

The Coexistence of Traditional and Modern Medicine in Costa Rican Sketches of Manners

Kristine Seljemoen and Kari Soriano Salkjelsvik

Abstract

The historiography of medicine in Costa Rica, and Latin America in general, tells the story of a constant rivalry between traditional and modern medicine. However, more recent studies claim that the relationship between these seemingly contradictory fields is far more complex. In this context, this article analyzes representations of different types of practitioners (doctors, home-nurses, and apothecaries) and the use of home remedies in Costa Rica in the second half of the nineteenth century from a literary point of view. It focuses on a selection of sketches of manners published in Costa Rican newspapers and a few advertisements, which offer the vivid image of a dynamic coexistence between the different types of medical practitioners and practices. Although the sketches of manners often endorsed liberal reforms that were believed to be necessary to promote progress and modernization in a young nation's formative years—essentially supporting modern practitioners of medicine—they also illustrate the fact that the lines that traditionally divided the practices of traditional and modern medicine were less clear than initially perceived. For this analysis, the two following sketches have been selected: the anonymous text “Muletillas” (1890) and “Personas Serviciales” (1900), the latter written by the Costa Rican man of letters Teodoro Quirós.

Introduction¹

When businessman Adolphe Carit opened the first *botica* or drugstore in the State of Costa Rica in 1833, his shop offered medicines and natural reme-

1 This article is an expanded version of a chapter of Kristine Seljemoen's master thesis “Médicos, curanderos, boticarios y dentistas: representaciones de la medicina en el costumbrismo costarricense”, defended at the University of Bergen the fall semester of 2019 (see <https://hdl.handle.net/1956/21114>, accessed July 7, 2021).

dies as well as wine and liquors (Palmer 2003: loc. 262-292). The image of a French merchant selling drugs while trying to educate the small and peripheral population of San José in the secrets of enology might seem somewhat adventurous; yet, it illustrates some of the characteristics that define nineteenth-century Costa Rican practices in the field of medicine and healing: it marks the beginning of their slow insertion into a liberal and international global market of knowledge and products, the important role of foreigners in the institutionalization of modern medicine in the country, and the accepted convivence of traditional and modern medicine and remedies throughout the century.

Studies on nineteenth-century Latin American medicine portray a rivalry between two clearly separated factions: traditional medicine and modern medicine. Traditional medicine—also known as popular, unconventional, non-Western or, more recently, alternative medicine—is culture-bound and refers to historical medical practices that existed before the introduction of modern medicine in Costa Rica at the end of the eighteenth century. Popular medicine resists institutionalization, as it is based on cultural, historical, and personal experiences, often transmitted orally between generations. Modern medicine—also known as Western, conventional, or mainstream medicine—is an institutionalized practice that involves physicians, scientific networks, educators, politicians, and professional organizations. With its new scientific methods and forms of diagnosis and treatment, the rise of modern medicine revolutionized nineteenth-century healthcare all over Latin America. Within this context, nineteenth-century modern Costa Rican doctors were perceived by scholars as the possessors of scientific knowledge and political power, while, on the other hand, healers were portrayed as targets of relentless persecution and mistreatment by both doctors and the government.

The goal of this article is neither to completely break away from this discourse nor reject the fact that a rivalry existed between the different types of medical practitioners but to bring forward some nuances to the discussion in the context of Costa Rica. To do this, we explore these frictions and how they were articulated in a selection of Costa Rican sketches of manners.² Written

