

SCIENCE, REASON AND RELIGION:
PEDRO DE HORTA AND THE HEALING OF BODY
AND SOUL IN EIGHTEENTH-CENTURY MEXICO

Charles A. WITSCHORIK
University of California, Berkeley
cawitschorik@berkeley.edu

INTRODUCTION

In the early 1760s, a local physician named Pedro de Horta paid a special visit to the convent of San Jerónimo in Puebla, Mexico, at the request of the mother superior, madre Alejandra Beatriz de los Dolores. Responding to a recent outbreak of what both he and the abbess labeled “epileptic seizures” among the nuns, Horta’s mission was to evaluate the victims and determine what role, if any, various potential natural causes may have played in producing their sufferings. Horta visited the convent, evaluated the nuns and produced a book-length document containing his observations and conclusions about the seizures.¹ Horta posited that this particular “epidemic of epilepsy” was neither fully material nor exclusively spiritual in causation, but was instead attributable to a combination of both natural and supernatural causes. For that reason, Horta concluded that the outbreak could only be treated through recourse to both medical and spiritual attention.²

¹ Pedro de Horta’s document, *Informe médico-moral de la penosísima y rigurosa enfermedad de la epilepsia*, was originally published in Madrid in 1763. It consists of 284 pages of printed text and includes three licenses of approbation from ecclesiastical and civil authorities in Madrid. The three licenses date, respectively, from 1761, 1762, and 1763, a fact which, along with references from within the text, indicates a date sometime in the mid 1750s for the document’s composition (the document is signed 17 December 1754). For my study of this text I consulted an original printing now stored at the California State Library’s Sutro Collection in San Francisco, California. I wish to thank Martha Whittaker of the Sutro Library for her help in locating and accessing the document. I would also like to thank Margaret Chowning for recommending this project and her assistance in realizing it, and William B. Taylor, Jorge Traslosheros, Ian Read, Stephanie Ballenger, Sarah Crary Gregory, and Adolfo Ramírez for their helpful comments on earlier drafts.

² Two other recent studies have examined Horta’s document from a medical perspective. First, see Emilio D. Soria and Edward J. Fine, “The Medical-Moral Account on Epi-

As both a medical doctor and a Catholic believer of evident conviction, Horta provides an instructive case study in how some Enlightenment-era thinkers successfully mediated the competing claims of science and faith in the treatment of the mentally and physically ill. He was educated in the context of a tradition of medical learning that was in a state of crisis as older modes of treating illness were challenged by new models proposed by empirical science. Doctors of his generation were trained in the ancient tradition of medical learning traceable back to Hippocrates and Galen and yet also aware of new medical and scientific discoveries. This potential tension was joined by another one: as a person of faith Horta also needed to be able to reconcile his convictions concerning spiritual matters with his understanding of medical theory and practice. Yet Horta's work, in a seemingly effortless way, combines new empirical learning with traditional medical knowledge and brings together the distinct spheres of science and faith. In short, Horta's work demonstrates how what appear to modern eyes as insurmountable theoretical gaps were in fact not necessarily perceived as such by eighteenth-century thinkers. It provides a concrete example of how strict oppositions between empirical science and religious belief prove problematic when evidence from the lives of those who negotiated these tensions is both carefully examined and sympathetically evaluated.

While my aim is primarily to examine Horta's report as one possible eighteenth-century reconciliation of faith and reason, of new science and old science, the setting of the report in a female convent is an important secondary concern. Female religious life was perceived in Catholic societies as an idealized bulwark of the values taught by the church and therefore a particularly important spiritual battleground on which the cosmic struggle for virtue would be fought. Therefore, in evaluating the nuns of San Jerónimo from both

lepsy by Pedro de Horta: A Historical Review", *Epilepsia*, 36:7 (1995): p. 736-739. This article considers Horta's achievements in terms of the history of the diagnosis and treatment of epilepsy, noting that his was the first document on the disease published in America. More recently, Roberto Calva Rodríguez, a medical doctor from the Academia Mexicana de Pediatría published a study of Horta's work that includes a reprint of the original document as well as some of the relevant correspondence involving the convent Horta visited. See Roberto Calva Rodríguez, *Reseña histórica del Informe médico moral de la penosísima y rigurosa enfermedad de la epilepsia, 1754* (Puebla, Gobierno del Estado de Puebla, 2004).

a medical-scientific and religious perspective, Horta's report provides an invaluable sense of how a mid-eighteenth-century believer and scientist negotiated tensions between natural and supernatural explanations of human experiences in a context of great significance: the convent.

HORTA AND THE CONTEXT OF EIGHTEENTH-CENTURY MEDICINE

Traditional and Enlightenment Medicine

As a professionally trained physician in the eighteenth-century Hispanic world, Pedro de Horta would have studied at the university level for a number of years before being formally commissioned to practice medicine.³ Although there is little information available concerning Horta's actual training, it is likely that his preparation would have resembled patterns in place in Spain during the early modern period.⁴ By the late fifteenth century Spanish universities had gained a monopoly over the granting of licenses to practice medicine, an authority eventually codified with the foundation of the *Real Tribunal del Protomedicato* in the 1490s.⁵ Responding to the proliferation of medical occupations, the basic goal of the *Protomedicato* was to establish and organize a hierarchy of sanitary occupations, thereby reducing their overall number and creating order among them.⁶

³ See Fernando Ocaranza, *Historia de la medicina en México* (Mexico City, Consejo Nacional Para la Cultura y Las Artes, 1995), p. 122-123. According to Ocaranza, medical training in New Spain included certification for three distinct levels of education: *bachiller*, *licenciado*, and doctor. According to the identifying information provided in his report, Horta held the title of *bachiller* in medical science.

⁴ With some exceptions, it appears that the practice of medicine in New Spain largely accorded with trends and practices from Spain. See Germán Viveros, *Hipocratismo en México: Siglos XVI al XVIII* (Mexico City, Universidad Nacional Autónoma de México, 1994), p. 63: "[L]a medicina novohispana se concretaba a recibir lo que la tradición peninsular enviaba, sin cuestionamiento alguno acerca de utilidad, adecuación o sentido científico de los originales hipocráticos vertidos al latín..."

⁵ Jon Arrizabalaga, "The Ideal Medical Practitioner in Counter-Reformation Castile: The Perception of the Converso Physician Henrique Jorge Henriques (C. 1555-1622)", in *Medicine and Medical Ethics in Medieval and Early Modern Spain: An Intercultural Approach*, ed. Samel S. Kottek and Luis García-Ballester (Jerusalem: The Magnes Press, 1996), 63.

⁶ Arrizabalaga, "The Ideal Medical Practitioner", p. 65.

In his detailed study of the *Protomedicato*, John Tate Lanning provides a helpful introduction to its workings in the particular context of New Spain.⁷ According to Lanning, the *Protomedicato* governed all medical practitioners in both Spain and its colonies and tended to promote a sense of hierarchy among them, with priests and ecclesiastical personnel at the top.⁸ However, although reactionary and exclusionary in some ways, the *Protomedicato* also was responsible for the promotion of medical research and education in New Spain.⁹ As Lanning explains, medical doctors in America for the most part received a traditional education in the ideas of Hippocrates and Galen and a number of years of basic training in the arts; nevertheless, they were also exposed to the ideas of various medical authorities from Europe, whose writings were in fact permitted to circulate by the *Protomedicato* in the interest of promoting medical research.¹⁰ Accordingly, as is apparent in Horta's writing, there is evidence of support on the part of at least some doctors in eighteenth-century New Spain for a combination of both ancient and modern currents of medical knowledge as legitimate means of diagnosing and treating illnesses.¹¹

Nevertheless, by the eighteenth century a crisis had arisen in the Hispanic world surrounding the traditional and modern understandings of medicine.¹² At the core of this controversy was the question of precisely what sort of medical training was best suited to effectively diagnose and treat illness: Was it the traditional, university-based training in which doctors learned the received tradi-

⁷ John Tate Lanning, *The Royal Protomedicato: The Regulation of the Medical Professions in the Spanish Empire*, ed. John Jay TePaske (Durham: Duke University Press, 1985).

⁸ Lanning, *Royal Protomedicato*, p. 217-218.

⁹ Lanning, *Royal Protomedicato*, p. 333.

¹⁰ Lanning, *Royal Protomedicato*, p. 333-336.

¹¹ See Eli de Gortari, *La ciencia en la historia de México* (Mexico City: Fondo de Cultura Económica, 1963), p. 189. Gortari points out that, despite a general stagnation within the *Protomedicato* by the early eighteenth century in New Spain, some evidence exists for the progress of medical learning. For example, Gortari cites the 1727 publication in New Spain by Marcos José Salgado of the first treatise on physiology written in America. For the stagnation of medical science in New Spain see Guenter B. Risse, "Medicine in New Spain", in *Medicine in the New World: New Spain, New France, and New England*, ed. Ronald L. Numbers (Knoxville, University of Tennessee Press, 1987), p. 52.

