10 April 1934, aged seventy-five years. Today many medical institutions bear her name, as does a street in the modern Puerto Madero district.

Carolina Barry

Notes

1. A preliminary version of this article was published in *The Southern Cross*, April 2005. Carolina Barry is Doctor in Political Science, teacher, researcher and academic coordinator of the programme in the History of Peronism at University of Tres de Febrero in Buenos Aires. She has published *Evita Capitana. Creación y formación del Partido Peronista Femenino* (Eduntref) and edited *El Sufragio Femenino en Argentina y América Latina* (Eduntref). She has co-authored with K. Ramacciotti and A. Valobra, *La Fundación Eva Perón y las mujeres: entre la provocación y la inclusión* (Biblos).
2. Jane Duffy was the second daughter of John Duffy (c.1780-1871) of Banagher, County Offaly, and Cecily Killeen. John Duffy arrived in Buenos Aires in c. 1836 and was the owner of a well-known bookstore in Buenos Aires, as well as the librarian of the Buenos Ayres British Library (Hanon 2005: 292).
3. Interestingly, Britain's first female doctor may have been Margaret Ann Bulkley (1792-1865), who dressed as a man for more than fifty years working as an army surgeon. But the first woman in Britain to receive a medicine degree (as a woman) was Frances Hoggan (1843-1927) in 1870. In the United States, English-born Elizabeth Blackwell (1821-1910) graduated in January 1849, becoming thereby the

first woman to graduate from a medical school in the Americas. In 1877, Chile was the first country in Latin America to admit women to its universities, including the School of Medicine. In Mexico, Matilde Montoya (1859-1938) was the first woman who graduated as a medicine doctor in 1887. Brazilian Rita Lobato Velho (1866-1954) graduated the same year from the School of Medicine at Bahia.

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Arnoldo Geoghegan: a Man of Action

By Carolina Barry (1)

Translated by Conor Kerin (2)



Dr Geoghegan taking field samples in Catamarca
(*Geoghegan family collection*)

The descendents of Irish people have, in general, maintained a striking level of involvement and participation in community as well as political affairs in Argentina. Virtually ignored by historians, many have been long forgotten. Arnoldo Jesús Andrés Geoghegan (1898-1978), a man of many talents, is a case in point. He was born in Arrecifes, the grandson of Andrew Geoghegan and Sara Mills, both from Ireland, who settled in Argentina in 1843. The couple had twelve children. Around the year 1870 they went to live on an *estancia* (ranch) in Pergamino which they named 'Emmett' in honour of the Irish patriot, Robert Emmett. The ancestry of the MacGeoghegan clan, as they were originally called, originated from a southern branch of the O'Neills; they even claimed family ties to the legendary Niall of the Nine Hostages of the sixth century. The family home was in the current-day barony of Moycashel, County Westmeath, with the head of the clan's residence located nearby in the town of Kilbeggan. The family was quite noteworthy in Cromwellian times, suffering severely from the ravages of the wars of that period and the subsequent loss of their wealth (MacLysaght 1957). The family coat of arms bears the motto: 'always at the ready to serve one's motherland' and it can be said that

Arnoldo Geoghegan's life came as a response to that ancestral calling.

Arnoldo studied at the College of San José, Buenos Aires. At the age of twenty-eight he formed part of the first group of Argentine bacteriologists to graduate from the Bacterial Institute of the Department of National Hygiene (present-day Carlos G. Malbrán Institute). Scientific research was the focus of his life's work, carried out within various public bodies up to 1928, the year he was named Director of the Anti-Malaria Laboratory of the Department of National Hygiene in Catamarca Province. At first he was only meant to stay for six months, but as he later said to a local newspaper; 'they wouldn't let me go' and it was there in Catamarca where he was to remain for the rest of his days (*El Sol*, 5 September 1976). His enthusiasm for the fresh challenges presented in a province in dire need of epidemiological study and research forced him to move his family from the affluent neighbourhood of Belgrano, in the city of Buenos Aires to the arid reality of Catamarca. In this period he discovered the first cases of *chagas* in the province and he had the wisdom to have those suffering from it taken to the National Academy of Medicine in Buenos Aires for treatment. (3)

Geoghegan was the sole bacteriologist in the province for a period of over fifteen years. 'It was an arduous struggle because I was alone. I had nowhere to go for a second opinion nor was there anyone who knew anything about my field' (*El Sol*, 5 September 1976). The scope of research that could be done at the time was very limited, due to lack of necessary basic elements and drugs. However he had the energy and professional prowess to overcome these problems, as well as those occasioned by the lack of a national health policy that might support his work. His research was extensive; it covered brucellosis, *chagas* disease, typhoid, bubonic plague and malaria amongst other infectious diseases. Further, he actively participated in eradication campaigns and schemes with his camera and 'mobile laboratory'.

His efforts soon earned him acclaim and it was not long before he was made a member of the National Commission for the Study of Brucellosis. In addition, he received recognition from the management of the Malbrán Institute and the National Commission for Scientific and Technical Research. Perhaps the most notable accolade he received was from federal senator Alfredo Palacios, who praised Geoghegan as a 'wise young man', while at the same time denouncing the fact that although the government paid tribute to him for his work 'this wise young man is still alone, left without resources in his noble scientific quest, without any government aid, doing the best he can with the scant means at his disposal.' After detailing all Geoghegan's achievements and the deficiencies of the government in withholding from him the few materials he had requested during ten long years of solitary research, Palacios concluded by saying that 'we legislators see things from the viewpoint of the capital city, not from a national or Argentine perspective. We have thought we could pay our debts to the Northern provinces by now and then voting to build a ditch or a road or a railway or to regulate an industry. But when have we cared about the people?' (Argentine Senate, 28 August 1941). Senator Palacio's remarks were so accurate that as Geoghegan continued with his research, he was forced to

provide for his wife and three daughters by working as a Laboratory Supervisor in the San Juan Bautista Hospital as well as teaching physics and chemistry at several schools in Catamarca.

Even though research was the main focus of his career, Geoghegan also had other concerns and worries which prompted his involvement in a number of other pursuits not directly associated with his profession. In 1930 he accepted the offer made by Monsignor Ramón Rosa to streamline the Catholic church-owned newspaper *El Porvenir*. He completely reorganised operational practices in order to transform it into a daily newspaper. His endeavours to harmonise various visions within the Church itself prompted him to change the name of the broadsheet to one which was a little more suggestive: *La Unión*. Once the dust had settled on the sweeping changes instigated by Geoghegan, in 1931 he left the paper in the hands of a journalist so that he could get back to his beloved research and embark on other new 'adventures'.

These included the promotion of tourism in the city of Catamarca as well as his acting as local regional correspondent for the Buenos Aires daily *La Razón*. He set up a tourist office at his workplace as well as collaborating intensively with the Eucharistic Congress in Catamarca. The undertaking led to the edition of a tourist guide for the region in 1937. Once retired, he went on editing a monthly magazine entitled *Tierras Norteñas* (1958), the administration of which was carried out at his own residence 'La Florida'. In 1944 he founded the Catamarca Horse Club, which even participated in several parades in Buenos Aires. This was in addition to his organising the National Poncho Festival. To support urban progress he donated lands to the Municipality of Catamarca and to the Provincial Roads Authority, contributing greatly to the urban development of streets and avenues for the area. He also gave the waterworks authority some land to dig a well to supply the zone with water.

As we can expect from such an ambitious and multi-talented man, politics was never off his personal agenda. According to his daughter

Nelly, her Peronist father was an idealist, who from the very beginning supported Juan Domingo Perón and Perón's close friend Vicente Leónidas Saadi. (4) Together with his employees he even made a contribution to the Eva Perón Foundation. His backing of Perón's radical government earned him the position of Director of Catamarca Mining Authority and Director of the School of Mining of the province, posts which he held until 1948, when he was named Head of the Central Regional Laboratory of the Argentine Ministry of Public Health. This position, more in keeping with his field of expertise, allowed him to form part of a technical team that worked alongside the first national Minister of Health, Ramón Carrillo. (5) The group's work included both day-to-day functions as well as the development of long-term strategies of government, such as the Second Five-Year Plan.

It is important to place the situation in context. Infectious and contagious diseases constantly reappeared throughout the second half of the twentieth century, while new pathogens presented themselves to challenge the optimism of modern science. Although many of these illnesses did not affect the public on a huge scale, it is interesting that a number did indeed garner public attention. They had the further effect of making the authorities take political action or create specific institutions for combating them, or alternatively leading to the authorities' covering them up, since the existence of certain diseases and illnesses had repercussions for the legitimacy of whichever government was in power at the time (Ramacciotti 2006: 115-138).

Although many of the projects developed by Geoghegan had been previously debated by the politicians, they had in reality done little, due both to the small size of the health budget as well as to the many and varied regional obstacles that Geoghegan had to surmount. It is likely that the fear of the possible social and political consequences of a natural event such as an epidemic persisted in the minds of government officials. The San Juan earthquake of 1944, for which Perón oversaw relief and medical aid, had become a milestone in his

acquisition of political power (Ramacciotti 2006: 115-138).

Within this framework and in response to Carrillo's expressed appeal, Geoghegan postponed his retirement in order to draw up the Second Five-Year Plan: 'I am more willing than ever, in as much as I can, to collaborate fully and enthusiastically with the execution of the said Plan, one for which Your Excellency serves as an example of the achievements of the Government' (Geoghegan to Carrillo, 9 August 1953). The available documentation shows that Geoghegan had more interest in carrying on with his research than with executive duties. On several occasions he asked to be designated a Researcher and to be assigned the economic resources and freedom of action he needed to 'encourage and carry out research of fundamental interest for Public Health and to be allowed to do so in any part of the province.' These requests went unheeded.

Although it may be assumed that Geoghegan's life gave him much satisfaction, some of his letters and requests reveal the anxiety that many Argentine researchers still experience today. In 1958, he presented a plan to contribute to the study and eradication of brucellosis. He pointed out that since 1931 he had been researching the development and spread of the disease, inspired only by the desire and satisfaction brought by the pursuit of knowledge. He had received no official support whatsoever, and in consequence his research had not attained the importance he felt it merited. He complained that health in the northeast of Argentina had been ignored, and that no action had yet organised.

Official indifference left a man such as Geoghegan, so full of ideas and concerns, to his own devices. Yet Geoghegan's wide-ranging and disinterested research single-handedly resulted in important advances in the field of bacteriology in Argentina. Arnaldo Geoghegan left his mark and showed his deep level of commitment to the community where he lived.