2 In this article, we use the term “sketch of manner” to refer to popular short texts depicting local daily scenes, habits, and social types that appeared in the nineteenth-century press. Although the terminology might vary (see Ana Peñas 2016), in Spanish, they are often called *cuadros* or *artículos de tipos y costumbres*, a small literary genre

in the last decade of the nineteenth century, these brief texts disclose the complex dynamics between the different medical practices of that period. Apart from containing valuable descriptions of different health practitioners—such as doctors, healers, apothecaries, and dentists—as well as references to numerous remedies, the nineteenth-century sketches of manners offer the opportunity to investigate, in a way that cannot be done through the use of other sources, the complicated relationship between traditional medicine and modern medicine as well as the symbolic role trained medical doctors acquired in the political and cultural project brought to Costa Rica by liberal reforms. This study will focus on the figures of doctors and nurses as well as on their therapeutic activities, as represented in the anonymous sketch “Muletilas” (1890) and in “Personas Serviciales” (1900), written by Teodoro Quirós. These short literary pieces reveal how seemingly opposing approaches to medicine remained interconnected in nineteenth-century Costa Rica and could not be as easily separated as disciplines as traditional historiography claims. Further, they allow us to discuss how ideas about medicine can serve to reinforce the liberal script of progress that dominated the last decade of the century or, conversely, to question it.

Medical practices in nineteenth-century Costa Rica: A somewhat special case

At the beginning of the nineteenth century, all Costa Rican medicine was “popular”, and the small population of around 50.000 people did not have access to any modern doctors, surgeons, or pharmacists. In *From Popular Medicine to Medical Populism: Doctors, Healers, and Public Power in Costa Rica, 1800-1940* (2003), Steven Palmer argues that the historiography of Costa Rican medicine has been (wrongfully) influenced by a romantic conceptualization of popular medicine. Palmer suggests that there is a tendency to consider herbalism as a purely local and organic phenomenon when, in fact, it has

filled with humorous notes and a critical look at society. The samples we have chosen appeared in the Costa Rican press during the second half of the nineteenth century. In general terms, the sketches of manners are part of a literary genre known as *costumbrismo*, an umbrella term that encompasses different sub-genres that describe traditions, customs, and everyday manners. For a discussion about this genre in the Spanish-speaking world, see Pillado in this volume and Salkjelsvik and Martínez-Pinzón (2016).

been part of a highly developed trade in Latin America since the sixteenth century.³ Moreover, wisdom about health had been circulating for a long time on an international level through travel and written compilations for home-use that included recipes for both herbal remedies and treatments originating from other cultures and through manuals based on scientific research. Palmer also points out that most studies about the history of Latin American medicine are about countries with heavy indigenous influences on popular medicine, where exotic and mysterious figures, such as the shaman, have been given a prominent role. For this reason, they do not apply well when trying to understand all histories of popular medicine:

Studying Costa Rican popular medicine provides a picture of that other, perhaps less spectacular but no less important domain of common Latin American healing—one that more often than not complemented and emulated the realm of official medicine, even while contesting its pretensions to monopoly and final truth. (Palmer 2003: loc. 214)

Costa Rica had witnessed its fair share of magic, herbs, and healers; however, the consolidation of conventional medicine in the country during the nineteenth century represents, in general terms, a distinctive dynamic of influences compared to other countries on the continent. The relationship between traditional medicine and conventional medicine was, in fact, far more complex; although the scientific processes of the nineteenth century certainly changed everyday life and transformed a healthcare system that relied entirely upon popular medicine, it did not eliminate it.⁴ Doctors were acquainted with popular medicine, which gave them the necessary knowledge to prescribe

3 There were, of course, geographical differences in the distribution of remedies through the continent. Sick people and healers in the Latin American periphery, such as Costa Rica, did not have access to as many imported medical products as in larger urban places such as Mexico City or Buenos Aires. However, it has been documented that imported herbal products and recipes for their application also reached Costa Rica and that the quantity of these increased systematically as the nineteenth century progressed (Palmer 2013: loc. 284-330).

4 Palmer divides the history of Costa Rican medicine into two main periods: the first starts in the late colonial period and lasts to the end of the century, and the second is from the 1890s to the 1940s. During the first period, it is especially difficult to distinguish different groups of medical practitioners and label them specifically as either modern or traditional, as there was a tendency of overlapping practices (Palmer 2003: loc. 86-91).

remedies from their seemingly conventional platforms; at the same time, rather than being solely based on organic herbal medicine, healers were, on their part, influenced by nineteenth-century science (Palmer 2003: loc. 271-286, 347-352).