¹² Guillermo Olagüe de Ros, "The Ethical Manipulation of the Patient in the Ancients versus Moderns Controversy: The Impact of Giuseppe Gazola's *Il Mondo Ingannato de Falsi Medici* (1716) in Spain", in *Medicine and Medical Ethics in Medieval and Early Modern Spain: An Intercultural Approach*, ed. Samel S. Kottek and Luis García-Ballester (Jerusalem: The Magnes Press, 1996), p. 216-240.

tion of medical wisdom and diagnosis and applied it to their patients? Or was it the newer, experience-based medicine that relied more exclusively on empirical observation of particular cases in order to arrive at diagnoses and treatments? Within this context of the questioning of the proper practice of medicine, one crucial element of discussion involved the many scientific and medical advances occurring with great frequency over the course of the eighteenth century, which proved crucial in dismantling the elaborate philosophical systems of traditional medicine.¹³ To this end, an essential goal of modern science was to move beyond the dictates of the philosophical-medical tradition in order to arrive at an independent, experientially-based understanding of human nature.¹⁴ In other words, the ideal physician was no longer the Learned and Rational Doctor of tradition whose philosophical training provided him with the necessary axioms for applying received wisdom to individual cases. Rather, the new good doctor was, “the ‘hands-on’ medical practitioner, who could best demonstrate his adherence to the new cult of practical experience and utility by successfully performing complex surgical operations...”¹⁵

Not all doctors, however, agreed on the need for changes in medical practice. And even where physicians concurred on the legitimacy of this new approach, significant disagreements arose surrounding methods of diagnosis.¹⁶ In other words, the eighteenth-

¹³ John Farquhar Fulton, “Medicine in the Eighteenth Century”, in *Logan Clendening Lectures on the History and Philosophy of Medicine*, Series 1 (Lawrence, University of Kansas Press, 1950), p. 27-45. As Fulton notes, experiments on the part of many eighteenth-century scientists produced a striking array of important discoveries. For example, William Harvey’s ideas on the circulation of blood enjoyed general acceptance in the scientific community by the end of the seventeenth century, while Malpighi and Leeuwenhoek’s discovery of capillaries and their role in circulation also proved extremely important. Also significant were Stephen Hales’ discovery of oxygen and Giovanni Battista Morgagni’s experiments with pathology.

¹⁴ L.W.B. Brockliss, “Medical Reform, the Enlightenment and Physician-Power in Late Eighteenth-Century France”, in *Medicine in the Enlightenment*, ed. Roy Porter (Amsterdam, Rodopi, 1995), p. 80. See also Ruy Pérez Tamayo, “El concepto de la enfermedad antes y después de la Conquista”, in *Ruy Pérez Tamayo: Artículos de divulgación*, ed. Rosa Campos de la Rosa (Mexico City, El Colegio Nacional, 2005), p. 476. Concerning the new empirical approach, Pérez Tamayo points out that “[e]stos libros inauguraron un nuevo espíritu dentro de la medicina: la necesidad de plantear e intentar resolver los problemas de las enfermedades y sus tratamientos dentro del mundo de la naturaleza y con apego al método experimental.”

¹⁵ Brockliss, “Medical Reform”, p. 84.

¹⁶ For example, some doctors believed that new scientific ideas would simply augment and make more efficient the traditional approach to diagnosing the internal causes of dis-

century context in which Pedro de Horta practiced medicine was an era of uncertainty—a time in which the question of which intellectual paradigm would ultimately win out—pre-modern or modern; spiritual or rational; intuitive or deductive—was still in flux.¹⁷ As one author states: “The intellectual history of the Enlightenment... is the story of the working out of these macro-ideological forces.”¹⁸ In a much more localized and specific sense, the particular history of Pedro de Horta and his visit to San Jerónimo, along with his resulting report, are the story, then, of the working out of these same forces in a micro-ideological way in the life and reflections of one particular eighteenth-century physician, thinker and believer. They are illustrative of the more generalized trend in the eighteenth-century Catholic world away from exclusively religious or scientific explanations of human experience, but at the same time they also illustrate the persistent influence of traditional ways of thinking about disease in the world of eighteenth-century Puebla and in the mind of one particular contemporary doctor.¹⁹ In contrast to received narratives of the Enlightenment, in which conversion to the exclusive truth of scientific empiricism inexorably follows the abandonment of previous

eases, while others focused more exclusively on the physical manifestations of diseases and their treatment. See Brockliss, “Medical Reform”, p. 86.

¹⁷ See Luz María Hernández Sáenz, *Learning to Heal: The Medical Profession in Colonial Mexico, 1767-1831* (New York, Peter Lang, 1997), p. 27, regarding specific new scientific and medical ideas that had made their way to New Spain by the late eighteenth century, such as those of Boerhaave, Albrecht von Haller, and Gerardt Van Swieten. It is more difficult to know what new ideas Horta would have had access to, although, for example, he does cite Boerhaave’s *Practical Aphorisms* (Horta, *Informe*, 17).

¹⁸ Timothy D. Walker, *Doctors, Folk Medicine and the Inquisition: The Repression of Magical Healing in Portugal during the Enlightenment* (Leiden, Brill, 2005), p. 402.

¹⁹ See Elías Trabulse, *Ciencia y tecnología en el Nuevo Mundo* (Mexico City: El Colegio de México, 1994), p. 79. Trabulse indicates that the context of medicine in eighteenth-century New Spain fostered a slower, more careful and gradual integration of the ideas of empirical science: “Sin embargo, el largo proceso del desarrollo científico no conoce de rupturas violentas. Todo se gesta paulatinamente y los restos fósiles de tiempos anteriores a menudo conviven con las nuevas teorías.” The relative openness of Horta to new currents in science and medicine along with his comfort and familiarity with both traditional medicine and spirituality thus make sense in light of this contextual insight. See also on this same point Juan José Saldaña, “Science and Public Happiness during the Latin American Enlightenment”, in *Science in Latin America: A History*, ed. Juan José Saldaña, trans. Bernabé Madrigal (Austin, University of Texas Press, 2006), p. 55: “Scientific enlightenment in America, as in Europe, was a mental attitude rather than a unanimously accepted scientific or philosophical current. Thus, in spite of local individual or group variants, contradictions, and eclecticism, new values (like trust in reason and experimentation as well as a search for the usefulness of knowledge) gradually took hold among cultivated Hispanic Americans, in frank opposition to values that were considered traditional or old (like authority as the source of truth, Scholasticism, and fideism).”

superstitions, Horta's report provides an example of how actual eighteenth-century figures negotiated these tensions, many of the implications of which they may not have been fully aware.

Spiritual and Supernatural Healing

The tendency on the part of some eighteenth-century physicians to retain some elements of traditional medicine reflects a parallel desire to carry over into their new approaches something of a belief in the reality and importance of the supernatural side of human experience. In other words, one way of thinking about Enlightenment science and medicine is that it challenged supernatural understandings of illness in ways that physicians would have to grapple with in diagnosis and treatment. Nevertheless, in spite of changing eighteenth-century notions of the human being and the body, spiritual and non-material realities still mattered for many people both on the popular level and among educated elites.

Indeed, despite medical and scientific advances, significant questions about the body and its relationship to supernatural forces remained.²⁰ Referring to figures like Horta and others who accepted many of the essential tenets of the Enlightenment without renouncing their belief in non-material realities, Jonathan Israel suggests the existence of what he calls a "moderate Enlightenment."²¹ Consisting of what he terms a "piecemeal empiricism", Israel notes that this less radical version of the Enlightenment represented a compromise between existing professional medical structures and social hierarchies, was mostly conservative in religious and social matters and prescribed mostly cautious and gradual reforms in medical theory and practice.²² According to adherents of this approach, because of the danger that moral and religious chaos could ensue from a world

²⁰ Angelica Goodden, "Introduction", in *The Eighteenth-Century Body: Art, History, Literature, Medicine*, ed. Angelica Goodden (Oxford, Peter Land, 2002), p. 13.

²¹ Jonathan Israel, "Enlightenment, Radical Enlightenment and the 'Medical Revolution' of the Late Seventeenth and Eighteenth Centuries", in *Medicine and Religion in Enlightenment Europe*, ed. Ole Peter Grell and Andrew Cunningham (Hampshire, Ashgate, 2007), p. 6.

²² Israel, "Enlightenment", p. 14. Citing Helvetius as an example of this phenomenon, Israel asserts that Helvetius' objections to attempts to categorize all illnesses as derivative solely from natural causes represented an important perspective among early modern thinkers who wanted to retain something of a place for the divine in their worldviews.

without at least some theological understanding of reality, it was vital to allow room for the concepts of divine agency and providence beyond purely worldly or material forces.²³

Jonathan Sheehan makes a similar point in a recent article on religion and Enlightenment in the eighteenth century, stating that “religion has returned to the Enlightenment.”²⁴ According to Sheehan, recent scholarship has started to re-examine the place of religion in the development of Enlightenment thought and has found a variety of convergences that challenge received narratives on the strict separation of religion and secular knowledge over the course of the eighteenth century. For Sheehan, a more helpful way to conceptualize the Enlightenment is in terms of what he calls “a new constellation of formal and technical practices and institutions”, or, “media.”²⁵ These various media, among them new scholarly techniques, translations, book reviews, journals, and encyclopedias, all contributed to what Sheehan characterizes as an intersection between religion and secular thought in the various arenas in which voices from both sides found expression.²⁶ Not surprisingly, then, since both religious and secular voices made use of the various media at their disposal to communicate their respective messages, a certain intersection of messages inevitably occurred. Indeed, voices like Horta’s, which betray the influence of both religion and science, lend credence to the possibility that areas of convergence between religious and secular learning existed in intellectual circles such as that of medicine, steeped as they would have been in the sorts of “media” that might have trafficked in both sacred and secular learning.

Whether as a result of exposure to “media” convergences or not, some eighteenth-century figures did in fact find ways to mend the growing fissure between science and faith in often creative, original and perhaps at times unconscious manners.²⁷ In fact, in Horta’s own

²³ Israel, “Enlightenment”, p. 14.