Carolina Barry

Notes

1. University of Tres de Febrero (Buenos Aires). An earlier version of this article was published in *The Southern Cross*, 133: 5934 (February 2008). I am thankful to the Geoghegan family for their contribution to Arnoldo Geoghegan's biography.
2. National University of Ireland, Maynooth.
3. Chagas disease (in Spanish: mal de Chagas-Mazza, also called American trypanosomiasis) is a tropical parasitic disease caused by the flagellate protozoan *Trypanosoma cruzi*. Brazilian physician Carlos Chagas was the first to describe the disease cycle in 1909, while the Argentine researcher Salvador Mazza studied the complete process in 1926.
4. A number of Irish Argentines played roles in Argentine Peronism. See Barry, Carolina, 'Politically Incorrect: Irish Argentines in the Early Peronist Period' in *Irish Migration Studies in Latin America*, 3:6 (November 2005), pp. 69-76.
5. Many historians highlight the achievements of Ramón Carrillo during his time in office. Without a shadow of doubt the span of his administration had been unrivalled up to that point in terms of the number of projects carried out.

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The Gorgas Course in Tropical Medicine: An Account

By Arthur Jackson (1)



Abstract

This is an account of a Tropical Medicine course I attended in Lima, Peru, from January to April 2005. The course covered tropical medicine in detail and served as an excellent introduction to South America for a young Irish doctor.

In early 2005, I was a twenty-seven-year-old medical doctor working at the Mater Misericordiae Hospital in Dublin. I was spending a year in the Department of Medicine as a clinical tutor, with my responsibilities divided between ward duties and undergraduate training of medical students. Just over three years previously, I had graduated from the medical school of Trinity College, Dublin. My General Professional Training certification was complete and I had decided to pursue a career in the field of infectious diseases.

Approximately twelve months earlier, I had been accepted into a world-renowned tropical medicine course, called the ‘Gorgas course’, in Peru for February to March 2005. (2) The course represented a partnership between the Universidad Peruana Cayetano Heredia, a Peruvian medical university based in Lima, and the University of Alabama, a US American medical school. One of my reasons for accepting the job at the Mater Hospital was the fact that flexibility was to be allowed, permitting me to combine study and holiday leave to facilitate the required ten weeks of time

in South America. I am very grateful for the fact that this was made possible by my employers and colleagues.

My reason for choosing a life of training in infectious diseases was mirrored in my reasons for picking the Gorgas course. First, it was undoubtedly going to be interesting. Secondly, it would be incredibly useful, with the course priding itself on a world-class combination of practical techniques, ward visits and didactic lectures. Thirdly, I could satisfy my continued yearning for travel and experiencing of new cultures. A tropical medicine course actually based in the tropics seemed like the perfect answer.

It would be a lie to purport purely altruistic motives for the trip. I knew that I would be there in a capacity as a student rather than as a doctor. I knew it would certainly be a learning venture, but in more ways than just the academic. I appreciated that every visit to a so-called ‘developing country’ influences the visitor, often for the better. Relative values of things are brought into perspective when you

see problems caused by extremes of poverty and lack of resources. I hoped that I might benefit in a way that would help me and others in future times; in both the training I received and the outlook towards people in life and work.

We were to be thirty students representing all continents (barring the southernmost, coldest one, Antarctica, where tropical medicine is not at the forefront). The organisers had employed a commendable rule to ensure diversity. They knew that with such a high-quality syllabus and faculty they would not have any problem with filling the spots. However, without a 'failsafe' they would find themselves oversubscribed with North American students: that is where they are best known, and many United States and Canadian training programmes allow for time out for such courses. They decreed that no more than one third from one country be allowed and no more than one half from one continent.

They also had a travel scholarship open to two students from the developing world, ensuring that there would also be training for those who may be in a position to best employ it. Without the scholarship, the course fees were covered personally by individual students or through funding made available from training grants or similar sources. I really did not know what to expect before leaving. I had been to India for a two-month work experience during a previous summer as a medical student, but felt that this would be an altogether different experience. And I was right. South America was one large stereotype in my mind. I had images of charismatic, beautiful people bursting out of overcrowded cities or sparsely dotting vast areas of country with intermittent flares of violence and passion. Preconceptions like this are difficult to justify in retrospect, and I am glad to have had the opportunity to dispel this simplistic vision.

I landed in late January in Lima airport and was met by a senior doctor from the Department of Tropical Medicine - one of the most sincere gentlemen I have ever met. I was deposited at the appointed hotel in Miraflores, an upmarket area of Lima, where many embassies are

located. This was the meeting point for all the students, where we were given our orientation. Here we were to make discerning first impressions of one another over the space of a few hours. After breakfast on the first day, we were to pair up or get a group together to find shared accommodation. A property consultant whisked us away in a minibus to find apartments. I was very lucky in finding three excellent roommates - an Australian, a Canadian, and an American. We were also delighted to find one of the best apartments available. Our new home was on the thirteenth floor of a new apartment complex that had wonderful views over Lima and the Pacific for prices that did not even come close to those of bleak suburban Dublin.

The course started on the Monday and immediately lived up to its high acclaim. Right from the start it was intensive but well organised, with quality lecturing and teaching. Our bus collected us at 7.15 a.m. from Miraflores with the academic day starting at 8 a.m. We began with two hours of lectures, followed by at least two hours of clinical rounds and bedside teaching. After lunch, there were two hours of practical laboratory sessions and after that, one to two hours of lectures. It was certainly much more intensive than undergraduate studies, with enthusiasm from students and lecturers at a much higher level.

The hospital was a tertiary referral tropical medicine centre for the whole of Peru. This means that they accepted cases from all over the country when local facilities were inadequate, or expertise unavailable. By European standards our hospital was poorly resourced, but they were still a superb unit with excellent clinicians and reasonable facilities on hand. They had four hundred beds, with no obvious priority given to the wealthy or privileged few.

Unfortunately many cases had diagnoses with expensive treatments but without the money to pay for them - the patients had to cover their own cost of treatment and often times this was unaffordable, with the result that the best treatments could not be given. At times even simple antibiotics were beyond their means.

There was a 'slush fund' to pay for treatment in exceptional cases, but this could not be used universally.

The cases were of an incredibly vast array. There were the stereotypical tropical cases of malaria, typhoid fever, tuberculosis, and the like, and then there were the rarer cases. Looking back on my notes, I see that in our first three days we saw cases of leprosy, bartonellosis (a potentially fatal bacterial disease), lobomycosis (a chronic fungal infection), free-living amoebic encephalitis (an incredibly rare, almost invariably fatal brain infection) and even cases that remained a mystery to the best physicians in the field.

We covered many diseases that have worldwide distribution, not limited to tropical areas. These included tuberculosis and HIV/AIDS. Other conditions such as leishmania, bartonella and HTLV-1 were more specific, but not confined to Peru. I was surprised that HIV was not as prevalent as I had expected - it was very common by comparison with Ireland, but certainly not at the levels of the worst hit areas in the world. It was also very interesting to see the management of HIV, in particular in a resource-limited environment. I was used to a system that had very few constraints on clinical decision-making in terms of utilisation of resources. Once again, much of the burden of the cost of the medical care falls back to the patient. Peru was part of the concerted effort by the World Health Organization (WHO) to deliver free antiviral medication for HIV/AIDS to three million people in the developing world by 2005, but as in most places, the WHO was behind targets.

It was also frightening to see the extent of the problem of tuberculosis. This is a global phenomenon, and not particularly related to Peru. One manifestation was the emergence of a highly resistant form of tuberculosis called Multi-Drug Resistant TB, MDR tuberculosis. MDR tuberculosis is extremely difficult to treat, and consumes more and more patient lives and hospital resources. It has a tendency to arise in places where there is partial service provision for tuberculosis, which falls short of optimal standards: regimens that may not be completely

effective, or services without facilities to ensure patient completion to the end of their many months of treatments. Financial and political shortcomings are usually to blame, and unfortunately there was evidence of both when one of the tuberculosis centres we visited announced that it would be shutting down. They were offering Directly Observed Therapy (DOT), which is the required measure to reduce MDR tuberculosis, but only had funding until the following year. Most health economic assessments see a clear benefit in tackling this problem, but preventative medicine measures are rarely used as a political tool due to the lack of hard results to show the populace.

For the most part our lecturers were excellent. Some were world experts in their field who were flown in for a series of lectures on their topic. They also told us about their overseas work and research, inspiring us as to how we ourselves could make our own contributions in the field.

The method of clinical teaching was also excellent. It was in the traditional style of bedside teaching in groups, and then methodically going through radiology and laboratory results. If applicable, we would then go to the pathology laboratory to retrieve the slides and specimens of the person in question and have the pathologist point out the exact tuberculomas, fungi, or parasites that we had been discussing.

The senior pathologist was a bit eccentric and used to often grab huge chunks of lung and liver from formalin containers without gloves. At our shocked faces he just smiled and said that in thirty years as a pathologist he had not become sick through not wearing gloves.

The course group was a fantastic group. We represented their youngest year to date with many people in their late twenties or early thirties. We really coalesced as a group and were subsequently told that we were the first class that actually came across as a class, as opposed to a gathering of like-minded people learning the same material. One weekend we were offered a trip to the highest rail crossing in the Andes. It was for historical interest and

practical medical experience. The medical history related to the fact that thousands of workers had died constructing one of the bridges due to a very dangerous type of bacterial infection called bartonellosis, which is endemic in the inter-Andean valleys, but rarely found elsewhere.

On the practical medical side, we experienced at first hand the effects of high altitude. It was incredible to start off the day with breakfast at sea level in Lima and then a few hours later to be feeling the effects of 5,000 metres of altitude. We had a pulse oximeter, a device one puts over the fingertip that gives a reading of the amount of oxygen the blood is carrying. Normal levels would be near 100 per cent. At that height, without supplemental oxygen the readings were very low. My own levels were seventy-seven per cent, which had me bluish in the lips and quite dizzy, but I was by no means the worst. One of my friends had a reading of 59 per cent and could not get off the bus to walk. An oxygen tank was available for her. Of note there were no major risks, as we stayed at that height for only about ten minutes, and then descended to a lower altitude for lunch. I remain with a more appropriate level of respect for those with low oxygen levels in hospital settings to this day.

At times it was difficult to believe that I was not on holiday. It was a real pleasure to be studying work that was really interesting and living and socialising with like-minded people in Lima. I did have the pleasure of experiencing St. Patrick's Day - Lima style. I couldn't persuade any of my housemates to accompany me, as we were all studying a bit more for the impending examination. I felt the obligation to go to our nearby Irish pub to have the compulsory pint or two on the evening in question. I had been avoiding it up to this, but figured that if there was a right day to go, this was it.

The place was crowded. I got talking to a many of the revellers - unfortunately none of whom claimed to be very Irish. They were mostly backpackers, many English and North American. In the whole pub, we were only three *bona fide* Irish. Good live music; and an

organised pint-drinking competition - won by an overweight Mexican! - that I refrained from entering.