Although *curandería* (quackery) was forbidden in 1850—thus creating a new legal frame for medical practices (Irigibel-Uriz 2011: 46)—, the power to enforce the new regulations had its limitations, as in many locations throughout Costa Rica there was no access to doctors and modern medications. Therefore, as Juan José Marín Hernández has pointed out, the government issued provisions to said law in 1851 and again in 1853. The first allowed judges to use healers if no doctors were available, and the second set the fees for the cures carried out by these healers (Marín Hernández 1995: 14). This fact shows not only a nuanced approach to the political and institutionalized use of medicine in that period but also clearly marks the start of a political tradition where the government systematically operated with a mentality of tolerance reinforced by mutual need. The said tolerance largely explains why Costa Rican popular medicine not only survived but thrived despite substantial political changes, which led to the modernization of the country.

During the last two decades of the nineteenth century, Costa Rica slowly transitioned from a tradition of government change through military coups or election fraud⁵ to more democratic elections and the formation of political alliances. When José Joaquín Rodríguez Zeledón (1838-1917), a conservative of the *Democratic Constitutional Party*, won the election of 1890, he suspended the congress and secured power through personalist and clientelist politics.⁶ A

5 As John A. Booth (1998: 40) noted, between 1835 and 1899, “Costa Rica was ruled by generals—usually *cafeteros*—over half of the time”, resulting in over 36 % of the period being ruled by the military. The period was defined by political instability, witnessing the approval of six different constitutions, and numerous coups. Civilian governments were generally short-lived (Booth 1998: 40). The electoral campaign of 1889 was a breaking point in this tendency, as it saw the emergence of an early democracy with the first two political parties in the country’s history: the *Democratic Constitutional Party*, a group of conservative tendencies, and the *Liberal Progressive Party*. However, both of them disappeared as soon as the election was over (Salazar Mora/Salazar Mora 1991: 12-14).

6 Under his rule, alliances were ephemeral, and even the *Democratic Constitutional Party* was divided into three groups: *The Catholic Union Party*, a clerical party, the *Partido Independiente Demócrata*, a radical organization, and the *Partido Civil*, which united the supporters of Rodríguez’s son-in-law Rafael Anselmo José Iglesias Castro (1861-1924).

lawyer by profession, he had distinguished himself as the Magistrate of the Supreme Court of Justice. During his presidency, he promoted public hygiene and favored public education. He also inaugurated the telephone service and started the construction of the National Theatre in an effort to modernize Costa Rica. At this time, political parties behaved as personalistic groups that disappeared when their leaders retired or changed political alliances. In fact, the personalism was so strong that the followers did not identify themselves politically by their party's name but rather by that of their candidate, such as *rodriguistas*, *iglesistas*, etcetera. This strong personalism poses a difficulty when trying to define the ideology of the period's different presidencies clearly. Orlando Salazar Mora and Jorge Mario Salazar Mora have argued that during the elections of 1893, "the non-ideological character of these groups allowed a series of pacts or alliances [...] between the People's Party (liberal) and the Catholic Union (clerical): the fusion between churchmen supporters and liberals" (1991: 15).⁷ That year, the government approved the presidency of Rafael Yglesias Castro, the candidate supported by Rodríguez Zeledón. Yglesias suspended individual guarantees and imprisoned the *Catholic Union Party's* candidate José Gregorio Trejos Gutiérrez and numerous opposition voters (Obregón Quesada 2000: 207-208).⁸ He governed until 1902 with a liberal modernizing program that many years later, in 1981, awarded him the title of "Benemérito de la Patria". He completed the railway connection between the Atlantic and Pacific oceans and built up the coastal town of Puerto Limón, funded the first scientific expedition to Islas the Coco, established an emergency healthcare system in the provinces, approved the creation of the *School of Pharmacy*, inaugurated the National Theatre, and built the electric tram in San José, among other modernizing programs. To sum up, the small group of intellectual elites that dominated the political and cultural scene of Costa Rica at the end of the nineteenth century was characterized by conflicts and bitter disputes, even though they shared some common goals.