²⁴ Jonathan Sheehan, “Enlightenment, Religion, and the Enigma of Secularization: A Review Essay”, *American Historical Review* 108:4 (October 2003), p. 3.

²⁵ Sheehan, “Enlightenment”, p. 30.

²⁶ Sheehan, “Enlightenment”, p. 31.

²⁷ See the following studies for examples of eighteenth-century physicians who negotiated tensions between religious and Enlightenment priorities: L.W.B. Brockliss, “Medicine, Enlightenment and Christianity in Eighteenth-Century France: The Library Evidence”, in *Medicine and Religion in Enlightenment Europe*, ed. Ole Peter Grell and Andrew Cunningham (Hampshire, Ashgate, 2007), p. 102-118; Claudia Stein, “Johann Anton von Wolter (1711-87): A Bavarian Court Physician between *Aufklärung* and *Reaktion*?”, in *Medicine and Religion in*

writing we see a marked tendency to combine his medical knowledge with a religious understanding of phenomena such as evil spirits and exorcisms. This combined spiritual-medical approach was common in early-modern Europe as well. In one study of convents in seventeenth-century England, for example, even a medical diagnosis based on physiological evidence was not sufficient evidence to preclude the influence of the devil, since it was believed that demonic possession could disguise itself as physical illness. Rather, what was called for was a complex process of collaboration and mutual consultation among priests and medical doctors that would ultimately permit both to treat the patient in the best way possible.²⁸

Another author describes this same process in terms of caution on the part of eighteenth-century doctors, especially in Catholic lands, to avoid precluding any possible explanations for the suffering their patients endured.²⁹ During the eighteenth century and even subsequently, it was not at all self-evident to many scientists that the best empirical evidence for the explanation of physical phenomena lay with materialist accounts. In fact much of the evidence offered by religious thinkers could seem more compelling than nascent scientific explanations, many of which eventually were discredited as empirical investigations progressed.³⁰ For that reason, many eighteenth-century doctors and scientists like Pedro de Horta found themselves in the position of advocating a degree of openness to the new scientific ideas swirling around them while also imparting a strong sense of loyalty to various possible spiritual explanations for the physiological ills they were attempting to diagnose and treat.³¹

For this reason, cooperation between priests and physicians in Catholic contexts was often viewed as essential by both groups since neither could be utterly sure of the full scope of its own expertise.³²

Enlightenment Europe, ed. Ole Peter Grell and Andrew Cunningham (Hampshire: Ashgate, 2007), p. 182-192.

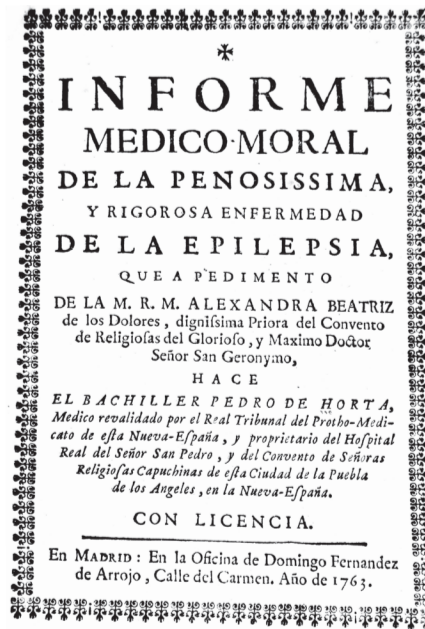
²⁸ Nicky Hallett, *Witchcraft, Exorcism and the Politics of Possession in a Seventeenth-Century Convent: 'How Sister Ursula was once Bewitched and Sister Margaret Twice'* (Hampshire, Ashgate, 2007), p. 15-16.

²⁹ H.C. Erik Midelfort, *Exorcism and Enlightenment: Johann Gassner and the Demons of Eighteenth-Century Germany* (New Haven, Yale University Press, 2005), p. 7.

³⁰ Midelfort, *Exorcism*, p. 2-4.

³¹ See Sarah Ferber, *Demonic Possession and Exorcism in Early Modern France* (London, Routledge, 2004), for a thorough treatment of this question for Early Modern France.

³² The coexistence of various explanations for physiological phenomena also fits within the context of the parallel development of natural and supernatural classification systems in



As is evident in Horta's own report, this sense of cooperation often manifested itself in manuals written by exorcists on the diagnosis of possession. According to one scholar these manuals often prescribed collaboration on the part of priests with doctors in order to ascertain the patient's physical condition.³³ Accordingly, while it was understood to be important that doctors involve themselves in the process of treating such manifestations, there was often an acknowledgement on the part of both doctors and priests that potential natural explanations could never fully exclude diabolic agency. Rather, the most important value for everyone appears to have been the cultivation of a degree of disciplinary humility in the face of the complex nature of physical-spiritual phenomena such as disease and illness. This fundamental openness to a variety of possible explanations would thus allow for the best possible overall treatment for the suffering patient, whatever form that treatment might take.

early modern Catholic lands, where there was still no one authority considered to have a monopoly over the diagnosis of physical illness. For more on this question see Moshe Sluhovskiy, *Believe Not Every Spirit: Possession, Mysticism & Discernment in Early Modern Catholicism* (Chicago, The University of Chicago Press, 2007), p. 2.

³³ See Sluhovskiy, *Believe Not Every Spirit*, p. 87.

Having surveyed the state of the literature on religion and enlightenment and examined the context of developments in eighteenth-century medical knowledge and practice, it is now appropriate to turn to the specific case of Pedro de Horta's intervention in the convent of San Jerónimo in Puebla. By examining Horta's writing and drawing out some of the implications of his approach, a greater sense of Horta's place and significance within the larger picture of eighteenth-century religion and enlightenment will emerge.

DR. HORTA AND CONVENT LIFE IN PUEBLA

Invoking the protection and patronage of the Blessed Virgin of Guadalupe, Pedro de Horta begins his medical-moral report on the Convent of San Jerónimo with a prayer to the Virgin Mary, affirming that to prolong life is the ultimate and most essential goal of the physician.³⁴ Consistent with this stated end, Horta opens his reflections with a brief history of the recent outbreak of epileptic seizures in Puebla, especially within local convents. Explaining the existence of various theories concerning why this outbreak has occurred, Horta mentions that some believe that only explanations based in natural causes are credible, while others assert demonic possession as the clear and certain cause of the disturbances. Likewise, in treating these manifestations, some recommend that only medical doctors intervene while others insist that exorcists and confessors be solely responsible for treating what they presume to be essentially spiritual illnesses.³⁵

Outlining his own unique approach, Horta praises the compassion of one of the convent's confessors, who felt especially sorry for the afflicted nuns' suffering and begged the mother superior, madre Alejandra Beatriz de los Dolores, to solicit a medical report. The goal of this report was to initiate a process that would more effectively both diagnose the causes of the seizures and recommend treatments for their various manifestations.³⁶ Horta explains that his primary

³⁴ Pedro de Horta, *Informe médico-moral de la penosísima y rigorosa enfermedad de la epilepsia* (Madrid, 1763), Introduction, p. 2.

³⁵ Horta, Prologue, p. 2.

³⁶ Horta, Prologue, p. 3.

goal in writing the report will be to relate the conclusions he has reached after careful observation in dialogue with the reasoning (*razón*), experience and authority of the principal authors of medical and theological literature.³⁷ Horta states that his primary and motivating goal is to facilitate the relief of the nuns' suffering as effectively as possible, using whatever means necessary, whether medical and scientific or spiritual and supernatural.³⁸

Although Pedro de Horta's status as either a peninsular Spaniard or a native son of Puebla is not certain, it is clear that he was a professional of some standing in the community.³⁹ As the titular physician for both the Royal Hospital of St. Peter and the local Capuchin convent and a *bachiller* licensed by the Royal Protomedicato, Horta was a respected member of the civil community as well as a medical authority that church leaders could likewise trust—a man who had presumably demonstrated sensitivity in dealing with female religious given his association with the Capuchins. Unfortunately, Horta does not provide any further information concerning the location of his medical training, although his medical license is listed as having been issued by the Royal Protomedicato in New Spain.⁴⁰

Before examining Horta's report and its relevance for the context of scientific medicine and early-modern Catholic spirituality, it is important to provide a sense of the context of mid eighteenth-century convent life in which Horta found himself when preparing his report. As Rosalva Loreto López points out in a recent study, convents played an especially important social role in Puebla society, both culturally and morally.⁴¹ Convents, both in Puebla and elsewhere in eighteenth-century Mexico and Europe, were important symbolic centers for the promotion of social and cultural values, serving as spiritual and cultural bulwarks and calling believers to emulate the religious observance they were expected, ideally, to

³⁷ Horta, Prologue, p. 4. Horta does not cite any specific authors here.

³⁸ Horta, Prologue, p. 4-5.

³⁹ See Soria and Fine, "The Medical-Moral Account", p. 736-739.

⁴⁰ According to the ecclesiastical license included at the beginning of the document, Horta's medical license was issued by the Royal Protomedicato in New Spain.