One week of the course took place in Cuzco, the ancient Andean city of the Inca. It claims to be the oldest continually habited town in the Americas, and is so full of history, with beautiful ruins and architecture. While there, we had an intensive teaching session on Leishmania, a parasite that can cause horrendously disfiguring facial ulceration. About twenty individual cases were brought in to our classroom area one after the other, showing us the variations of the disease, emphasising the point by repetition. This method was so much more effective than reading about the topic in a book.

We also did ward round at the local hospital, seeing more diseases of poverty, including malnutrition. The indigenous Andean population in the area were certainly more disadvantaged in the material sense than the *mestizo* populations of the bigger cities. This was manifest in the conditions they faced, regularly requiring hospitalisation - while there we saw cases of childhood malnutrition and neonatal syphilis - conditions almost eradicated in areas of equitable health delivery.

From Cuzco most people took the opportunity to visit the ancient 'lost' city of Macchu Pichu. It is simply an incredible place and worth all the hyperbole. The scenery there is breathtaking, everything so remote. And the historical significance and the scale of the engineering feat are awe-inspiring. Despite the tourists, one can leave the guided tours and be soaked up in the considerable size of the city, and feel completely alone. It was also possible to climb to the top of the overlooking mountain and sit above it feeling 'on top of the world'.

Our examination came and went, as all examinations do. There was a lot of material to cover and certainly a great deal of study required. Thankfully, nearly everyone was successful, resulting in an internationally recognised Diploma in Tropical Medicine and Hygiene, and a Certificate in Clinical Tropical Medicine.

Following the exam, we spent a week in an incredible city called Iquitos. This is a fascinating place in the Amazon jungle that is near the border with Ecuador. It has the claim to fame of being the largest city in the world with no roads leading into it - to get there one has to travel by boat or aeroplane. The most remarkable things to note are the heat and humidity. They hit one like a heavy damp curtain as soon as one steps outside an air-conditioned establishment. The Peruvians claim with absolute seriousness that the climate (or humidity) makes all outsiders go crazy and that we were all likely to do things of extreme passion (murder and love were cited as examples). Neither eventuality befell me but I could see what they were referring to: there is a true sense of isolation and a feeling almost of desperation from the combination of one's geographical coordinates and intense climate.

With our examination over this was a time to take in the medical rounds for the sheer enjoyment of it, without the worry of a looming test at the end. We saw more features of the climate influencing the variety of diseases. Wards were teeming with malaria, and many other mosquito-borne diseases. Hepatitis B is a major problem in this area and we saw many sad cases of young patients with liver cancers as a result. We were also lucky, as was the patient in question, to have the foremost world expert on snakebites to hand when we encountered a lady who had been bitten that morning by a brown snake. It was amazing to hear her history lead to a series of Sherlock Holmes-like deductions on the age, diet and potential lethality of the snake. All this was happening as the patient was awaiting the anti-venom, to be retrieved from the storage area. Apart from some transient bleeding from her mouth the patient did very well following the medication.

Our graduation ceremony took place in a surreal structure in the middle of the nearby tributary of the Amazon river. It was a large, open-air structure that stood on stilts above the immense body of water. We had a lavish feast of local delicacies, including turtle, *ceviche* (marinated raw fish), and guinea pig (a national

speciality). It was certainly an emotional gathering (perhaps thanks to the aforementioned jungle passion) as we said goodbye to each other, not sure if we would ever meet again. A wonderful group of colleagues.

On returning to work in inner-city Dublin I was wondering if I would ever get to use my newly acquired knowledge. I did not have to wait long! First day back I had a call about a man who had been travelling in South America and now had a big rash on his back. Then a call about a splenectomised veterinarian recently returned from Pakistan and Argentina, who was now presenting with a fever and swollen glands. These were followed a couple of days later by a man in the clinic with chronic diarrhoea, HIV, and unresolving *Entamoeba*, *Giardia* and *Iodamoeba* in his stool, following a trip to Brazil.

Looking back on my two-month period I realised that my naive earlier preconception of an easily describable uniform South America had been wrong. In my brief stay in one country I saw such a variety of climates and biospheres, ranging from desert to alpine forests to true Amazonian jungle. The people I met fell into many ethnic groups also, having encountered jungle tribes, Andean villagers, and the most common Peruvian *mestizo*. I was even made aware that there is some differentiation (dare I say 'discrimination') based on how European the different average Peruvians look. As visitors to the country, we were made to feel extremely welcome wherever we went, and were embraced socially by the university staff and students. A one line, or one paragraph, summary of how well we were treated would not do it justice.

The Gorgas Course in Tropical Medicine was definitely one of the highlights of my career. As training in the area of tropical medicine, and an introduction to work in resource-limited areas, it would appear to be second to none. Long may it continue.

Dr Arthur Jackson

Notes

1. Dr Arthur Jackson is a medical graduate of Trinity College, Dublin (2001). He is currently a Fourth Year specialist registrar in Infectious Diseases and General Medicine with the Royal College of Physicians of Ireland. Since July 2008, he has been based in Malawi, Africa, doing HIV-related research in a collaborative project between University of London (St George's Hospital) and University of North Carolina.

2. The course was named after Dr William Crawford Gorgas (1854-1920), best known for his research about the transmission of yellow fever and malaria through mosquitoes (a study based on the insights of a Cuban doctor, Carlos Finlay).

Missionaries of Mary in Latin America

By Isabelle Smyth



Children's art classes in highlands of Honduras

Founded in 1937, the Medical Missionaries of Mary is composed of some four hundred women representing nineteen different nationalities. The work of the sisters in fourteen countries is co-ordinated from the Congregational Centre in Dublin, Ireland. Medical Missionaries of Mary are committed to healing and development in a way that is locally appropriate and cost-effective. Sisters can be found at five locations in Brazil and two in Honduras where they do valuable work among poor and marginalised people.

Marie Helena Martin was born in Glenageary, County Dublin, on 25 April 1892. During the Great War of 1914-1918, she served as a volunteer nurse in Malta, France and England. It was at this time that she saw the world's need for healing and began to think of devoting her life to bringing comfort and health to others. In 1921 she sailed for Nigeria. She lived close to the people at Calabar in the south-east of the country. Travelling up country with local companions, she saw the extent of people's suffering from ill-health, and had special concern for mothers and their young infants. She felt that alone she could do little. But if she could establish a group of women who would commit themselves to this work, the situation could be changed. She returned to Ireland with a view to recruiting others who would return with her to Africa.

For many years Marie Martin was dogged by ill-health and other obstacles. Eventually, by 1934 she was well enough and had found some pioneering companions willing to form with her the nucleus of a religious missionary group trained with the skills to bring healthcare where there was none. But at that time the Catholic Church would not permit women in religious life to engage in obstetrics and surgery, both of which were central to her vision of serving the peoples of the Southern Hemisphere. It took further patience as she made her vision known and waited for the rules to be changed.

Then in 1936, the way was cleared. She and her first companions sailed for Nigeria in December that year. The necessary protocols to establish a new religious Congregation were being processed in Rome. However, once again, illness was to strike Marie Martin. She was taken to Port Harcourt Government hospital, suffering from a very serious form of malaria. There were fears for her life and it was there, on 4 April 1937, that she made her Profession of Vows and became known as Mother Mary Martin. As soon as she was able to travel, she was booked to sail back to Europe, leaving her pioneering companions behind. Her doctor shook his head as she left the hospital, saying, 'Let me never see that woman back in Africa!'

From that fragile and slender shoot, the Medical Missionaries of Mary began to grow, expanding to become a group of more than four hundred women of nineteen different nationalities, working today in eleven southern-hemisphere countries with support activities in the USA, UK and Ireland.

The Medical Missionaries of Mary in Brazil

In the early 1960s Pope John XXIII made an urgent appeal to missionaries to help local churches in Latin America. Mother Mary had always hoped to help with the opening of a mission in Latin America. The civil war in Nigeria (1966-1970) caused doubt about the future of the Medical Missionaries of Mary in that country and a large number of novices were preparing for their future work. It was decided to open a mission in Brazil.

Following an initial exploratory visit in 1968, on 14 August 1969, Sisters Brigid McDonagh and Sheila Lenehan left for São Paulo and soon began a four-month intensive course at the Intercultural Formation Centre (CENFI) to learn the language, history, culture and politics of this complex country. On completion of the language course, they had to face the task of revalidating their qualifications, Sheila in nursing, and Brigid in pharmacy, which was no small challenge in a new language!

They lived and worked in a shelter for pregnant women who were single and poor, often rejected by their families. Two years later they moved to the northern periphery of the city to a parish run by the Kiltegan missionary priests among the very poor.

In line with the pastoral options of the church, the Medical Missionaries of Mary in Brazil chose to avoid establishing institutions, but rather to help people to improve their health and social wellbeing. They started a clinic in Imirim at São Roque twice a week and another in Lausane Paulista, where the clinic was held in a disused mineral-water plant. They found a place for a clinic in Parque Mandi where the first clinic was held on 24 March 1972. They began visiting the families in the community and started treating the sick. After a while the

State gave them vaccines to immunize the children. Clinics were soon established at Ladeira Rosa and Santa Cruz, which at that time belonged to the parish of Maracanã.

When the two pioneers had completed their first three years in Brazil, they were joined by three more Sisters, then eight others in the succeeding years, with more to follow.

During this time urban development and the growth of a more middle-class community was beginning to establish itself around Imirim and Maracana where the Medical Missionaries of Mary had been working for over a decade. As the poor were forced to move further out to the periphery, so also the Medical Missionaries of Mary felt it was time to move to the new periphery communities too.

Sister Protagia Slaa from Tanzania was the first African-born Medical Missionary of Mary to be assigned to Brazil, and was especially welcomed by the numerous Afro-Brazilian people among whom the Medical Missionaries of Mary were working in the *favelas* (slums). Sister Bernadette Unamah later arrived in São Paulo from Nigeria.

In Ladeira Rosa, the basic Christian community had no priest in charge when the Medical Missionaries of Mary took over in 1979. As well as pastoral care which was coordinated by Sister Philomena Sheerin, the work involved caring for the hungry, the sick, the abandoned, the evicted, and with appeals from the municipal social workers for the sisters to absorb problems they themselves could not resolve from their resources. By now Sister Sheila Lenehan was covering the health clinics at Parque Mandi, Parque Belem, São Roque, Ladeira Rosa and Peri. At weekends she helped out in the pastoral area. In 1980 Sister Philomena Sheerin was called to be Coordinator of the Sector of Brasilândia where there were thirty basic ecclesial communities, all in socially deprived areas. She became the first woman in Lapa Region to occupy such a position. In October 1980 two Sisters moved to the town known as Colorado in the diocese of Apucarana, in the State of Paraná, about ten hours by bus from São Paulo. At the request of

the people of Colorado the Medical Missionaries of Mary assumed responsibility for the supervision of nursing care in one of the town's two hospitals which served the poorer section of the population. As well as hospital work, the organisation and orientation of community health teams to assume responsibility for the care of the sick in their homes, the wellbeing of the elderly, and especially the education of the population towards preventive medicine, was a priority. In 1986, when Sister Ann White joined the Colorado community, she assumed responsibility for the coordination of a child health project, which had been launched by the church throughout the country, in conjunction with UNICEF.