The trial of creating an official medical education program in Costa Rica was long and tedious. The first modern physician, Dr. Pablo de Alvarado y

7 "[...] el carácter no ideológico de estas agrupaciones permitió una serie de pactos o alianzas [...] el Partido del Pueblo (liberal) y La Unión Católica (clerical): la fusión entre iglesistas y liberales." All translations are ours unless otherwise noted.

8 After the elections, the *Catholic Union Party* practically disappeared as Yglesias approved a constitutional reform in 1895, which prohibited the use of religious beliefs in political propaganda (Obregón Quesada 2000: 210).

Bonilla,⁹ graduated from medical school in 1823 at the *University of San Carlos de Guatemala* and eventually returned to his home country to practice his profession. During the following 74 years, all but one¹⁰ of the aspiring doctors completed their medical degrees abroad, mostly in Guatemala, Nicaragua, the United States, and Europe. By 1858, there were 24 doctors and 8 apothecaries in Costa Rica, though they were mainly foreigners (Cruz 1995: 10-11; Pérez Zeledón 1971: 20). Much provoked by the government's tolerance of popular medical practices, the first wave of Costa Rican doctors believed they lacked the professional status they deserved, in spite of their growing number and influence. Therefore, they united in an effort to protect their academic titles. As a result, in 1879, *The Medical Society of Costa Rica* was founded, and when *La Gaceta Médica*, its press organ, released its first issue in 1880, Doctor Carlos Durán did not pass the opportunity to stress the wants of the group:

For some time, the doctors of the Republic have been feeling the need for a society where they could meet to discuss matters of the profession. And

9 Pablo Alvarado y Bonilla (1785-1851) is known as a forerunner in the Central American independence movement. He represented Costa Rica in the *Constituent Assembly of the United Provinces of Central America* from 1824 to 1825 and was deputy for Costa Rica in the first *Congress of the Federal Republic of Central America*. He fell behind in his medical studies due to his constant involvement in political affairs (Cruz 1995: 30; Pérez Zeledón 1971: 15-19).

10 Although officially Costa Rica did offer some medical education during the nineteenth century, the results were meager. The first university in Costa Rica, *Universidad de Santo Tomás* (1843-1888), offered courses in medicine and surgery in the 1850s, to which nine students enrolled. However, due to a lack of teachers, the university suspended the program. The courses were reopened in the 1870s but again only lasted a short time. The crisis of the medical education program reached its pinnacle when the university was closed in 1888, and the prospects of establishing a more stable system seemed more alien than ever (Pérez Zeledón 1971: 15-25). Even though the nation did not have a functioning university between 1888 and 1940, some schools were still teaching independently, especially the *School of Law*. *Protomedicato* was the entity controlling all medical accreditations; in 1879 it turned into the *Medical Society of Costa Rica*, which in 1895 changed its name to the *Faculty of Medicine, Surgery and Pharmacy* (Solano Chaves/Díaz Bolaños 2005: 32). However, Costa Rican medical students had to wait until 1959 for the *School of Medicine's* courses to start again regularly. When higher medical education was finally in place, it was a well-planned and successful project. The first graduation in 1964 consisted of 10 conventional doctors, and from 1985 until today, numerous medical specialties have been taught at the *University of Costa Rica* (Cruz 1995: 11-25).

thereby to promote the union and brotherhood between the partners and make it possible to establish rules of medical morality that regulate the professional relationship between doctors. (cited by Cruz 1995: 25)¹¹