⁴¹ Rosalva Loreto López, *Los conventos femeninos y el mundo urbano de la Puebla de los Ángeles del siglo XVIII* (Mexico City, El Colegio de México, 2000), p. 21.

embody.⁴² Significant differences prevailed, however, in the rigor and style of observance in Puebla convents, ranging from the austere Carmelite and Capuchin *descalzas* to the more relaxed *calzadas*, which in Puebla included the nuns of San Jerónimo, visited and evaluated by Pedro de Horta.⁴³

Given the symbolic moral importance of convents for society, when questions arose over the course of the eighteenth century concerning nuns' faithful observance of their vows, these doubts proved relevant not just for the small number of nuns in question but for Catholic society in general. By the middle of the eighteenth century, many church authorities agreed that observance of religious vows in convents had grown lax in some places.⁴⁴ The dispute over convent reform that would come to a head not long after Pedro de Horta published his report related to the question of how nuns' lives should be structured in community. Reforming bishops and some prioresses initiated certain reforms of convent life in the mid eighteenth century, requiring "a more austere, disciplined, and community-centered lifestyle" known as the *vida común*.⁴⁵ It may also be significant that, based on the information provided about him, Horta himself served as the regular physician for the more austere convent of Franciscan *capuchinas* in Puebla, a fact that will be considered

⁴² See Margaret Chowning, *Rebellious Nuns: The Troubled History of a Mexican Convent, 1752-1863* (Oxford, Oxford University Press, 2006) and Jorge Cañizares-Esguerra, *Puritan Conquistadors: Iberianizing the Atlantic, 1550-1700* (Stanford: Stanford University Press, 2006).

⁴³ López, p. 89. For details on some of the perceived excesses of relaxed-observance convents in Puebla see also Nuria Salazar de Garza, *La vida común en los conventos de monjas de la ciudad de Puebla* (Puebla, Bibliotheca Angelopolitana, 1990), p. 12-13: "En los cinco conventos de monjas calzadas la práctica habitual de la vida particular ocasionaba una menor asistencia a los actos comunes y una independencia económica de la bolsa común. Para el aprovisionamiento individual y despensa se hacía necesario el servicio de criadas y mandaderas, lo que daba lugar al trato con los seglares, proveedores, aficionados píos, y ociosos que rondaban las rejas de los locutorios, atropellando los horarios establecidos. Aunque la disciplina conventual prohibía el obsequio a los seglares, las religiosas hacían, para los visitantes y amistades, confites y dulces..."

⁴⁴ Chowning, *Rebellious Nuns*, p. 33.

⁴⁵ Margaret Chowning, "Convent Reform, Catholic Reform, and Bourbon Reform: The View from the Nunnery", *Hispanic American Historical Review*, 85:1 (Feb, 2005), p. 1. See also Asunción Lavrin, *Brides of Christ: Conventual Life in Colonial Mexico* (Stanford, Stanford University Press, 2008), p. 138 for specific mention of the Convent of San Jerónimo in the years leading up to the major reforms. According to Lavrin the nuns of San Jerónimo celebrated no fewer than twenty-seven feasts per year, which provided ample opportunities to occupy their time: "Other ceremonies, perhaps less dramatic, but equally demanding, filled the cloisters' routines with expectation and diverted the nuns from their normal routine of meals and prayers."

below in light of some of the moral reasons Horta cites as possible explanations for the epidemic of seizures in the less observant *calzadas* convent of San Jerónimo.⁴⁶

One other consideration of note receives treatment by Asunción Lavrin in a recent study of convent life in colonial Mexico.⁴⁷ According to Lavrin, scholarship on early modern convents has begun to demonstrate that rather than perpetuating a traditional dualism of body and spirit, nuns often viewed their bodies as vehicles through which to experience the presence of God and live viscerally their desired mystical communion with Christ.⁴⁸ As Lavrin puts it, this close association for nuns between the body and the soul had important implications for the treatment of illnesses they might experience, whether physical or spiritual: "Whether the body was healthy or sick, its condition had a spiritual meaning that influenced the understanding of sickness and its treatment as well as death itself."⁴⁹ Suffering in the body could be perceived as redemptive for individual nuns' souls and was therefore not only accepted but even at times enthusiastically desired and embraced as a means of glorifying God.⁵⁰ By extension, it is worthwhile to consider whether such physical manifestations of sanctity among individual nuns might also have been perceived to reflect positively on the overall state of sanctity and religious discipline within the convents in question, a consideration not without significance in the context of contempo-

⁴⁶ Although Horta's visit to San Jerónimo took place in the 1750s, before the full onset of convent reforms in the 1760s and 1770s, scholarship on convents in New Spain demonstrates that questions and issues of observance and reform were on the minds of church officials well before the decades of the most intense reforms. For example, Nuria Salazar de Garza, in the above-cited *La vida común en los conventos de monjas de la ciudad de Puebla*, cites the following excerpt from the mid-seventeenth century archbishop of Mexico City Fray Payo de Ribera's visit to several convents: "Y en dicha visita hemos reconocido de cuanta gravedad y consideración es que dichas religiosas, madre abadesa, definitorio y demás religiosas de él, manifesten en la compostura exterior de su modo de vestir y trajes, la perfección y pureza interior de sus conciencias. Por el presente mandamos a todas las religiosas...que con ninguna ocasión, título ni pretexto pongan sobre sus hábitos y vestiduras, cintas de colores, agujetas, dijes, ni otra cosa que no sea el dicho su hábito y rosario...y que los hábitos sean de manera que cubran las sayas que visten debajo de ellos..." , Archivo General de la Nación, *Bienes Nacionales* (AGN, México), legajo 101, exp. 5, f. 9. This discontent on the part of prelates for the state of religious observance continued well into the eighteenth century, as is observed below.

⁴⁷ Asunción Lavrin, *Brides of Christ: Conventual Life in Colonial Mexico* (Stanford, Stanford University Press, 2008).

⁴⁸ Lavrin, *Brides of Christ*, p. 177.

⁴⁹ Lavrin, *Brides of Christ*, p. 178.

⁵⁰ Lavrin, *Brides of Christ*, p. 181-182.

rary concerns surrounding the state of religious observance in many convents. In any case, as Horta's report demonstrates compellingly, for a physician charged with treating nuns within this particular context, sympathy and respect for the women's understanding of their bodies' close connections with their spirits would have proved essential for the successful healing of their illnesses.

It is within this context of a convent potentially desirous, whether on a conscious or unconscious level, of demonstrating the quality of its observance amid the beginnings of movement for reform that Pedro de Horta's visit to San Jerónimo takes on meaning. As a medical doctor and practicing Catholic as well as a regular visitor to a number of the different convents of various styles of observance, Horta would have been uniquely positioned both to evaluate the particular episodes reported to him and to position them within the context of his knowledge of convent life. As will be developed later, it may also prove useful to consider whether Horta may have had his own position on the question of religious observance within convents and whether this may have colored his understanding and reporting of events and circumstances at San Jerónimo.⁵¹

⁵¹ For the context of widespread perceptions of the relaxed state of many convents' observance see Stephanie L. Kirk, *Convent Life in Colonial Mexico: A Tale of Two Communities* (Gainesville, Fla., University Press of Florida, 2007), p. 87. Kirk cites a contemporary edict from pope Benedict XIV (1740-1758) located in the Archivo General de la Nación, *Bienes Nacionales* 77 (1729-1778), exp. 20, f. 56-85, in which the pope also expresses disapproval of some nuns' religious observance: "No todas las monjas que reciben estos anuales adelantamientos de dinero, lo gastan siempre en sus necesidades sino que también algunas veces esta con no provido concejo sin mirarlo para adelante se desperdician y gastan mal gastado, para colmar de regalos y dádivas a los amigos y conocidos que viven en el siglo, la cual ciertamente le infiere y causa a la vida claustral y religiosa el postrer desastre y última destrucción." Given this document's location in Mexico and the dates for the start and close of its author's papacy, it is reasonable to surmise that the reservations it expresses toward the practices of some convents may have been known to an educated person of faith such as Pedro de Horta. For this same point see also Chowning, *Rebellious Nuns*, p. 33: "Most other elite convents in Mexico had less strict constitutions to begin with and over the years had developed customs and practices in interpretation of these constitutions that enhanced relaxation of the Rule. In particular, the vows of poverty and enclosure were often breached, and personal servants, luxuries, and a wide range of activities to which the nuns were accustomed in their worldly lives were permitted within convent walls. The convent of Santa Clara in Querétaro, for example, was described as a 'miniature city,' with interior streets connecting the cloisters and the nuns' houses with plazas, gardens, chapels, hermitages, and cemeteries. Not only was the number of personal servants very large, but the nuns were also allowed to keep birds and animals in the cloister and to sing and dance to profane songs played by the musically talented among them. In some Mexico City convents, nuns' cells were designed by famous architects, such as the elegant 'palace-cell' created by Manuel Tolsá for the Marquesa of Selva Nevada in the convent of Regina Coeli..."