Meanwhile back in São Paulo, in August 1982 the sisters working in the south-western periphery at Pirajussara moved from their accommodation over the parish centre to a house in Jardim Florida. The work here also centred around clinics, visiting the sick, taking emergencies to hospital, advising the handicapped about how and where they might get essential equipment, consoling the bereaved, Bible circles, youth groups, nursing courses, community pharmacy, parish outings and study days.

Sister Phyllis Heaney has been working in São Paulo since 1975 and is still working in the south-western periphery of the city. Her great gift is with people who have special needs. She is currently the co-ordinator of a centre called 'Child of Hope', where there is a great spirit. Four full time staff work with forty children and adults. Most of the mothers of the children are also involved. They are supported by a number of volunteers. Each morning a minibus collects the children and staff, all have breakfast together, then daily activities commence. Every two weeks a psychologist comes to work with the mothers in groups, providing support in coping with their child. Sister Phyllis, accompanied by other staff members, visits the home of each person once every six weeks, helping to address any particular problems they find.

Back in 1981 a new community was established on the northwest periphery of the city in Vila Santa Terezinha, in the neighbourhood known as Brasilândia. A small pharmacy was kept, and Sister Brigid provided advice to people puzzled by the numerous prescriptions they were handed at various health centres. In a nearby neighbourhood called Jardim Princesa a house was purchased for the opening of the Medical Missionaries of Mary Novitiate in Brazil. By now, the work in Colorado was bearing fruit and the first two Brazilian Missionaries, Sisters Cleide and Maria José, were received into the Novitiate on 11 February 1984.

In 1987 the Medical Missionaries of Mary celebrated the Golden Jubilee of their foundation. The community in Brazil, now numbering fifteen, asked themselves some searching questions. It was decided that half the Sisters should withdraw from the area in which they were involved and make themselves available for a new mission in a diocese where they were more urgently needed. Research began and contacts were made.

Later, when the Medical Missionaries of Mary decided to have their two Novitiates located in Africa, the house at Jardim Princesa was sold. The Medical Missionaries of Mary also moved from Vila Terezinha, while Sister Brigid settled among the ecclesial community on a hilltop in nearby Jardim Damasceno where she is still working now.

Move to Bahia

Developing the work in Bahia meant withdrawing from Ladeira Rosa and Colorado for an area of Brazil where there were enormous stretches that had few or no pastoral or health agents. This move happened in 1988. It takes a journey of forty-four hours by bus from São Paulo to Salvador, the capital of the State of Bahia. Sisters Eleanor Donovan and Ann White pioneered the new mission at Capim Grosso in the interior of Bahia, some four hours by bus inland from the State Capital. They were later joined by the two Africans, Sisters Protagia and Bernadette. Six years later Sisters Ursula Cott and Maria José founded the Medical Missionaries of Mary community in the

city of Salvador. With the arrival of the new millennium, they were joined by Sisters Regina Reinart and Sheila Campbell, which allowed Sister Ursula to establish another mission in the city of Feira da Santana, the second largest city in the State of Bahia.

In the city of Salvador, Sister Maria José became increasingly involved with the movement of Afro-Brazilians in addition to her work with women who are helped to improve their self-esteem through art therapy and craft work which can lead to some small income-generating projects.

Sister Sheila Campbell took up work with women from the poorest class of society. Trapped in prostitution by illiteracy and poverty and traumatised by violence since childhood, many of these women suffer from sexually transmitted diseases and violent abuse of their clients or home partners. Sister Regina, from Germany, as well as her training in science and theology, brought special talents for working with young people through music and choreography.

Sister Siobhán Corkery describes what she found when she arrived on mission in the rural area around the town of Capim Grosso:

The eleven million people who inhabit this region in northeast Brazil live in a semi-arid land known as the sertão with vast backlands of stunted trees and cactus. Although Brazil has eight per cent of the world's fresh water, Bahia lacks adequate water for its population. The Medical Missionaries of Mary work to mobilise rural communities in the struggle to obtain water. We also help them to secure resources by building cisterns to collect rain water during the short rainy season. This water is one of the few reliable sources of safe drinking water in the area of Capim Grosso.

The system of providing healthcare through the structures of the basic Christian communities was similar here to what had already been done in São Paulo, but in Capim Grosso the arid land and the poverty of the rural communities was very different to the crowded neighbourhoods of the cities. Here poverty ravages family life at every level. Many people, especially children, are malnourished.

Illnesses go untreated since people cannot afford transport, much less medicines.

In an area subject to periodic and often tragic drought, the people tend to migrate to the cities which, unfortunately, have a high rate of unemployment. Those who continue to live around Capim Grosso have only small farms which are inadequate even to feed their own families.

The women in these households draw water from great distances. Here small farms are located at a distance from one another and do not have electricity or access to public transport except on a Fair Day. Among the people with whom we work, 79% earn about one euro or one dollar a day. This means that many people, especially children, are malnourished, they have little protein in their diet. Many illnesses go untreated because people cannot afford transport and even if they get to medical facilities they cannot afford to pay for the medicine prescribed. The climate in this semi-arid area is hot and dry with temperatures of 85o F (=29.4 C°) and upwards. Rainfall is unpredictable and shortage of water is always a primary problem. Our parish stretches over a wide area including forty-four basic Christian communities in rural areas and six more located in townships. During our meetings with the village communities, some of our women could not attend because they had gone with horse and cart a long distance to fetch water. This gave rise to a discussion among us as to how we women could help one another. After many conversations, members of several households told us they would be available to collaborate with any initiative. That is when we began to dream.

We dreamed of having water tanks situated next to everybody's house. These would collect rain water whenever it rained. Each tank would hold 15,000 litres. That would keep a family in water for cooking and drinking for eight months of the year. That was our dream!

Once we saw clearly what we wanted, we drew up a programme of what would be needed to make the dream come true. Part of that programme was of a very mundane nature - cement and bricks and gutters and pipes. But we knew that more than that would be required if this dream was to be really fruitful. We were not just embarking on the building of water tanks. We were trying to create

an appreciation of the great gift of water, its value in our lives, our communal responsibility to protect our water sources, and each person's human right to have access to clean sources of water.

We missionaries shared our dream with our friends and families and communities back at home. Also with some Donor Agencies who might be interested in funding our dream. We told them we wanted the means to catch the rain water. You could spend a lot of time and money digging around here and not find suitable drinking water.

We also told our friends that we planned to produce a Manual that would serve to raise awareness about the value of water in our lives. This Manual provided the texts for five community encounters on different themes and with appropriate songs, where people could examine and debate the issues related to water supply and water shortage. This also caught the imagination of our Youth Groups, who were encouraged to create dramas depicting the four elements, earth, air, fire and water. They were very creative in their response. Their participation helped older people to grasp what was entailed in working together as a community to secure the water that is essential to life. It made the young people aware of their important role in making this dream come true. The response to our shared dream was incredible - both from our friends and Donor Agencies and from our local communities.

As soon as we had a little money in hand to get started, various Committees were set up at parish and community level. Labourers were hired. First they were trained to make the moulds for the bricks and in the art of bricklaying. This project opened the way for us to become involved in many new communities where we had not worked before. In these we were able to commence discussions around health issues and hygiene. Before long, we found ourselves establishing Health Committees, studying our guidelines, and discussing issues related to the status of women and women's rights.

In a very short time the first tanks were constructed. Gutters were bought and mounted on the tiled roofs. All we needed was to await the first rains. By the time the rains came many houses were ready. We went to one woman and asked her what the water tank did for her. 'You ask me what the

tank is like?' she exclaimed. 'It is like my mother - always there to help me.'

The arrival of Sister Jean Eason and later Sister Pauline Connolly strengthened the Medical Missionaries of Mary's presence in Bahia. The development of work in low-cost remedies from locally-grown plants was extended, as well as home pharmacies. With the water cisterns in place, great effort was put into the provision of latrines in the rural areas. A playschool was also developed into a major project of the community, which enabled young mothers to get some free time from childminding and take up part-time employment.

The Medical Missionaries of Mary in Honduras

When Hurricane Mitch blew up from the south Atlantic in 1997, it devastated the many countries in its path, especially those of Central America. This prompted the Medical Missionaries of Mary, who had been contemplating an expansion of their work in Mexico, to look to the desperate plight of the people of Honduras. They examined the size of the challenge and began dialogue with local people as to where their skills and resources could best be utilised.

In 1998 the Medical Missionaries of Mary community moved in to the parish of Marcala in the north-western highlands, near the border with El Salvador. Marcala itself has a population of 14,000. The parish is divided into four sectors and stretches over a radius of about fifty kilometres, and the mountainous terrain makes it difficult to access many of the communities. Each sector has its own salaried Health Promoter who works with the Medical Missionaries of Mary, making up the parish Health Team.

The pioneering sisters, Rita Higgins, Mary McKearney and Renee Duignan began to work with the local people on health and nutrition, while a lay volunteer, Mary Egan, took up distance education with the parish radio station, Radio San Miguel. In the rural areas where there are no telephones, no regular means of transport and no electricity, Radio San Miguel is

a life line linking people to Marcala, to the rest of Honduras and to the world.

The sisters began working with the local communities in the process of training health promoters and local midwives. This meant providing workshops and training and health monitoring over an extensive rural area. An important aspect of the work is the production of low-cost remedies from local plants, undertaken at the request of the local people who had a rich tradition in local remedies, but feared it was being lost to the younger generation.

By the year 2000, thirty-six Health Committees were established, each with a voluntary Health Promoter who is a liaison person between the health committee and the health team. Improving health education and healthcare is an important aspect of the integrated Development Plan of the parish, which has been running since the early 1900s. It places great stress on agricultural development, with agricultural advisors helping people to make the most of their knowledge and running a credit union scheme.

By 2003, when the Medical Missionaries of Mary had been five years in Honduras, they had more than one thousand children taking part in the health education programmes that they organise in the four sectors of their parish, at Marcala, Yarula, Nahuaterique and Santa Elena. In the beginning they intended to work only with adults, but soon realised that the children were just as interested in what was being taught. Together with people young and old, the sisters set about focusing on reclaiming the long tradition among the people in the use of natural medicines.

Sister Rita says:

We find the children timid and shy, they lack recognition and stimulation and many live with violence in the home, often due to alcoholism. In the more remote sectors of the parish we bring health education including first aid and complementary therapies, and try to address environmental and gender issues. The focus of our children's programme is to help them develop their creative and imaginative skills. This helps them build their

self-esteem and find their voice. Progress is slow and difficult to measure, yet we marvel each time a little girl struggles to overcome her shyness and tentatively expresses an opinion or participates in an activity. It is the same with adult groups. Though the health issues are important and relevant in themselves, they are also a vehicle through which a woman's confidence and self-esteem may be nurtured. Though shy and self-conscious in the beginning, once we get discussing the health problems faced by the community, the level of trust increases, experiences are shared and solidarity is fostered.