Carlos Durán held a distinguished position as a doctor in Costa Rican society at the time, and his words did not pass unnoticed amongst medical practitioners.¹² As he argued, uniting was essential for creating a joint front against popular medicine, which many conventional doctors regarded as a threat to their social status, professionalism, and the scientific values promoted by Costa Rican reformist liberalism. Establishing a “scientific” healthcare system would liberate the young nation from traditional, and thus “barbaric” forms of treatment and insert it in a dynamic international community that produced new and authoritative medical knowledge. Further, modern medicine, backed by scientific knowledge, would create a new social order in which diagnosis and treatment were standardized and thus would provide stability and predictability.

Despite the first wave of Costa Rican doctors’ efforts, it was not until the last two decades of the century that the health sector underwent noticeable changes. These were mainly due to the emergence of a new generation of native-born physicians and surgeons, the so-called “second wave of Costa Rican doctors”—a new elite which mostly consisted of members of the powerful families of the oligarchy in San José—who wanted to displace the eclectic range of practitioners of popular medicine by a model of professional monopoly and biomedical reformism. The medical profession was nationalized, and thus its status considerably elevated; furthermore, an

11 “Tiempo hacía que se venía sintiendo por los médicos de la República, la necesidad de una sociedad donde poder reunirse para tratar de asuntos de la profesión, fomentando de esta manera la unión y hermandad entre los socios y haciendo posible el establecimiento de reglas de moral médica que regulasen las relaciones profesionales entre los médicos.”

12 Educated in England and México, Carlos Durán was a member of the *Protomedicato* and the Director of the *Hospital San Juan de Dios*. He published extensively in both national and international medical journals and visited medical facilities abroad, especially in the U.S.A. Inspired by these visits, in 1918, he inaugurated a hospital specialized in treating tuberculosis that would carry his name in Prusia, Costa Rica. An independent politician of liberal ideology, he became president interim (1889-1890) during the last months of Bernardo Soto Alfaro’s presidency (1886-1890), after having been a member of Congress (1886-1889).

increasing number of physicians got involved in politics. Palmer argues that the appearance of doctors in politics also gained a symbolic role:

The dramatic advances in surgery and the revolution in bacteriology that reshaped the scientific identity of medical doctors throughout the world during this period gave the Costa Rican profession a central symbolic role in the liberal polity. In essential ways, the promise of the new scientific medicine and its public health applications was a metaphor for the promise of the positivist project as a whole. (Palmer 2003: loc. 883)

Therefore, it may seem paradoxical that popular medicine remained strongly present in Costa Rican society during the nineteenth century and at the beginning of the twentieth century, despite the overwhelming number of doctors active in the political scene. Between 1920 and 1948, as many as 39% of the Chamber of Deputies members in Costa Rica were physicians, and some even protested formally against healers (Palmer 2003: loc. 2797). Gradually, conventional medicine acquired increasing weight as a symbol of progress and modernization in Costa Rica. New medical practices and an institutionalized accreditation system, together with new medical jargon and definitions of illness, gave doctors social, moral, and political power as modern medicine entered the collective imagination. Still, on the whole, the government continued to operate with a mentality of tolerance. In fact, at this point, the state sought ways to reinvent and incorporate the unlicensed practitioners into the official healthcare system in a process that created a boom of accreditations, both in the traditional and the modern spheres. On the one hand, there were university degrees issued to doctors, pharmacists, and nurses and, on the other, diplomas to homeopaths, osteopaths, and spiritualists. In brief, the institutionalization of these titles led to the legitimization of the practices of both doctors and healers (Palmer 2003: loc. 1553-1563).

With this cultural and political context in mind, the next section examines Costa Rica's medical practices presented in sketches of manners. These short and humorous stories spoke of the expansion of modern medicine, the accompanying displacement of popular medicine, and the tensions and associations that developed between both kinds of practices.