PEDRO DE HORTA'S SYNTHESIS OF MEDICAL
AND RELIGIOUS HEALING

Horta's Medical Philosophy

Operating within the particular historical context of continuous scientific and medical breakthroughs coupled with the persistence of supernatural explanations for illnesses, Pedro de Horta's report on his visit to San Jerónimo offers an instructive account of how one physician negotiated the tensions and challenges inherent within eighteenth-century medicine. As both a medical doctor and a believer of evident sincerity, Pedro de Horta found himself in a position shared with many other like-minded eighteenth-century scientific and medical professionals. As Horta himself admits concerning epilepsy, a variety of theories were in effect in the mid-eighteenth century as possible explanations for a disease still considered by many to be supernaturally caused.⁵² According to Horta, while some doctors believed that only natural causes could serve as possible explanations for epilepsy, others preferred to attribute the disease to diabolical agency and therefore insisted that only exorcists were qualified to treat it.⁵³

For Horta, both of these narrower understandings seem to have appeared problematic since they each would have excluded a number of viable potential explanations for an undeniably complex physiological and spiritual phenomenon. For this reason, Horta states that the goal of his report is to proceed rationally through the various possible explanations for the episodes of epilepsy at San Jerónimo in order better to understand the forces, both natural and supernatural, possibly at work there. Horta reminds his reader of the importance of relying on right reason and the authority of the authors who have written previously on this subject:

Teniendo presente todo lo hasta aquí referido, y elegido el asunto, procuré tratarlo en breve; mas por lo intrincado de él, y la cortedad de

⁵² For the context of scientific and other understandings of epilepsy in the eighteenth century see Owsei Temkin, *The Falling Sickness: A History of Epilepsy From the Greeks to the Beginnings of Modern Neurology* (Baltimore, Johns Hopkins University Press, 1945), p. 210.

⁵³ Horta, Prologue, p. 2.

mi talento, no pude menos de difundirme, mayormente en lo Moral, en que, por extraño en esta Facultad, juzgué necesario persuadir las conclusiones propuestas con razón, experiencia, y autoridades de los más principales Autores...⁵⁴

Because his most important goal is to alleviate the sufferings of the nuns whose condition he has been commissioned to evaluate, Horta thus begins his report with a declaration of his fundamental openness to a variety of possible explanations for the physiological phenomena under consideration: “[M]i ánimo en esto no es enseñar a volar las Águilas, de que soy incapaz, sino el que los enfermos, y enfermas por cualesquiera lícitos, y posibles modos consigán su deseada salud, a lo menos alivio, aun corto.”⁵⁵ For Horta, then, whatever the ultimate conclusion of his report, the fundamental operative goal of his visit is the relief of the suffering of his patients by whatever means licit and possible, whether natural, supernatural or some combination of both.

While not excluding supernatural explanations in any way, Horta begins his report by acknowledging the importance of the contributions of medical science to the treatment of illness and disease. To this end, he cites the accomplishments of scientific studies of anatomy:

[Y] entre estas las que ha descubierto el cuchillo Anatómico, como la Cartilaginea constitución de los senos venosos del cerebro y otras causas, que de ordinario se conoce...en cuanto no se observan ni se manifiestan otras. Lo cual es suficiente para sospechar, y muchas veces para fundar probable juicio de que alguna de las ocultas causas pude ser la que produce la Epilepsia...⁵⁶

According to Horta, contemporary medical science, with its emphasis on a strict discipline of “tireless observation” of illnesses, has proven successful in diagnosing and treating illness, a perspective clearly in line with eighteenth-century medical-scientific trends as outlined earlier in this article.⁵⁷ Beginning, then, with a detailed ac-

⁵⁴ Horta, Prologue, p. 4.

⁵⁵ Horta, Prologue, p. 4-5.

⁵⁶ Horta, *Informe*, p. 70.

⁵⁷ Horta, *Informe*, p. 70.

count of some of the possible physiological causes of epilepsy, Horta offers the following description:

Son, pues, estos la Epilepsia, Movimientos convulsivos, y Movimientos espasmódicos vagos. A todos tres juntos en un sugeto o divididos, o cada uno en diverso individuo, he oido, que los Médicos, a quienes venero Maestros, llaman en las casas *Epilepsia*, o *Afecto epiléptico*: y aun a aquellos particulares convulsivos afectos, como son impedida deglución, sufocación convulsiva, asthma convulsivo, cólica convulsiva y otras muchas que o anteceden o acompañan o se siguen a los tres universales...expresando a los enfermos o enfermas, que es el mal introducido en el pecho o corazón o estómago...⁵⁸

As is evident from this excerpt, Horta is familiar with both contemporary medical research as well as the clinical and empirical language surrounding the diagnosis and treatment of physical illnesses and diseases.

Nevertheless, despite his openness to new currents in medical science, Horta also demonstrates familiarity with the practice within traditional medicine of citing precedents. For example, in order to support his points concerning diabolical agency in the causation of illnesses, Horta cites a number of biblical texts extensively and also lists several medical authorities who affirm the same truth:

Véanse acerca del demoniaco poder los siguientes Autores. El Padre Cornelio à Lapide exponiendo los Sagrados Evangelios y otros libros de la Sagrada Escritura. El Padre Miguel Ignacio de la Reguera en el Comento a la Práctica de la Teología Mística...Fray Pedro Sánchez... Fray Antonio de la Anunciación...Fray Candido Brognoli en su Alexicación de Maleficiis. Fray Ubaldo Stoiber en su Armamentario Eclesiástico...etc.⁵⁹

As this long list implies, it is clear that Horta was familiar with the tradition of citing medical precedents and that the testimony of these authors proved influential in shaping the diagnoses he suggested for the illnesses he was charged with treating.

At the same time, again demonstrating his familiarity with trends in contemporary medicine, Horta explains that many authorities believe that epilepsy is caused by problems in the brain

⁵⁸ Horta, *Informe*, p. 2-3.

⁵⁹ Horta, *Informe*, p. 20.

which allow “animal spirits” and “futile vapors” to enter in and produce convulsive spasms and movements.⁶⁰ As Horta writes:

Epilepsia es una forzada involuntaria preternatural violenta convulsiva concusión o sacudimiento de las partes nerveo-membranosas musculosas de todo el cuerpo, con privación de sentidos, causada por una espasmódica estructura de las membranas que ciñen el cerebro, espinal medulla, y nervios, y por el subseguido influjo de los espíritus animales, muy impetuoso, y violento a los órganos motores, poco y muy diminuto a los sensorios.⁶¹

From here, Horta proceeds to explain that epilepsy, along with other illnesses, is caused by a complex combination of what he calls proximate and remote causes.⁶² By proximate causes, Horta explains that he means the movement of solids and liquids in the body, which, when impeded or affected in some adverse way can complicate the proper functioning of the body. By remote causes, Horta explains that he means those causes that somehow “move” the body in some way, thereby making it more susceptible to illness and improper functioning.⁶³ To these remote causes Horta also adds the possibility that certain activities often engaged in by nuns such as meditation, imaginative reflection, and long prayer vigils may also predispose them to epilepsy since such activities would presumably facilitate the influx of liquids into the cerebrum.⁶⁴

Horta does, then, evince some degree of openness to both traditional and newer understandings of disease. For example, Horta speaks frequently in terms of “natural causes” for illnesses and asserts that doctors can and must judge the nature of such illnesses and then proceed to treat them:

⁶⁰ From Horta’s reference to “animal spirits” it is evident that he was familiar with the ideas of Georg Ernst Stahl (1660-1734), a Bavarian doctor known for his concept of “animism”, in which the soul acts directly on the body. On this point see Fielding H. Garrison, *An Introduction to the History of Medicine* (Philadelphia and London, W.B. Saunders Company, 1922), p. 317: “The body is only a passive machine, developed and guided by an immortal soul.” See also Temkin, *The Falling Sickness*, p. 183: “Since the Middle Ages a vapor arising from the uterus was believed to induce epileptic attacks. But many physicians of the Renaissance explained all kinds of hysterical manifestations too by vapors from the uterus. Vapors reaching the brain would therefore account for both epilepsy from the uterus and hysteria resulting in epileptic convulsions.”

⁶¹ Horta, *Informe*, p. 3-4.

⁶² Horta, *Informe*, p. 10.

⁶³ Horta, *Informe*, p. 11.

⁶⁴ Horta, *Informe*, p. 13.

Y así, si el Médico, según su saber y entender, halla, que la cosa habida, que se presumía poder ser causa del maleficio, no tiene virtud natural de producir la enfermedad que padece el maleficiado, entonces... juzga ser maleficio, esto es, declara solo, que la enfermedad, según su conocimiento, no es producida ni causada por causa alguna física de las que ha podido escudriñar.⁶⁵

According to Horta, then, medical doctors can and in fact must treat the physical symptoms of their patients and scrutinize them in scientific ways. Nevertheless, as is evident in his frequent citation of various earlier medical authorities, Horta has also clearly not abandoned the traditional medical practice of diagnosing and treating illnesses based on the received wisdom of the ancients.

In addition the above evidence for his familiarity with both traditional and empirical approaches to medicine, Horta's reflections also demonstrate awareness on his part of the question of whether legitimate room could be preserved within the discipline of medicine for the presence of supernatural agency as a means of diagnosing and treating illness. Horta's own answer to this question seems to fall clearly in the affirmative, as is evident in his implicit inclusion among the various possible remote causes of epilepsy of what he calls "theological causes." For Horta these include rigorous penances, "passive purgation" and, especially, possession by the devil. Returning to the citation of precedents, Horta emphasizes that medicine has often demonstrated the devil to have caused epileptic seizures and cites a long list of authors in favor of this position.⁶⁶ For example, as Horta states: [E]l demonio...con permiso de Dios puede causar, y ha causado muchas veces Epilepsia, enfermedades epilépticas y otras muchas, que no lo son."⁶⁷ Horta then goes on to explain that the devil often picks natural agents from the physical world to effect possession, thereby confusing doctors and exorcists and impeding the proper treatment of patients. For this reason, Horta em-

⁶⁵ Horta, *Informe*, p. 54.