In 2004 a decision was made to establish a second mission in Honduras, much further north at Choloma. This is an area with 180,000 people, and is one of the areas worst affected by Hurricane Mitch. Since the hurricane major reconstruction of the highway bridge, railroad bridge and flood plains has been undertaken. The town has a growing population. Many people have migrated to Choloma from other parts of the country to find work in the many factories in the area, and the town has all the problems of a growing urban setting, including a high incidence of HIV infection.

The first workshop given in Choloma consisted of forty-six men and women who came from twenty-one of the twenty-four communities in the large, sprawling parish. Some were well educated, while others had little education, but all desired to help their communities in a spirit of generosity. Some women travelled from mountain communities, leaving at four o'clock in the morning on horseback to reach the foot of the mountain, from where they had to take three buses.

Participants agreed to a year-long programme of workshops to empower them as Health Promoters. These focused on domestic violence, HIV/AIDS, psychology of adolescents, addiction and pastoral care of the sick. Since that first workshop twenty people have become part of a Health Committee and begun projects in their community.

The truck carrying the health team heads out of town at 7am. It will be two hours, at least, before they arrive at the little mountain church under the *ceiba* tree. Mass is a real celebration. It is a big day for the community having Fr. Enemecio Del Cid with them. The women

prepare a communal lunch, which will be taken outdoors.

But first comes the health education. There are many issues to be worked through by the seventeen health committees around this vast parish. AIDS is one of them. Water-borne diseases another. Lack of water. Lack of a sewerage infrastructure. Domestic violence, including abuse of children.

Sister Renee says:

We do a lot of group work to try to improve self-esteem. We believe this contributes to improved health in the community. We teach people how to do reflexology and massage. People love this. They tell us it helps them to cope with the huge amount of stress in their lives. We give Workshops on self-esteem, adolescent psychology, HIV/AIDS, domestic violence, pastoral care of the sick, natural medicines and management of home pharmacies.

We use visualization, helping the group to get in touch with their inner wisdom figure, helping them to realise their gifts. We make paper cutouts of fruits. People can write on these the gifts they bring to their community. Then we put all the fruits on a Tree. This helps to build awareness and respect in the community.

By 3pm it is time for the team to begin packing up the truck for the long trek back to Choloma. You need to get back before darkness falls. With drugs and gangs, Choloma is a dangerous place to live. There the same issues have to be faced as those discussed in the mountains, only somehow, in the urban context the problem can be even more difficult to overcome.

Isabelle Smyth

Sources

A Dublin Observer of the Lisbon Yellow Fever Epidemic

By J. B. Lyons (1)

Abstract

The history of yellow fever is discussed with relevance to the Lisbon epidemic of 1857. Robert S. D. Lyons, Professor of Medicine at the Catholic University Medical School in Dublin, was given leave by the rector to investigate its pathology and set off for Portugal in November. He performed autopsies and studied possible environmental factors, with negative results. The professor's 'prolonged absence' began to worry the rector in January, but before long, Dr. Lyons returned to his duties and published a report.

We are accustomed, nowadays, to professors who spend much of their time jetting from one conference to another. In 1857 this type of absentee academic was unknown and it caused a stir in Dublin when the professor of medicine and pathology at the Catholic University Medical School went off to Lisbon to study the yellow fever epidemic. This reaction is possibly more understandable when one realises that the newly-founded Catholic University was something of an «upstart institution, a gesture of independence against the ascending faction, and very much on its mettle in competition with Trinity College, the Queen's University and the College of Surgeons. What would the older schools think of a professor who could so lightly turn his back on his class?

The young man who pained his elders by setting off for Lisbon was Dr Robert S.D. Lyons (Meenan 1986). He was a native of Cork, thirty-one years old and the younger son of Sir William Lyons, a well-to-do merchant. He was an accepted authority on the use of the microscope and at the invitation of the British Government had spent a year as Pathologist-in-Chief in the Crimea investigating the fevers which were depleting the British forces. His conclusions were incorporated in a *Report on the Pathology of the Diseases of the Army in the East* (Lyons 1856).

Lyons requested leave of absence from John Henry Newman, rector of the Catholic University, on 22 November 1857. He explained that 'the most recent accounts of the

great Epidemic now raging at Lisbon, concur in describing it as yellow fever of a very bad type. I am extremely desirous of availing myself of this opportunity for investigating the Pathology of this very formidable disease' (Dessain 1958).

Yellow fever, to glance momentarily at its history, is characterised by pyrexia, jaundice and haematemesis -the sinister *vomito negro* and may have originated in either Africa or Central America. Drake's fleet was infected in the 16th century after putting into Spanish and west African ports. Spain and Portugal were the first European countries to have colonies in the tropics and da Rosa's *Trattado unico de la constitucion pestiencial de Pernambuco*, published in Lisbon at 1694, may have been the first medical book to describe it. The term "Yellow fever" was used by Griffith Hughes in his *Natural History of Barbados* in 1750 (Bean 1983).

Many yellow fever epidemics involved the West Indies, the eastern states of America and the great river valleys in the 18th & 19th centuries. The area of Europe commonly affected was the Iberian Peninsula. There was a yellow fever epidemic in Lisbon in 1723. A few isolated cases occurred in Porto in 1850 and 1851 and a small epidemic in 1856 with 120 cases and 53 deaths.

The few cases which occurred in Lisbon early in August 1857 attracted little attention but, by September, the authorities feared that they were dealing with an epidemic. On September 9th, three cases were admitted to St Joseph's Hospital, one from the rue des Confiseurs and

two from l'impasse du Jardin. Day by day the numbers of new cases multiplied until the official figures on November 17th indicated that there had been 10,554 cases and 3,550 deaths. Unlike cholera, which selected the poor and weak, it did not discriminate between the classes. Many fled the peril; others would have followed were it not for the example of the young king, Dom Pedro V, who stayed in the stricken city and calmly visited the sick. Nevertheless, the capital's squares, gardens and streets were deserted and the fine shops in les rues d'Or et d'Argent shut their doors. Fourteen of Lisbon's 250 doctors succumbed to the disease.

Present-day ease of communication makes it hard to appreciate that Portugal in 1857 lay several days steaming from the British Isles. Preoccupied with the dramas of the Indian Mutiny, *The Times* had little space for foreign news. Now and then shipping intelligence did refer to the foreign news. Now and then shipping intelligence did refer to the Lisbon epidemic. On November 3rd, P & O Steamers were still calling at Lisbon. The average number of people dying daily at Lisbon from fever was 80 to 100. November 11 : "A strict quarantine is maintained from Lisbon during the last week" (*Times* 1854).

Lyons explained to the rector of the Catholic University that the French government had sent two doctors but nobody had gone from the United Kingdom. "I am myself willing, should you grant me the necessary leave of absence to proceed to Portugal myself, with a view to a pathological inquiry on the spot" (Dessain 1958). Dr Newman agreed on November 23rd that he should go and contributed £50 towards his expenses, whereupon Lyons set off without delay.

By the time he reached Lisbon, the epidemic had passed its zenith but he saw many cases, nevertheless, and although his mission was a voluntary one, he was welcomed by the Civil governor, the Count de Sobral, and by the medical faculty. He acknowledged too, in his subsequent reports "the many gracious courtesies" shown to him by Dom Pedro V. He was allowed to carry out post-mortem

examinations in the medical school's "spacious, cool and well-ventilated Salle des Dissections" attached to the great hospital of St José. He studied the environment and the climatic conditions (Lyons 1859).

The algid form predominated in the Lisbon epidemic, but Lyons also saw examples of sthenic, haemorrhagic and typhous forms. "The treatment of the several forms of yellow fever", wrote Lyons, "resolves itself into the use of stimulants, counter-irritants, purgatives, including croton oil, and the employment of special remedies, such as quinine, bark, iron, etc. (Lyons 1864, 386). Blisters or mustard poultices were advocated while others favoured the wet sheet. "A wine of strong body, and with a considerable percentage of alcohol, was much employed in hospital practice; it was that known as "Lavradio". It was of the colour of deep-bodied port, but combined with the port flavour somewhat of that of the claret grape; it was a sound, strong-bodied, full-flavoured, and rich wine" (Lyons 1864,381). The benefits of these measures, as one readily understands today, were unimpressive.

Lyons performed at least twenty-four full autopsies. His descriptions of the external appearances were particularly detailed. He noted "a special physiognomy of a very marked character, which once seized, is never forgotten, though like many other striking phenomena, by no means readily admitting of being well conveyed in words". The skin was invariably yellow. "The tint varied a good deal; it was sometimes a light, faint, sometimes a rich canary or gamboge colour, sometimes a light, faint, sometimes of a deeper yellow with a more dusky hue ...". He remarked on the size of the penis in the majority of the male cadavers, adding a comment which may surprise, if not gratify, our Portuguese colleagues -"I am informed (on medical authority) that a very enlarged state of the genitals is by no means an uncommon physiological condition amongst the population in question (Lyons 1864,397). He examined the internal organs and the brain and its membranes. He found microscopic examination unreliable in determining the extent of fatty degeneration of disrupted

hepatic cells. Measurement of the specific gravity of liver specimens was more informative.

The possible relevance of climatic conditions had to be considered and Lyons availed himself of meteorological observations made in the Royal Observatory established by the Infant, Dom Luiz, and those of John Martin (1789-1869), an English doctor practising in Lisbon. He found the observatory's elevated position unsatisfactory for the provision of pertinent information but fortunately Martin's data were "entirely reliable". These showed "an excess of temperature in the epidemic months of 1857".

Noting "that the years 1855, 1856, 1857 present an extraordinary increase of rainfall, and in a sort of descending scale from 1855" Lyons asks: "Does there exist in Lisbon a rain cycle gradually advancing from year to year to a maximum, and then gradually falling to an average? It may be that a succession of rainy years gradually influences the constitution of the population, till with other current causes, a climax of complicated morbid elements is brought about which leads to the outbreak of epidemic disease" (Lyons 1859, 479). He collected information regarding winds, cloud formation, ozone and humidity.

Other environmental factors also attracted his attention. Lisbon, like many 19th century cities, had not yet attained standards expected by present day public health authorities. Lyons commented on the defective water supply and the lack of privies and house drains in some districts. "Thus, in numerous main and lateral streets and passages of the quarters Alfama, Mouraria, and Bairro Alto, the human dejecta with which the pavement was thickly strewn furnished to the passer-by, at every step, unceasing opportunities for keprological studies to which his attention became forcibly and unavoidably drawn". His eyes told him "that a costive state of the bowels is, if not a universal, at least a very general characteristic of the Lisbon population". The sewers, furthermore, were sometimes choked at their embouchures on the Tagus. The state of the river was insalubrious. At low tide a vast area of extremely foetid decomposing mud exhaled

noxious gases very prejudicial to health (Lyons 1864: 445).