Costa Rican sketches of manners and the press

Sketches of manners created pictures of selected aspects of social life, privileging visual descriptions and producing repertoires of social behaviors and scenes. Besides, the short narrations were anchored in the present while registering the persistence of traditional customs and the vicissitudes of modernization. This type of writing is associated with the consolidation of capitalist economies and the emergence of the nineteenth-century bourgeoisie, which through the sketches could represent favored cultural forms and define their role in the national community. Enrique Pupo-Walker (1978: 497) argued that sketches of manners also expose the delicate bond that connected Latin America with Europe, revealing and making comprehensible the differences between the material advances of Europe, such as in the health system, and the penurious daily life of Latin American cities and parishes. It is therefore surprising that Costa Rican sketches of manners, in particular, have received such little attention from scholars. The reason might be that for a long time, these brief texts, especially those from the mid-nineteenth century, have not been considered literature as such in Costa Rica and have therefore remained forgotten in the archives.¹³ However, by recovering and analyzing sketches of manners that appeared in the press, one can trace the fluctuations discussed above from a cultural point of view.

At the end of the nineteenth century, the typical readers were members of the Costa Rican elites, the growing middle classes, and even some members of the lower middle classes (Poblete 2004: 182), which meant a significant

13 For example, in the acclaimed work *Historia de la literatura costarricense* (1981), Abelardo Bonilla declares: “Costa Rican literature was born with realism, in the last years of the nineteenth century and the first years of the current one. Strictly speaking, there were no writers before this period, with the only exception—debatable perhaps—[...] of some notable essayists—whose ideas were expressed for pragmatic reasons, in the service of a cause or to collect historical facts.” *“La literatura costarricense nace con el realismo, en los últimos años del siglo XIX y en los primeros del actual. En un sentido estricto, no hubo literatos antes de este período, con la única excepción—discutible tal vez—[...]. Ensayistas notables algunos—cuyas ideas se expresaban con propósitos pragmáticos, al servicio de una causa, o bien para recoger los hechos históricos.”* (1981: 109) Furthermore, Bonilla calls the famous writer Joaquín García Monge (1881-1959), who published his first work, *El Moto*, in 1900, both as “the creator of [Costa Rican] costumbrismo” and “the creator of the Costa Rican realistic novel” (1981: 115). Likewise, he argues, Manuel González Zeledón (Magón) (1864-1936), another famous Costa Rican writer, deserves the label “the creator of [Costa Rican] social sketches” (1981: 129).

expansion in numbers when compared to colonial times.¹⁴ Helped by new printing technologies and the telegraph, which had arrived in the country in 1869, Costa Rican periodical publications supplied news, editorials, scientific articles, cultural pieces, and more to a hungry market. Patricia Vega Jiménez has noted that most of these publications were very short-lived: during the last decade of the century, 200 newspapers appeared, and most of them survived hardly one year (Vega Jiménez 1999: 65-73). They were significant nevertheless: as the century advanced, newspapers and magazines became spaces that created “imagined linkages” by gathering news otherwise disconnected and promoting discussions about the cohesion of the nation, thus inculcating the idea of an imagined community (Conway 2015: 53-89; Anderson 1991: 33-36). The sketches about medicine, specifically, reveal how modern medicine disrupted and created new ways in which the social collective thought about the healing of sick bodies.

Representations of medical practices in literature have always followed scientific discourses about illness and the body. Foucault famously connected the conceptualization of the modern body at the end of the eighteenth century to the political construction of social and scientific discourses; that is, he linked the body to modern forms of power, identifying how power techniques affected human beings through institutionalized practices and discourses. The architecture of power had been organized by a biopolitical system that conceived the body as a living-body, i.e., as the support for the biological processes of birth, mortality, health, and the duration of life, on the one hand, and by the appearance of disciplines that conceived the individual body as a body-machine on the other (Foucault 1986: 183). Within this conceptual frame, life is thought of as more than birth and death and becomes part of the political execution of power and control of knowledge, for, between these two techniques, institutionalized medicine becomes a biopolitical strategy. At the same time, the body itself is a resource for biopower.¹⁵ What is at stake in his influential work is the relationship between knowledge and power; however, Foucault conceives biopolitical strategies in medicine as a one-sided process in which the state and doctors unite and act as one, a picture that is complicated when we think about Costa Rica’s history of traditional medicine.