⁶⁶ Horta, *Informe*, p. 19-20. For the additional question of the place of madness in diagnosis of illness in this period see María Cristina Sacristán, *Locura y disidencia en el México ilustrado: 1760-1810* (Zamora, El Colegio de Michoacán, 1994), p. 12: "[L]a convivencia de locos y cuerdos en el México Barroco fue posible por la coexistencia de distintas concepciones sobre la locura sin que ninguna se atribuyera la hegemonía sobre las otras...La locura se pudo interpretar como expresión de una transgresión religiosa, como pérdida de la razón y como efecto de desarreglos físico-biológicos."

⁶⁷ Horta, *Informe*, p. 15-16.

phasizes the importance for doctors of not multiplying medicines without first investigating and carefully sorting through the various possible explanations for epilepsy in each particular case.⁶⁸ Thus, what Horta appears to be advocating is a kind of measured approach, at least open to if not always initially certain of supernatural causation yet also aware of the possible deceptions of evil forces and thus likewise amenable to contemporary scientific techniques that might help cut through to the underlying spiritual causation of disease.⁶⁹

Further defining this call for collaboration between religion and science, Horta advocates a delineation of the responsibilities and purviews of medical doctors and exorcists. First of all, Horta emphasizes the limitations of medical science in the face of the complexities of human life: “[E]l conocimiento y curación de las enfermedades venesicas transnaturales, como tales, están fuera de la esfera de la Medicina, y que los Médicos aun doctísimos las ignoran.”⁷⁰ For Horta, neither all illnesses nor all aspects of them are fully treatable either by empirical science or traditional medicine; rather, the best physicians are those who remain open to the supernatural side of life and allow for the possibility of helping their patients find healing in a number of different ways. In fact, it seems that for Horta, the role of recent scientific discoveries in medicine is not so much to overtake the role of priests and exorcists in effecting spiritual healings but instead to augment their work by better identifying and deconstructing the elaborate deceptions of demonic spirits, which often disguise themselves as naturally-caused phenomena.

Nevertheless, although he portrays medical doctors and their ecclesiastical counterparts as crucial allies in the overall care of each patient, Horta does not shy away from asserting that the treatment of “natural effects” belongs to doctors alone and that, in general, doctors and exorcists should each concern themselves principally with their own respective responsibilities: “En el conocimiento y curación de la Epilepsia, afectos epilépticos o no epilépticos, que por algún tí-

⁶⁸ Horta, *Informe*, p. 30.

⁶⁹ See Temkin, *The Falling Sickness*, p. 42 for some of the ways in which physicians distinguished between natural causation and possession: “Any aberration from the usual clinical picture was suspicious... Another symptom of malign influence was given by the futility of rational treatment. The matter was beyond doubt if the patient’s behavior could not be explained on a natural basis at all, especially if he began to speak or understand foreign languages or if he prophesied.”

⁷⁰ Horta, *Informe*, p. 51.

tulo se dicen transnaturales, sobrenaturales y milagrosos, se ha de proceder con distinción, pues el Exorcista y Médico deben concurrir cada uno por el título, que...con derecho le tocare.”⁷¹ For Horta, physicians must likewise proceed with humility in approaching their patients, since the treatment of some medical problems lies beyond the sphere of traditional medicine.⁷² Accordingly, Horta suggests that doctors proceed first, before exorcists, to examine patients and determine whether their illnesses could be physiologically caused. If no satisfying evidence of physical causation can be found, an exorcist should be called to proceed with treatment of the various supernaturally-caused symptoms and manifestations.⁷³

In this assertion of the right of the doctor to treat natural symptoms first, Horta introduces an important distinction into the etiology of the causation of illness. According to Horta, illnesses are either caused naturally or supernaturally. If caused by a materially-based agent, medical doctors are responsible for treating the effects of the illness and they alone should be responsible for the initial diagnosis: “[L]o que únicamente toca al Médico es indagar, averiguar y escudriñar si es causado o proviene de causa...natural material.”⁷⁴ However, if the illness is determined not to have a natural or material cause, then the treatment of its supernatural or “transnatural” causation belongs to exorcists alone: “[Q]ue el declarar directamente sobrenatural o transnatural cualquiera enfermedad, no sólo al doctor Teólogo exorcista pertenece, pero a él sólo incumbe el ordenar y practicar los exorcismos y demás medicinas espirituales curativas de las enfermedades sobrenaturales y transnaturales.”⁷⁵

Nevertheless, although the roles of the doctor and exorcist in treating patients appear fairly distinct, Horta also emphasizes the importance of collaboration between the two in cases of what he calls “mixed sickness”, where supernatural agents act as the remote cause for the proximate cause of natural, material agents in producing illness.⁷⁶ Once again evincing his familiarity with scientific precepts of empirical investigation, Horta proceeds to affirm the progress of sci-

⁷¹ Horta, *Informe*, p. 47.

⁷² Horta, *Informe*, p. 51.

⁷³ Horta, *Informe*, p. 55.

⁷⁴ Horta, *Informe*, p. 61.

⁷⁵ Horta, *Informe*, p. 64.

⁷⁶ Horta, *Informe*, p. 66.

ence in shedding light on concepts such as cerebral cartilage, varicose tumors and various other biological phenomena.⁷⁷ Horta praises the hard work of the many scientists and doctors whose careful investigations have led to the discovery of these truths and even acknowledges that further such careful investigations could lead to a more complete and satisfying account of the origins and causation of epilepsy: “Lo cual es suficiente para sospechar, y muchas veces para fundar probable juicio de que alguna de las ocultas causas puede ser la que produce la Epilepsia, como sucede en la palpitación de corazón...”⁷⁸ However, Horta also reminds his reader that supernatural causes of illness are equally difficult to ascertain and so also require a similar type of vigilance and patient investigation.

Horta admits as much in his insistence that medical doctors should only diagnose and treat those aspects of illness related to natural causation:

Parece que al Médico corporal en las enfermedades presumidas preternaturales, sobrenaturales, divinas, milagrosas o causadas por especial particular divina providencia, sólo toca el declarar, si conoce, presume o no, causa...natural material, que cause la enfermedad que se discurre preternatural, divina, milagrosa o sobrenatural...⁷⁹

Horta also affirms this point in his repeated insistence throughout his report on the importance for medical doctors of retaining a certain degree of disciplinary humility before the complexity of physical-spiritual phenomena:

[A]unque los Médicos tuvieran ciencia, o conocimiento de todas las cosas naturales, como la tienen los Ángeles, y los demonios, y exactísimamente curaran, con todo de ninguna manera pudieran por si mismos restaurar y restituir la salud a los que padecen enfermedades diabólicas o transnaturales, usando solamente de remedios...naturales, sino dándoles Dios nuestro Señor a los Médicos alguna virtud, o fuerza superior a los demonios, que causan las diabólicas enfermedades...⁸⁰

Clearly aware of both the strengths and the limits of medical science, Horta seems convinced that only a more holistic approach

⁷⁷ Horta, *Informe*, p. 70.

⁷⁸ Horta, *Informe*, p. 70.

⁷⁹ Horta, *Informe*, p. 99.

⁸⁰ Horta, *Informe*, p. 137.

in which both body and spirit play a role can ultimately effect integral healing for the patients under his care.⁸¹

Closely resembling the approach of numerous other eighteenth-century thinkers who saw little or no conflict between natural and supernatural agency in the causation of illness, Horta proceeds to outline his own particular synthesis of how best to combine these two approaches in complementary and collaborative ways.⁸² For Horta, the most important task for medical doctors is to diagnose naturally-caused illnesses with a proper technique founded on the rigors of empirical observation.⁸³ To this end, Horta recommends against the irresponsible administration of “violent” medications that do not truly help those who are suffering and insists instead that the use of medications should not be uniform for all patients. Following a more empirical approach, Horta insists on the importance of strict “clinical-practical” observation in order properly to treat each patient:

[N]o todos los [medicamentos] que contra cada universal accidente se señalan, se ejecutan en cada individuo que lo padece, pues según la singular causa, idiosincracia y demás específicas e individuales circunstancias, unas medicinas convienen a unos, y otras a otros...y así, para la diestra, acertada y segura administración de medicinas en estos accidentes, conducen, y dan las necesarias luces las doctrinas, dictámenes, observaciones y cautelas clinico-prácticas...⁸⁴

As this excerpt demonstrates, while Horta is aware of recent trends in clinical empirical medicine he also favors a combination

⁸¹ See Temkin, *The Falling Sickness*, p. 208, for what he terms a new type of physician that emerged in the eighteenth century: “It is the scientifically trained and scientifically interested practitioner who is an eclectic rather than a dogmatist. A classical scholar, he is yet conscious of the progress of his times and inclined toward contempt for the Middle Ages. He is full of optimism in the exertion of his art and trusts in observation and his power of reasoning.”

⁸² See Sacristán, *Locura y disidencia*, p. 15-16 for some ways in which eighteenth-century doctors negotiated tensions between faith and reason: “Se ha afirmado que en México a mediados del siglo XVIII tuvo lugar ‘el desplazamiento del interés religioso por el político-social’, y que al culto novohispano no se lo podía definir como ‘hombre de fe’ sino como ‘ser social.’ Sin embargo, algunas interpretaciones sostienen que incluso el ilustrado novohispano parece debatirse entre la razón y la fe; no ha podido abandonar el principio de autoridad de las Sagradas Escrituras o de los padres de la Iglesia, extendiéndolo al dogma, a las ciencias, a las artes y en general a cualquier tipo de conocimiento.”

⁸³ Horta, *Informe*, p. 99, 103.