Addressing himself to the widely held belief that the disease had been introduced by passengers from the Brazil mail steamer *Tamar*, or from hides imported from south America, Lyons thought this unlikely. Yellow fever "of a malignant and fatal character" had occurred in both Lisbon and Porto in 1856 and the 1857 epidemic was by no means confined to the Custom House district but also raged in areas well removed from the river. And despite the strongly favoured importation theory, it was noticeable that "little if any apprehension on personal contagion was entertained by those in attendance upon ... the sick".

A large number of the inhabitants, it cannot be denied (variously estimated at 30,000 to 40,000), sought safety for themselves and their families by a precipitate flight from the foci of infection; and the closed doors, abandoned houses, and the suspension of the hum of business in whole streets of the most active centres of commerce, realised to the spectator all the most striking features of a plague-stricken city.

Nevertheless, amongst the population which remained, humanity was spared those humiliating and appalling scenes, which the medical historian tells us were so constantly presented in the epidemics of the middle ages, of the sick and the dying abandoned by their nearest relations and friends.

So far from this being the case, it must be stated, that no higher eulogium could be passed on the people of any city, that during the late Portuguese epidemic devoted attention to the sick was the universal rule with all classes of society; and even on the friendless and the stranger I have seen all the care and anxious solicitude bestowed that could be lavished on the nearest and the dearest friend or relation (Lyons 1864,447).

The total number of cases of yellow fever in the Lisbon epidemic of 1857 was estimated at between 16,000 and 17,000 and there were about 5,500 deaths.

The professor's "prolonged absence" began to worry Dr Newman who, on 11 January 1858,

wrote to an influential member of the Catholic University Medical School to ask what was to be thought of it (Dessain 226). They decided that the less said about it the better; the School's unfriendly critics were to be ignored. Before long, however, Lyons resumed his professional duties in Dublin and we find him writing to the Rector in February on university business. He published a detailed report on yellow fever in *The Atlantis* and included an account of the disease in his *Treatise on Fever*. He undertook no further professional journeys abroad but, when elected to parliament in 1880, showed a special interest in forestation. He died suddenly in 1886.

By then Pasteur and others had established the aetiological role of bacteria in fever. After years of neglect and derision, Carlos Finlay's theory of an insect vector for the yellow fever germ was to be confirmed in Cuba by Walter Reid and his colleagues in the American Army Medical Corps. This knowledge allowed the application of rational preventive measures but was purchased at a price. The record of martyrology headed by the names of Dr Jesse Lazear and Dr Myers was added to when Adrian Stokes and Hideo Noguchi sacrificed their lives in West Africa. The former was born

in Lausanne in 1887, a grandson of Dr William Stokes, physician to Dublin's Meath Hospital, and I shall conclude with a few words about him.

Stokes graduated from Dublin University in 1910. During the first World War he served as pathologist in the RAMC and, having returned to Dublin for a few years, was appointed pathologist to Guy's Hospital, London, in 1922. He accepted temporary posts in West Africa with the Rockefeller Foundation's Yellow Fever Commission in 1920 and 1927. On the latter occasion he disproved Noguchi's contention that the *Spirochaeta icteroides* caused yellow fever and used the Rhesus monkey as a susceptible experimental animal. He contracted the disease himself in the laboratory and died on 19th September 1927.

His funeral sermon was held in a small brick chapel. There was a "slave tree" close by, under which African natives had been marketed. One of Stokes's colleagues took it for a symbol: by his work, Adrian Stokes had helped to rid the world of a lethal enslavement (Sawyer).

J. B. Lyons

Acknowledgements

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Notes

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Plague at Buenos Aires

By Marion G. Mulhall (1)

It would seem the irony of fate that a city so proverbial for its healthy and agreeable climate should become the scene of one of the most terrible plagues recorded in history. Its origin is still a mystery, as the special committee appointed by Government in 1872 have not yet published their report.

The first case occurred in June 1870, when Dr. Berry's servant died, with all the symptoms of yellow fever, another death following in the same house a few days later. It was then mid-winter, but on the approach of summer, in November, Dr. Berry wrote a letter to the Municipality, suggesting precautionary measures, as the city was in an unhealthy condition, and a plague was raging at Barcelona, from which port vessels often arrived. This led to a quarantine being ordered, shortly before Christmas, on all ships from Europe or Brazil. It happened, however, that the mail-steamer from Marseilles, which arrived on January 8, 1871, had on board a niece of the Prime Minister, who was allowed to land, and to this act of weakness on the part of the port-captain many people, perhaps incorrectly, ascribe the awful calamity which cost the lives of 26,000 citizens.

For some weeks previously the banks of the River Plate were covered with dead fish, and the water had such a dreadful smell that much sickness occurred among the people living at the south end of the city. The river of Barracas also had become of a purple colour, from the blood of animals killed in the "saladeros" along its banks, but as these salting establishments had existed more than a century and the men employed in them enjoyed excellent health, no measures were taken to suspend the slaughter of cattle or purify the stream before falling into the River Plate. In fact, it had long been the custom to send invalids to Barracas to inhale the peculiar atmosphere of the saladeros.

I remember one delightful summer's evening, in January, we were walking about on the roof of our house, which commanded a wide view of the city and shipping, when the wind veered round to the south, and brought such an odour of the Barracas river that I became giddy and almost fainted. A few days later there was some alarm in town from the sudden death of an Italian woman in the parish of San Telmo, with whom lodged one of the newly-arrived passengers by the Marseilles steamer. In less than a week the people of the same parish were dying five or six daily, but, as Carnival was at hand, the Municipality turned its attention to fire-works and decorating the streets, hoping to divert the public mind from an apprehension of pestilence. Never were the preparations on a grander scale. (The police had instructions to cause all funerals to take place after sunset, and when by chance anybody spoke of the prevalent sickness, people said: "It is only the poor Italians who die, because they live on wretched food and in unhealthy dwellings.")

Sunday was the first day of Carnival, and the crowds of masqueraders went about throwing sweets, flowers, and costly presents at the ladies in the balconies. The Corso, comprising three of the principal streets, was four miles in length, hung with banners, and having a triumphal arch at each point where streets crossed. Between the hour of noon and that of the Ave Maria (half-an-hour after sunset) more than 1000 carriages and 10,000 horse-men dressed in splendid costumes passed along. There were crusaders, warriors of the epoch of Cortés and Pizarro, Indian caciques, and every fantastic style of mounted cavaliers. The same pageant took place on the second and third days, and when Carnival concluded, everybody was pleased that it had passed off so well, especially the fireworks of the Municipality.

No newspapers having appeared for three days, the public was astounded to learn on Ash

Wednesday that the deaths had risen to forty daily, and that the English Catholic (2) chaplain was among the victims. A panic ensued, whereupon such was the demand for horses and waggons to remove furniture that people paid the price of a team for a day's hire. In order to eradicate the evil, the Municipality had caused the police to turn out the inhabitants of any house in San Telmo parish where sickness had appeared, and whitewash the premises. The effect of this step was to spread infection all over the city. Five parishes were now tainted, out of thirteen, and so convinced were the citizens of an impending plague that the waiters in coffee-houses became carpenters to make coffins, while some of the lawyers bought up every cargo of timber in Buenos Ayres and Montevideo.

All the members of the Municipal Council having fled to the suburbs, the entire control of the city devolved upon Don Henrique O'Gorman, Chief of Police, who bravely held his ground to the last. Before the end of February the deaths reached one hundred in a day. The gravediggers demanded double wages, and extra gangs of men were employed to bury by torchlight. Some of the police died from over-work in carrying sufferers to hospital, the dead to the cemetery; others deserted. Even the porters or "changadores," who used to stand at the street-corners, were gone, many people of the humbler classes crowding along the great highways, north to Belgrano and west to Flores, and forming gipsy encampments wherever a clump of trees or a ruined outhouse gave any shelter. Until the beginning of March there was no sickness in our street, (3) and as our house stood higher than those around it there was not much reason to fear the approach of contagion. One morning, about sunrise, I heard the bell of the acolyte accompanying the priest to visit the dying. That evening three coffins were taken from a house in front of ours, and an hour afterwards the police proceeded to burn the furniture, the flames throwing a lurid glare on all around. Every morning the disinfectors came round to sprinkle the houses with a mixture of coal-tar, saying at the same time "May God keep you from the plague!" The

municipal dust-carts were used to remove the dead.

All the convents in the city had been turned into hospitals; every day they were filled, and emptied again before the following sunrise, for all died within twenty-four hours. The French Sisters of Charity lost half their number, including the Superioress; the Irish Sisters of Mercy were in like-manner stricken down in their heroic labours. There was no distinction of nationality among the patients admitted, nor did the Destroying Angel spare age or sex. The only difference remarked was that the negroes were exempt, and being much in request as nurses they obtained enormous wages.

Some cold days occurred in March which checked the plague, the deaths suddenly declining to two hundred daily, but no sooner did the bright warm sunshine return, than the number rose again to three hundred, and even passed the highest point reached before. I never saw more lovely autumn weather; such a contrast to the awful tragedy that was being enacted on all sides! To look at the bright blue sky, the ships lying at anchor on the unruffled waters of La Plata, and the charming aspect of the wooded suburbs of Barracas and Flores, one could not believe that a work of carnage was going on, more deadly than if a hundred cannon were bombarding the city. Food was beginning to run short, as the market people were afraid to come in with meat, butter, or milk. Prices rose as if a siege were going on, and some of the neighbouring villages drew a "cordon sanitaire" around, putting in quarantine any one who had come from the city.

One English grocer, who had not fled, sent us a supply of tinned meat, Danish butter, and Swiss preserved milk: it was very kind on his part, since we could not pay him, as all the banks were closed. Nobody was disposed to trust his neighbour, because any shopkeeper knew that if he died the lawyers would get what was due to him, and if his debtor died the heirs might dispute the debt. There was an Italian near us who had a quantity of partridge and fish preserved in oil, and this afforded some variety to our fare.

In the last days of March people hoped that April would bring a change, for the plague had already lasted two months. The town-clock in the Plaza had stopped. Grass grew in the streets. Dogs roamed about without owners. A dead silence reigned, unless when the rumble of the dust-cart was heard, with the cry of the half-drunken cartmen, "Bring out the corpses!" Most of the physicians and clergy had perished; there were even few apothecaries left, as an insane rumour that they were selling poison obliged them to shut their shops, after some of them had been fired at by relatives of persons who had died.