14 For a quantitative study about alphabetization in Costa Rica during the nineteenth century, see Molina Jiménez 1999.

15 Foucault develops his well-known argument about medicine’s structures of knowledge and power in *The Birth of the Clinic* (Foucault 1989).

Nevertheless, these ideas present a useful starting point for our analysis, especially when we pay attention to the way medical practices are represented in the chosen sketches of manners.

“Muletillas” (1890), doctors, drugstores, and the market

“Muletillas”, directly translated as “small crutches”, is a sketch published in *La República. Diario de la mañana*, one of the most important newspapers in Costa Rica during the last decade of the nineteenth century,¹⁶ on April 13, 1890. Signed anonymously by “Olga”, the text tells the story of a humorous conversation between a group of friends: the narrator (Olga), Cristóforo Papanatas, Telésforo Chirle, and Don Circunstancias. The title “Muletillas” refers to words or phrases regularly repeated by a speaker or writer, a linguistic tick, if you wish. In this case, the title also signals that the kind of reunion and the topics presented in the sketch are recurrent among the four friends. Together with the characters’ humorous names,¹⁷ the title gives the sketch its typical informal tone from the very beginning.

The narration’s starting point is commonplace in the Hispanic sketches of manners: Olga, the narrator, is searching for a topic for his new sketch. As his friends enter his studio, they make recommendations about what to write. Telésforo proposes, with the support of Papanatas, to write either for or against the government in order to gain many readers. Don Circunstancias, for his part, believes that Olga should focus on the general state of Costa Rica—both the “good” circumstances (its location, climate, and nature) and the “bad” ones (its small population, its focus on only one product for export, the lack of a proper bank system, and so on). In the end, Olga decides to write about the conversation they had had, which gives a sense of immediacy to the story and is another commonplace in the sketches of manners.

16 It came out in the evenings, and by 1919, the last year of its production, reached 4.000 copies a day (Vega Jiménez 2005: 127).

17 It is somewhat difficult to translate the humorous names directly to English as they lose some of their punch. The last name of Cristóforo, Papanatas, means “nincompoops” and “clumsy”, while his first name, Cristóforo, is the Italian version of Cristóbal. Telésforo Chirle, for his part, has as his first name the Greek god of convalescence, while his last name means “insipid”. Don Circunstancias means “Mr. Circumstances”.

For our research, however, we want to focus on the beginning of the sketch, where we find comments about medical practices and a veiled longing for the consolidation of modern medicine in Costa Rica. As he enters Olga's room, Papanatas explains that he had only yesterday been able to get out of his sickbed:

—I left bed yesterday, after having been in it for fifteen days. Fever, nervous disorders, acute stomach pain, I suffered everything at the same time.

—I suppose you called for a doctor.

—Yes, Doctor Relámpago, and without examining my tongue, without checking my pulse, nor placing his hand on my stomach and tapping it with the other hand in order to see if I had some sort of an attack [...] he declared that my illness was ordinary influenza. He then took out his block, ripped out a page, and wrote down a prescription, and when he handed it to me, he said: 'send someone to get this at my drugstore.' (Olga 1890: 2)¹⁸