⁸⁴ Horta, *Informe*, p. 114-115.

of these insights with treatment options suggested by traditional belief in the possibility of supernatural causation of illness.⁸⁵

Practical Application of Horta's Approach

Another consideration concerning Horta's motivations and approach to the writing of his report relates to the nuns of San Jerónimo themselves. As discussed above, although Horta's report was published just before the start of the most intensive phase of eighteenth-century convent reforms, it is important to note that, as a convent of *calzadas*, during the time of the major reforms of the 1760s and following, San Jerónimo found itself the target of various reform initiatives. Accordingly, although not precisely related to the enlightened reforms that would follow, it is not unlikely that controversies surrounding the state of religious observance in San Jerónimo may already have begun to stir in the time preceding and corresponding to Horta's visit. Moreover, Horta was aware of this more specifically moral aspect of convent life, a fact highlighted both by the title of his report and by his reference to "lo moral" as one of its most essential aspects.⁸⁶ Nevertheless, despite his official role as physician for a potentially rival convent of *descalzas*, over the course of his report Horta never appears to engage directly with issues internal to the governance of San Jerónimo. In fact, in the introduction to his report, Horta has kind words for madre Alejandra Beatriz de los Dolores, the prioress of San Jerónimo:

Viendo esto la caritativa, y zelosa Prelada, que desde mucho antes solicitaba el remedio a todo lo que le parecía digno de remediar en su

⁸⁵ In this Horta's work accords with a trend in medicine during the first half of the eighteenth century in New Spain highlighted by Carlos Viesca Treviño. According to Viesca Treviño, medical practice and theory in Mexico in the first part of the eighteenth century did not diverge immediately from the older model of traditional medicine. Rather, as Viesca Treviño points out: "[L]a cultura novohispana no pasó automáticamente del conservadurismo que había imperado durante el dominio de los últimos Hapsburgos a las nuevas formas de aprehensión de la naturaleza, ya que al fin a y al cabo una de las propuestas centrales del pensamiento ilustrado fue una nueva consideración de la naturaleza, comprendida como algo que es entendible, clasificable, y a partir de ello, domesticable, es decir utilizable por el hombre." See Carlos Viesca Treviño, "Medicina e Ilustración", in *Medicina novohispana: siglo XVIII*, v. IV, *Historia general de la medicina en México*, ed. Carlos Viesca Treviño (Mexico City, Universidad Nacional Autónoma de México and Academia Nacional de Medicina, 2001), p. 165.

⁸⁶ Horta, *Informe*, Prologue, p. 4.

Convento, me pidió, así mediante una Religiosa, como inmediatamente su Reverencia, el que , para el recurso, remedio, o providencias, que le deseaban, e intentaban, hiciese informe de la Epilepsia.⁸⁷

Clearly sympathetic to the plight of the nuns afflicted with epilepsy at San Jerónimo, Horta continues by expressing his respect for their mother superior even more explicitly as well as his compassion for their situation:

Fue este mandato [de la madre superiora] tan respectable, que, aun considerando lo árduo del informe, emprendí el hacerlo, deseoso de obsequiar a quien me mandaba, que tanto respeto, y venero, y de que se diese una acertada providencia, que aliviase, y sanase a las enfermas, que con tanto sentimiento mío, y universal compasión padecían.⁸⁸

Expressing, then, a “universal compassion” for the plight of the nuns, Horta states that it will be his goal to moderate previous treatments administered to them that have proven too extreme: “[Y] que moderase, o pusiese medio a los dictámenes, que se juzgasen extremosos.”⁸⁹

Although Horta’s comments about San Jerónimo are all ostensibly positive, his descriptions of the case of one particular local historical figure may betray something of his own perspective as the resident physician of the more austere Puebla convent of *capuchinas*. Specifically, while elaborating on the agency of diabolic spirits in the causation of illness, Horta mentions the case of madre Juana de la Magdalena, a late-seventeenth century nun from the convent of La Concepción, also in Puebla and also, like San Jerónimo, a convent

⁸⁷ Horta, *Informe*, Prologue, p. 4.

⁸⁸ Horta, *Informe*, Prologue, p. 4.

⁸⁹ Horta, *Informe*, Prologue, p. 4. Roberto Calva Rodríguez also reproduces a number of important pieces of correspondence from San Jerónimo, which appear to confirm Horta’s assessment. For example, in a letter from Madre Alejandra to a local vicar who had requested information about the outbreak of epilepsy, she communicates how she balanced her desire to maintain religious observance in the convent with her compassion for the nuns’ plight: “[D]ebo decir que hallándome con las aflicciones y temores estimulados de mi empleo, en una invencible complicación en que balanceaba: por un lado la clausura y religiosa observancia; y por otro, la caridad y compasión con que a vista de su padecer; deseaba no excusarles el consuelo, habiendo llegado a estos temores en los últimos tiempos del mal, a lo sumo en mi conciencia, por haber llegado también a tal grado el accidente de algunas...” (Calva Rodríguez, *Reseña*, p. 54).

of the more relaxed *calzadas*.⁹⁰ According to Horta, both madre Juana and a local “strong woman” named doña María de Vela suffered from diabolic possession but could be temporarily relieved of their sufferings and enabled to receive communion through the agency of an exorcist.⁹¹ Horta goes on to characterize the gravity of madre Juana’s sufferings, describing them as “diversos, peregrinos, y rigurosos tormentos, causados por los demonios.”⁹² He then explains that, finally, despite the temporary relief afforded madre Juana by various exorcists, it was only the direct intervention of the bishop of Puebla himself, don Manuel Fernández de Santa Cruz, that definitively ended her suffering:

[M]uchas veces...estuvo esta Religiosa muy afligida, y algunas casi en puntos de morir con los tormentos que le hacían los obsidentes demonios, que la vejaban, privándola, arrojándola contra el suelo, y otros muchos, y diversos martirios...[que] por último, después de haber padecido dicha Madre Juana por varios años muchísimos martirios, el Ilustrísimo Señor Doctor Don Manuel Fernández de Santa Cruz, Obispo de esta Ciudad de la Puebla, la libertó totalmente de los demonios obsidentes, que la atormentaban, con el específico alexicacán de los exorcismos...⁹³

Citing madre Juana, therefore, as an example of the efficacy of exorcism in curing certain diabolically-caused ailments, Horta also refers back to her case in hinting at what may have constituted the origins of her suffering. Intriguingly, according to Horta, madre Juana’s afflictions only began after she made significant changes in her life and converted to a more austere mode of observance of her vows:

Desde que se convirtió dicha Madre Juana a mayor vida, con permiso de Dios la comenzaron a perseguir los demonios, que alargándoseles la divina permisiva licencia, llegaron a vejarla tanto, que la ponían en puntos de morir, privándola con golpes, y otros muchos diversos

⁹⁰ Horta, *Informe*, p. 89; See also Loreto López, *Los conventos*, p. 89.

⁹¹ Horta, *Informe*, p. 89.

⁹² Horta, *Informe*, p. 205.

⁹³ Horta, *Informe*, p. 256. Horta’s reference to Bishop Fernández de la Santa Cruz indicates that the episode of madre Juana would have taken place during his tenure as bishop of Puebla (1676-1699). For more on Bishop Fernández de Santa Cruz see Miruna Achim, “Mysterries of the Heart: The Gift of Bishop Fernández de Santa Cruz to the Nuns of Santa Mónica”, *Colonial Latin American Review* 14:1 (June 2005), p. 83-102.

inexplicables martirios, que la infernal furia de aquellos verdugos cada día nuevamente inventaba.⁹⁴

According to Horta, then, madre Juana's sufferings were less a punishment for lax observance of her vows than a kind of divinely-inspired martyrdom meant to call others to conversion away from their own relaxed observance of religious life.

Horta confirms this suspicion with another anecdote from the life of Madre Juana, in which her confessor is finally able to question directly the spirits that possess her:

[S]e le dio cuenta a su Ilustrísima el Señor Don Manuel, quien habiendo venido, como solía otras veces, a hacer Plática, entró su Ilustrísima [al] confesionario, en donde con Eclesiástico precepto compelió al demonio, a que para las preguntas necesarias, sin hacerle daño a la paciente, subiese a la lengua, y al escuchar las imperiosas voces de este dignísimo Exorcista, con las roncadas suyas, entre amenazas, y quejas, empezó el infernal dragón a decir: *Que me la quit[els, que me la quit[els;* estando en la lengua le mandó dijese, que por qué causa había ejercitado tan desapiadadamente aquella Sierva de Dios nuestro Señor, cuya pregunta le hizo en el Idioma latino, y en el mismo le respondió, que para purificarla a ella, y reformar a las otras, pues a vista de tan lastimoso espectáculo se confundían.⁹⁵

In the words of the diabolic spirit itself, then, Horta demonstrates that the "lastimoso espectáculo" of madre Juana's suffering was necessary in order to elicit reform of the nuns' lax observance of their vows in another convent of relaxed observance in Puebla, a half century earlier.

Thus, as this episode demonstrates quite colorfully, Horta seems to have believed that, at least in the particular case of Madre Juana, diabolic possession and its epileptic symptoms could be attributed to the workings of divine agency in seeking to inspire reform of nuns' relaxed religious observance. For that reason, since his tone toward madre Alejandra and the nuns of San Jerónimo itself is respectful and deferential from the beginning, Horta's use of the story of madre Juana, herself also a member of a *calzadas* convent, thus may represent a subtle way in which he could both criticize lax

⁹⁴ Horta, *Informe*, p. 273.