The boatmen from the Boca, with their families, and many of the inhabitants of the infected parish of San Telmo, had, in the beginning of the epidemic, taken possession of the finest houses in the fashionable quarters, as if the city had been taken by storm. Most of the poorer streets were deserted, and in these, as the Sisters of Charity went their rounds, they sometimes rescued one or other helpless infant from among a group of corpses, for in many houses the dead lay several days before the police could take them away for burial. In their visits to the poor, two of the Irish Sisters of Mercy, being one morning attracted by the barking of a dog, entered a house, and found on a bed the lifeless body of an Englishman, and by its side a woman apparently sleeping. The latter, on recovering consciousness, said that her husband had died the previous day; the house was a scene of destitution, for the poor woman had sold everything to obtain food and medicine. She seemed to have but a few hours to live; the Sisters, however, removed her to the convent (as well as her little dog), where she recovered.

In Holy Week a Government decree was issued, closing the post-office, telegraph offices, and other public departments, and ordering all shops to be shut for thirty days, in order to compel the remaining inhabitants to leave the city. The bishop also closed the churches, except those attached to the convents. The law-courts and notaries' offices had been shut previously. Some of the railways had to stop running, as the engine-drivers were dead. The new cemetery opened in March being now full,

the chief of police seized the Chacrita farm, at the west end of the city, and turned it to the same purpose. The gravediggers, after spreading one hundred cartloads of lime over the graves of the twenty thousand victims in the Corrales cemetery, marched off to the new ground. They were paid about thirty shillings a day, and happily not one of them died. If a panic had broken out among them, it would have been impossible to get others to take their place. They were about three hundred, and worked like sailors, in watches of four hours. The greatest number of corpses buried was on Easter Monday, namely one thousand and eighty; the weekly average hardly exceeded five thousand even then.

On April 13th we left town for Luxán, a village forty miles westward, arriving there by train at nightfall. The inn was crowded, but the landlady offered to make us as comfortable as possible in a barn, provided we got a permit from the police-doctor. In this we had no difficulty, the doctor at once certifying that we had no symptom of plague, and even volunteering to look for apartments for us among his friends. It happened, next day, that we met the American Minister in the square, and he told us that an American family, who had just recovered from the plague, were about to give up their house and go to a sheep-farm some leagues off. He accompanied us to the place, on the edge of the town, facing a large plantation, but it was closed. We found the owner, an old lady, half-Indian, who told us that the Americans had just left, and that we could have the cottage at the same rent, two hundred silver dollars, or £40, per month. My husband at once got a man to whitewash the two rooms, and next day we entered our new home. We bought some kitchen utensils, a wooden table, three chairs, a couple of iron bedsteads, and a few other things. A black woman, who lived about fifty yards off, was our nearest neighbour, and I engaged her for my servant. The intervening space between our hut and hers was covered with a dense growth of wild hemlock, so high that, as she informed us, "mala gente" or bad people sometimes concealed themselves there at dusk, for which

reason she recommended me to keep the door barred after the Ave Maria.

During two days that it rained we could not stir out, and in this dismal hut I began to think that my servants in town were right when they preferred to remain in our comfortable house, rather than face the sufferings of camp life. The frogs and toads leaped about the floor, for even when the door was shut they got in through the chinks in the mud walls. It rained in so badly that we had to keep umbrellas over our beds, after shifting in vain from one corner to another. To add to the unpleasantness of our position, my husband heard from the American Minister that it was very necessary to be on our guard against the black woman's husband, a cross-blooded "guapo" who was known to "be indebted for six deaths," which means in English that he had murdered six persons. He never came near the place except to bring water for cooking, and was always most respectful when he saw me, besides getting us fresh milk, or whatever was necessary, with the utmost willingness, whenever his wife told him that I wanted anything. It is true that I paid her high wages, in fact what she asked, but I must say that during the two months I spent in the hut I had no cause to complain of these people.

An English blacksmith very kindly came to offer us quarters at his house in the village, but I preferred to remain where we were, expecting that we should soon be able to return to town, for the weather had set in so cold that we had to get a dish of cinders in our room. One night we heard a noise in the hemlock near the house, and could see by the moonlight a figure moving stealthily towards the entrance. My husband cried out "Quien vive?" and as there was no answer, but a rustling in the bushes, he said, in Spanish, that he would fire if the intruder came any nearer. Presently two figures made a dash forward, my husband fired; there was a heavy fall in the hemlock, and all again was still. Next morning we had to pay five dollars for having shot the stray horse of a neighbour, that being the value of the ill-fated animal, after deducting the price of its hide.

When the evenings were fine we used to walk up to the station to get a copy of the Bulletin,

containing the number of interments and the names of any persons of note who had died in the twenty-four hours. The English names were often so mangled by Spanish printers that it was hard to make them out. Most of the English and other foreigners had now left the city, the number of people remaining being estimated at one-third of the ordinary population, or scarcely 70,000 souls. Among the passengers who arrived one evening was Mr. Kennedy, an English merchant, who had gone through much of the plague, visiting the sick and burying the dead. He said the proportion of deaths was every week lighter, being now only one-third of the persons attacked, whereas at the beginning it was nine-tenths. More would have recovered had they not been abandoned by their friends, but the disease was so deadly in some families that it was not surprising a panic seized all around. Mr. Kennedy was the sole survivor of six gentlemen who attended the funeral of Mr. Carfield, in whose house seven persons had died. The British hospital was unfortunately closed against patients, as its constitution forbade the treatment of any infectious or contagious disease, but the physicians, chaplains, and directors did all they could for our country-people by visiting them. The city hospitals obtained a very bad reputation, as none of the patients recovered, a circumstance mainly due to the fact that they were already beyond hope when admitted, and in part to the terror of the people at the idea of being buried without coffins. Nor could this be remedied at a time when the rudest coffin cost £10 - simply a long wooden box painted black, with a yellow cross on the lid.

In the middle of May, the deaths having fallen below 100 daily, and our "rancho" at Luxán being intolerably cold and cheerless, we resolved to return to our house in town. As the train stopped at the suburb of Almagro, we had to proceed from there on foot, and came upon a very odd scene a few yards from the railway station. Some fifty men with knives and long sticks were cutting open a number of beds and mattresses, and raking about the contents in search for money, the beds having been sent out here by the police to be burnt as infectious.

It was said that large sums were often found in this way. At the Plaza Setiembre there was a worse sight, for one of the municipal carts full of corpses had broken down, one of the wheels lying at some distance. The dead had their clothes on, just as if stricken down in the streets. Near Plaza Lorea a man was selling coffins, the best omen that the plague was abating, as the supply was evidently equal to the demand. He cried out "Boxes for sale!" in the same way as if he were selling peaches, the word box in Spanish standing for coffin. We saw a woman run out and buy one, and then he sat down to smoke, for another person was dying and he expected to sell a second. The city presented a deserted appearance, for we went some blocks without seeing anybody, but on reaching Calle San Martin we were suddenly stopped by a mounted policeman, who took us to the Policia, because my husband had a bundle of cloaks and rugs. The Commissary took down our address, and explained that it was necessary to arrest all persons with bundles, in order to check burglary.

I shall never forget an amusing occurrence that we saw at the Policia. A prisoner was brought in, charged with having attempted to stab some of the gravediggers at the Chacrita cemetery. He was a negro, and his face and head were so covered with lime that his appearance was extremely ludicrous. It appeared he had been a nurse, and having earned high wages got very drunk; he was picked up for dead in the street, and taken in the municipal dust-cart to the Chacrita, but the lime which the gravediggers threw on the corpses got into his eyes and soon brought him to his senses. So enraged was he that he drew his knife and attacked the gravediggers. When I saw him he was quite sober, and the Commissary let him go without any fine, but took the knife from him. It is needless to say that many persons were believed to have been buried alive, which was quite possible. The most remarkable escape was that of Mr. Gardoni, an Italian, who recovered

his senses in the same way as the negro, on the brink of the grave. On his way back from the cemetery to the city he felt so faint that he entered a "pulperia" and got a little brandy, but having no money to pay for it he was obliged to explain the escape he had from being buried alive as one of the plague victims, which so frightened all present that they ran away, leaving him in possession of the shop.

During the month of June the people came back in such numbers that it was feared the pestilence would break out afresh, especially as no pains were taken to disinfect the houses, but such fears were, happily, not realised. Many of the finest houses had been stripped of their furniture by the boatmen and laundresses that lived in them, nor could the owners obtain any trace of the costly mirrors, chandeliers, works of art, etc., which had probably been shipped to Brazil or Europe.

The British community lost 270 persons, which was about one-sixth, but the other classes did not suffer so heavily, the city losing altogether 26,000, or only one-eighth of the population. It was observed that twice as many men died as women, and very few children. Some of the persons that were mourned for as dead, reappeared among their friends, when it was discovered that the printers had made a mistake in the name. In some cases also those who had been only taken ill were put down for dead, and becoming convalescent had gone to the country for a time. On the other hand, several persons died whose names were not registered, and for whom the British Consul made enquiries in vain.

Before many weeks the plague was as utterly forgotten as if it had occurred in the previous century, and the foundations for a new opera-house (4) were laid on the site of a sawmill in Calle Corrientes used for making coffins during the epidemic.

Marion G. Mulhall

Notes

1. From *Between the Amazon and Andes or ten years of a lady's travels in the Pampas, Gran Chaco, Paraguay and Matto Grosso* (London: Edward Stanford, 1881), pp. 28-44. Marion MacMurrough

Mulhall, Marion G. "The Plague at Buenos Aires"

Mulhall (née Murphy) was the wife of Michael Giovanni Mulhall, joint editor and co-founder and proprietor of *The Standard*. They were married on 19 June 1868 in Ireland. Marion died in Kent, England, on 15 November 1922. Text digitalised by Graeme Wall.

2. Rev Anthony Fahey, actually an Irish priest from Galway
3. Calle Belgrano
4. Still in existence, now the Opera Theatre.

Sources

Sebastian's Pride A fictional account on the yellow fever epidemic in Buenos Aires, 1871

By Susan Wilkinson (1)

Even though he was exhausted by the time he reached William's house, Sebastian could not sleep that night. His grief, both at Thomas's death and the certain imminence of his father's, was like a leaden weight in his breast. As he tossed restlessly throughout the night, he could not shake the image from his mind of his father whom he knew he would not see again; of Manuela, hollow-eyed and pale from exhaustion; or of William, grey from months of overwork. Robert Hamilton's words kept repeating in his mind. 'Well, Sebastian, someone has got to stay.' There was really no question about it. Since Manuela refused to go with him to the safety of Los Mistos while his father was still alive, Sebastian would remain in Buenos Aires and give his own services to the stricken city.

He joined the commission of citizens set up to run the city in the absence of the municipal government. Their main and most urgent task, he discovered, was the burial of corpses which, by decree, had to be buried within six hours of death. Every able-bodied man was needed for the digging of mass graves, for over a hundred people were dying every day. The cemeteries in the city were full. So, as an emergency measure, a new cemetery was opened in some farm lands outside of Buenos Aires - at Chacarita.

