Health, Physicians and Nurses in Latin America: An Introduction
By Susan Wilkinson (1)
Guest Editor

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, Montpelier, 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 Martin 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
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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, 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, Arnoldo 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

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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.

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Notes

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2. This information was provided by Edmundo Murray.

3. We are thankful to María José Roger for the clips from The Hiberno-Argentine Review.