⁹⁵ Horta, *Informe*, p. 275.

observance in *calzadas* convents and recommend the implementation of reform as a means of treating illnesses that appear to result from an implied lack of proper religious observance.

Another perspective on this question is also evident in documentation and testimonies from some of the afflicted nuns themselves collected by Roberto Calva Rodríguez and included in his volume on Horta. According to the testimony of a number of the nuns, virtually nothing worked to alleviate their sufferings until, collectively, the convent decided to swear allegiance to the Virgin of Guadalupe as its special patroness.⁹⁶ Although the available documentation is silent on the concrete motivations for this collective measure, given the existence of a number of testimonies the nuns gave in favor of the oath to the Virgin as the source of their healing, it seems at least very possible if not reasonably likely that the oath was undertaken with the hope of facilitating an end to the epileptic crisis.⁹⁷ In light of the work of Asunción Lavrin, it is also possible at least to consider the possibility that the significant number of nuns whose severe physical sufferings were miraculously healed may also have been perceived to reflect well on San Jerónimo in the context of movements toward reform of conventual life.⁹⁸ Regarding the nuns' collective oath, it is also instructive that Horta himself

⁹⁶ For example, see the testimony of H. Ignacia María Ana Guadalupe de San Bernardo, who provides the following explanation for the relief of her sufferings: "[L]a opresión de corazón no hay términos con qué explicarla, pero se deja entender siendo la principal parte que tiranizaba el accidente; mucho menos puede explicarse lo que padeci en el alma, que esto solo el día del juicio se sabrá. De todo lo dicho, me hallo libre desde el día en que juramos a nuestra Reina y Señora de Guadalupe por Patrona; que fue el 18 del mes de julio. Sin haber sentido todo este tiempo cosa alguna de las referidas, lo cual por ser así verdad, puedo afirmarlo con juramento a mayor honra y gloria de María Santísima que sea bendita y alabada eternamente" (Calva Rodríguez, *Reseña*, p. 63-64).

⁹⁷ For another example of a nun's belief in the efficacy of the oath to the Virgin see the testimony of Josefa María Ana de Guadalupe del Sacramento: "Acabada de comulgar en actual presencia del Señor, juro por patrona y especial abogada mía a nuestra Señora María Santísima de Guadalupe, me dieron un fuerte tronido todos los huesos que tenía salidos, sumidos y desencajados y se fueron poniendo todos en su orden, la hendidura del pecho se cerró que para unirse éste, todo el cuerpo se me estremeció, los nervios que tenía encogidos desde el centro de la cabeza hasta la planta de los pies con otro de los brazos, se me cernían y tronaban y rechinaban como unos cueros duros y todos los demás efectos interiores, a una cernida que me dio la cabeza se me desaparecieron. Todo esto en un brevísimo instante que el mismo gozo de hallarme libre me dejó como un cuarto de hora como desmayada, sin saber cómo alabar a María Santísima" (Calva Rodríguez, *Reseña*, p. 99).

⁹⁸ See Lavrin, *Brides of Christ*, p. 181-182 for treatment of nuns' desire for physical suffering and sickness, a reality that may also have implications for how convents with nuns undergoing these sufferings would have been publicly perceived.

begins his report with a prayer to the Virgin of Guadalupe, imploring her intercession as he attempts to alleviate suffering and bring about healing: "Prolongar la vida es el blanco de mi Facultad, y sólo extendiendo Vos el patrocinio, puedo emprender proyectos de mi empleo."⁹⁹ Although Horta does not mention the oath specifically, it is quite possible that he knew of it and that his opening prayer in some way represents an acknowledgement of the Virgin's role in helping to bring about the nuns' eventual healing.¹⁰⁰

Horta confirms what appear to be his overall sentiments in favor of convent reform with a succinct summation of his recommendations, as both a doctor and believer, for the relief of the suffering of the nuns of San Jerónimo:

Las divinas preces, reforma en la vida, y costumbres, ejercicio en todo género de virtudes, oración, ayuno, frecuencia de Sacramentos, a excepción de los exorcismos, o preceptos Eclesiásticos, auxilian también, convienen, y aprovechan a todos los que padecen enfermedades...naturales, pues así se consigue el que Dios nuestro Señor, que es origen, y fuente de todo bien, siendo conveniente, concurra al buen éxito, y salutífera operación de los remedios...naturales, diestra, metódica, y racionalmente aplicados, y que todas las cosas que se necesitan para este efecto, cada una concurra, como debe concurrir.¹⁰¹

Thus, for Horta, proper reform of religious observance is important not just as a means of alleviating diabolic possession but also for the proper functioning of the very sort of natural effects and cures of which he had knowledge and expertise as a medical doctor. In concluding his report, then, Horta asserts that both scientific medicine and proper spirituality represent essential elements of an integral, holistic approach to the healing of physical suffering. Horta then insists once more that medical science is both necessary and useful for the treatment of illnesses and proceeds to articulate in a more definitive way his own particular synthesis of the various natural and supernaturally-based treatments available at the time. Horta also acknowledges that supernaturally-oriented treatments are likewise crucial and that, overall, what is most important is to

⁹⁹ Horta, *Informe*, Prologue.

¹⁰⁰ See Lavrin, *Brides of Christ*, p. 181-182 for more on the tendency of nuns to attribute what they perceived to be healing of their physical illnesses to divine intervention.

¹⁰¹ Horta, *Informe*, p. 281-282.

proceed in whatever ways necessary in order properly to treat patients and relieve their sufferings: “[P]ues de esta manera de regular curación se intenta todo lo que puede ser necesario para el alivio y sanidad del enfermo.”¹⁰²

Despite any reservations he may have had about the quality of the nuns’ observance of their vows at San Jerónimo, Horta ends optimistically, reaffirming his belief in the capacity of the various healing arts to effect relief from physical and mental suffering in those whom they treat. Reasserting the importance of allowing for both natural and supernatural causation of illness, Horta sums up his report with an affirmation of his belief in the goodness of God, who wishes to heal illness and alleviate suffering: “Dios, nuestro Señor, en cuanto es de su parte, por su infinita bondad, misericordia y fidelidad en sus promesas siempre quiere con voluntad de signo librar a todos los hombres de cualesquiera vejaciones demoniacas...”¹⁰³

Although the lines of demarcation between the treatment of patients by medical doctors and exorcists are not always clear, and issues of moral fault may potentially be at work in the trajectory of each patient, for Horta the primary and determining goal for all aspiring healers, whether medical or religious, must be to provide the best possible treatment for each patient, seeking whatever will most fully alleviate their suffering and restore them to physical health and emotional and spiritual well being.

CONCLUSION

Working within an eighteenth-century context of overlapping and yet to an extent mutually exclusive approaches to the treatment of illness, Pedro de Horta stands as an example of one contemporary physician who found a way to combine various elements of these different approaches in a manner that he felt served the best interests of his patients, both physically and spiritually. Operating as he did within an historical context tied to the transition from traditional medicine to empirical science and the related debates

¹⁰² Horta, *Informe*, p. 125.

¹⁰³ Horta, *Informe*, p. 200.

surrounding the legitimacy of supernatural explanations of physiological illnesses, Horta navigated a series of difficult tensions among the leading scientists and theologians of his day. Nevertheless, it seems clear from his report that these tensions never overwhelmed the strength of his own sense of vocation as both a physician and a believer to treat illnesses and save souls as best he could, using any legitimate and efficacious means available to him. For that reason, Horta's particular way of combining empirical medicine with an acknowledgement of supernatural agency in the causation of illness is not so much about his belief that either approach had the fullness of the truth on its side. Instead, Horta's synthesis demonstrates a certain degree of intellectual humility and ideological flexibility that allowed him to remain open to and hold in tension a variety of different approaches to healing.

Still, given the preponderance of references to supernatural realities in his writing and his own evidently sincere personal faith, it appears that, in the end, Horta does at least to some degree privilege religion as the definitive answer to questions of integral healing. Science and medicine, while important and legitimate, ultimately are tools by which to clarify the operation of supernatural forces in the physical world—methods by which to identify and combat the deceptions of demonic forces. This is also true in terms of Horta's sympathy both for the nuns' plight as well as aspects of their spirituality, with its firm conviction of the inseparability of body and spirit in both the provenance and treatment of illness and disease. While not fully conclusive, Horta's report, along with additional documentation from the nuns themselves, also poses intriguing questions about the state of religious observance in San Jerónimo on the eve of a widespread movement for convent reform and the role the physical sufferings Horta was charged with healing may have played, whether conscious or unconscious, in anticipating or perhaps preemptively responding to criticisms of the state of convent life.

Overall, in his measured approach, with its overarching supernatural emphasis combined with openness to recent scientific discoveries, Horta proved himself a physician both firmly rooted in tradition and simultaneously ahead of his own time in his ability to bridge, whether consciously or not, a variety of emerging epistemological and theoretical gaps and thus open up more possibili-

ties for the diagnosis and treatment of patients. Horta, then, stands as someone who, in an age of transition and change, held fast to some aspects of tradition while simultaneously remaining open to new and innovative explanations and approaches to the art of healing. Horta's fundamental openness to a variety of perspectives, paired at the same time with his steadfast commitment to the operative reality of supernatural forces, served him well in his overall quest to function as an instrument of healing for the bodies and souls entrusted to his care.

Artículo recibido el 6 de julio de 2009
y aprobado el 26 de agosto de 2009