Initially, in an attempt to prevent panic, many denied that the epidemic was indeed of yellow fever. Noted doctors quarrelled bitterly with each other, some saying that it was yellow fever, others professing that it was typhoid or some other kind of fever. But whatever the doctors chose to call it, people continued to die. Some, like William, had begun to doubt that the fever was, in fact, contagious. Not knowing what caused it they were like sailors adrift in an ocean of ignorance.

As had been the fashion for treating all fevers less than two decades before, some of the older doctors, in their desperation, resorted to the old methods of bloodletting to regulate high fever, applying leeches to the temples and neck to allay headache, blistering the stomach to counteract vomiting, and painting the gums with mercury to produce an excessive flow of saliva deemed necessary in combating fevers. Not knowing the exact nature of the disease, they used the mercurial medicine on which they placed their reliance when all else failed - that favourite medicine among physicians, calomel. It irritated, and so purged, the bowels. Mixed with rhubarb and gentian, it dispelled the gasses that ballooned bellies. It induced salivation, and was supposed to have beneficial effects on the blood.

As William had predicted, whenever a case occurred in one of the crowded tenements, the inhabitants were evicted, which only served to spread the disease further and faster. As the epidemic gathered momentum, the porteños who remained in the city lashed out wildly at all possible causes. Some blamed it on the heat of the sun at mid-day and on the dews at night; others on excessive eating and drinking, constipation, or on any emotional disturbance, especially fear. Most agreed that yellow fever was caused by breathing impure air, and by the effluvia from the decomposing animal and vegetable matter in the streets. It was largely attributed to the wastes discharged by the slaughterhouses along the Riachuelo, to the over-crowded tenements in the poorer parts of the city, and to the fact that many of the streets that sloped down to the river were little better than open drains and sewers, for the worst ravages occurred in areas where the streets served as the city drains. It was recalled that the previous year exceptionally heavy rains had flooded all the low-lying areas of the city, with

the result that the latrines had overflowed into the streets and patios. No one was surprised that, as a result, the mosquitoes had been worse than ever that summer.

As preventative measures against the disease, sulphur was burned in the streets and exploded in pellets in every house at least once a day. Exposure to both the sun and to the night air was avoided, all windows were closed at night, and beds were rolled well away from any possible source of ventilation. All excitement, be it the physical excitement of lovemaking or emotional excitement, was strenuously avoided, for too much activity - pleasurable or otherwise - was deemed detrimental and would lay one open to the fever. All those who were exposed to the disease took steaming vapour baths to induce sweating, and so rid themselves of any impurities. And all who could do so left the city.

When William returned one evening and told Sebastian that their father was vomiting black blood and had passed the stage where recovery could be hoped for, Sebastian felt no emotion, only a numbing of all feeling. Taking a circuitous route, he purposely avoided passing the house on Calle Florida, lest the contagion infect him too. For the first time he understood the fathers who had bolted the doors against their infected wives and children, the sons who had turned their mothers out of the house. He knew then the fear for survival that overcame even the bonds of love and duty. Although a professed atheist, he marvelled at the courage and self-sacrifice with which the priests nursed the sick. They risked their lives ministering to complete strangers while he could not bring himself to go once to his father's bedside. He had no fear of a gaucho's *facón*, but disease, insidious decay and death, against which he had no weapon, terrified him. Venting his rage against his own cowardice, he wrapped a rag around his blistered hand and dug savagely from dawn to dusk, and those who saw him

remarked on the silent, one-armed man who did the work of three. Each night he returned to Calle Bolívar, stabled his horse, and dragged his feet wearily along the now almost silent and deserted streets and plazas, his back and arm aching from weariness and his dirt-engrained hand raw and bleeding. Normal life, as he once knew it, seemed to have become a dream - something that no longer had reality or relevance.

When José brought word to him at Chacarita that his father had died, Sebastian put down his shovel and returned to Calle Florida with him, averting his eyes from the coffin in the first patio. He found Manuela in the library. The sight of her, rigidly holding back her tears, made him momentarily forget his fears and his own sense of loss. Wordlessly, he held out his arm and wordlessly she went to him, burying her head briefly against his shoulder. He was conscious of the combined smell of their bodies-of his own stale sweat and the pungent sourness of hers. She did not weep, and he offered no word of comfort, for there seemed to be nothing to say. A bond of common sorrow drew them together in their separate grief at the death of Robert Hamilton.

Four hours later, towards dusk, the small funeral party followed the wagon bearing Robert Hamilton's coffin to the British cemetery. Neither Manuela, Sebastian nor William wept as the coffin was lowered into the grave, next to Thomas's. They stood stiff and silent while the old Negro José stood apart from them, his cheeks wet with tears and his eyes rolling in fear that night - with its fever-giving, toxic air - was approaching. And when the last shovelful of soil was flung on top of the coffin, they walked back, still without speaking, to the carriage.

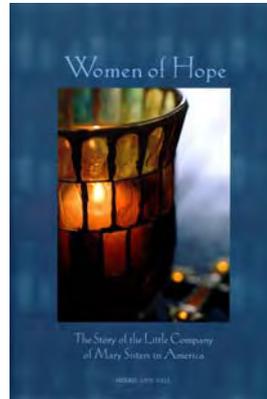
Susan Wilkinson

Notes

1. From Chapter Ten of Susan Wilkinson's *Sebastian's Pride* (London: Michael Joseph, 1988). Set in Argentina in the nineteenth century, *Sebastian's Pride* is the story of Sebastian Hamilton who, with his two brothers, leaves England to settle on a vast estancia in the pampas. In 1871 a disastrous yellow fever epidemic breaks out in Buenos Aires in which Sebastian's father and elder brother die. Sebastian too contracts yellow fever, but survives.

**Review of Merrie Ann Nall's
*Women of Hope:
The Story of the Little Company of Mary Sisters in America***

By Deborah M. Nilles (1)



Evergreen Park, Illinois: RR Donnelley Co., 2005
Hardcover, 292 pages, ISBN 9781599750996

Women of Hope by Merrie Ann Nall is a masterfully researched and written history of the Sisters of the Little Company of Mary and their mission of love. This telling of the compassion and care of incredible women, spanning several continents, is compelling. Once opened, this book is difficult to put down.

The Little Company of Mary (LCM) is a Roman Catholic religious institute of women (also referred to as the Blue Sisters) dedicated to caring for the suffering, the sick and the dying. It was founded in 1877 by Mary Potter. 'In the spirit of Mary on Calvary our vocation impels us to enter into the sufferings of others, to bring about equality and dignity for all and to collaborate with others to create a world of justice, love and peace. In this way we make visible the healing presence of Jesus' (Venerable Mary Potter).

For over a century the dedication of these amazing women has touched the lives of many. In April 1893, three sisters of the LCM made a pilgrimage to Chicago led by Mother Veronica Dowling, first superior of the Chicago foundation. Later that year two more sisters would be sent by Mary Potter to join them on their mission: Sister M. Evangelist Touhy and

Sister M. Laurence Delaney. It was on this journey that the future of the LCM and the people of San Antonio de Areco and greater Buenos Aires would become perpetually intertwined.

The Maria Clara Morgan Hospital at San Antonio de Areco (province of Buenos Aires, Argentina) is built on a foundation of tragedy, forged in love and spirited on the wings of a chance encounter. For the Sisters of the Little Company of Mary, the mother of a lost child and the people of greater Buenos Aires, it is a legacy. The story of the Little Company of Mary and the Morgan Family of Argentina originates on the sea, crosses in Chicago, Illinois and becomes one in a rural area northwest of Buenos Aires.

According to *Women of Hope*, on board ship the Irish-born Sisters met Margaret Morgan (*née* Mooney) and her only living daughter Maria Clara, who were travelling to Chicago to attend the 1893 World Columbian Exposition (also called the Chicago World's Fair). (2) A friendship between these women ensued, one that might have later been lost, save for a tragic circumstance. While visiting Chicago Maria Clara Morgan became seriously ill. Sister Laurence and Mother Veronica came

immediately to her side but the young lady of twenty-eight years lost her life on 1 August 1893. Her grief-stricken mother Margaret Morgan made a vow that she would build a hospital near their home in Argentina to commemorate the memory of her daughter. She never forgot the kindness of the LCM Sisters and offered ownership of the hospital in turn for their care of it. Her only stipulation was that the name of the hospital never be changed.

This act of remembrance and love became reality, and the Maria Clara Morgan Hospital was built. Four sisters of the Little Company of Mary arrived in Argentina on 13 May 1913. They were: Mother M. Columba Kealy, Sister M. Philomena Haslem, Sister M. Raphael McCarthy and Sister M. Rita Carroll. Welcomed into the community, the mission and capacity of the hospital increased over the years as the Sisters of the LCM cared tirelessly for the ill and comforted the dying. Their generosity of heart shown to the community was offered in turn. On more than one occasion through the decades, the people of San Antonio de Areco repaid this kindness in the form of donations and food for the Sisters and hospital patients.

The Sisters of the Little Company of Mary maintained the hospital at San Antonio de Areco until 1956, when their mission brought them to serve a larger population and eventually in the nation's capital. 'For forty-three years, the promises made good by two loving mothers resulted in a mission of hope and healing in a remote section of Argentina by a small group of nursing sisters - mostly of Irish or Irish-American heritage - who soon became known by their Spanish name: Pequeña Compañía de María'

Their impact endures, as do the lessons of Mother Mary Potter, founder of Little Company of Mary. Mary Potter was declared 'Venerable' by Pope John Paul II in 1988 which is the initial stage of the canonisation process.

Chapter Six of *Women of Hope* is dedicated to the LCM mission in Buenos Aires and it alone makes this book worth the read for anyone interested in Irish migration to Argentina and subsequent spiritual and medical care afforded to these immigrants and their children of Irish descent. Published by RR Donnelley Company in 2005, it is a delightful and recommended read.

Deborah M. Nilles

Notes

1. The reviewer is the great-great niece of Mother Veronica Dowling (LCM Chicago). Emily Agnes (Mother Veronica) Dowling was born in Dublin, Ireland in the same era that the author's great-great grandmother Eleanor O'Connor was born in Carmen de Areco, Argentina. These families would be joined in the next generation by marriage, leading to research of both ancestors and the peculiar connection that made this review possible. Acknowledgements: thank you to Merrie Ann Nall for her incredible work, and to the modern day Sisters of the Little Company of Mary in Chicago for taking the time to visit with me and teach me the history of the LCM and my family history.

2. See Margaret Morgan's biography by Gonzalo Cané at *Dictionary of Irish Latin American Biography*, website (http://www.irlandeses.org/dilab_morganm.htm), accessed 9 November 2008.

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