The patient is certainly not impressed by the doctor's performance. First, he wittily calls him "Doctor Relámpago" (Doctor Flash) because he executed his job with extraordinary rapidness, or rather, he feels he did not examine him at all. The passage is noteworthy because it indicates that the patient has knowledge and expectations about how a medical examination should be conducted. Second, he expresses his concern about whether the doctor's diagnosis can be trusted or if the illness may not be more serious. In other words, he is familiar—or believes he is familiar—with certain medical protocols and forms of diagnosis, which enables him to conclude that the doctor in question is terrible at his job. Papanatas' discontent is not surprising. The public's understanding of health, disease, and the practices of modern medicine was heavily influenced by the scientific developments of the nineteenth century and, during a period that would fundamentally reshape the practices of medicine in Costa Rica, said understanding was gained through

18 "Ayer dejé la cama, después de haber permanecido en ella quince días. Fiebre, trastornos nerviosos, agudos dolores en el estómago, todo eso sufría al mismo tiempo. —Supongo llamarías á algún médico. —Sí. Llegó el Doctor Relámpago, y sin examinarme la lengua, sin tomárme el pulso, sin colocar sobre mi estómago una de sus manos y darle golpecitos con la otra para averiguar si yo tenía algún infarto ¿eh?, declaró que mi enfermedad era la influenza reinante; sacó su carterita, le arrancó una hoja, en ella escribió un récipe, y al entregármelo me dijo: mande usted por ésto a mi botica."

the increasingly institutionalized presence of conventional doctors in the public sphere and access to popular medical texts disseminated by the press. The short dialogue in the sketch, with the detailed and technical description of symptoms (fever, nervous disorders, acute stomach pain), diagnosis (attack, influenza), and medical techniques (checking of tongue and pulse, tapping of the stomach), reveals Papanatas' detailed and intricate knowledge of modern medicine and the medical practice that he wishes the doctor had performed on him. From a Foucauldian point of view, the scene tells of an individual's self-imposing conformity to the regulations governed by biopolitics, to the norms and normality that derive from the new, modern, and scientific medical knowledge that was gaining power in Costa Rica. However, at the same time, the witty tone of the dialogue disrupts the weight of the scientific discourses it produces, as well as the authority modern doctors had begun to build. Further, it can be argued that the fact that the doctor did not use the expected modern diagnostic techniques signals that he was, in fact, a traditional doctor and that he identified the influenza just from experience. Thus, the sketch challenges, albeit momentarily, the consolidation of modern medical practices in Costa Rica and reminds us about the convivence of both practices at the end of the century.

On the other hand, Papanatas' reference to the doctor's drugstore, and the fact that he sends his patient there to buy his medicine, frames the consultation as a commercial endeavor that promotes medical practices as commodities. The scene shows how medicine was enacted socially and illustrates some of the networks created by the health market. This market is also visible in the advertisements for healthcare products and medical procedures that appeared in Costa Rican newspapers during the nineteenth century, especially during the second half. The commercials document the activities of stores such as *Botica de la Violeta* where, like in Adolphe Carit's store, one could buy specialty household products, sugar from Nicaragua or syrup, and medical remedies like "Dentolor", which promised the immediate relief of toothaches.¹⁹ Moreover, the advertisements often linked their products to an international network of goods and knowledge; "Botica de la Violeta" is in the advert freely translated into "German Apotheke", "Pharmacie Française", and "English and American Pharmacy", the adjectives transforming the apothecary's shop into an international space of trade. The same effect is achieved by the advertisement for the mineral water *Apollinaris* in the same section of

19 The advertisement of the *Botica de la Violeta* appeared in *La República*, April 3, 1888 (n.p.).

the newspaper. The product, marketed as a remedy for stomach problems, was sparkling water from Georg Reuzberg's wine state in Bad Neuenahr-Ahrweiler, Germany, and, as the small text tells us, was "recommended by the most *famous doctors in the world*" (emphasis added) and available at "all first-rate drugstores, restaurants, and cafeterias". The connection with Europe and the fact that it was marketed as a luxury item gave the product associations with a modern and cosmopolitan lifestyle, while the fact that it was being sold at the drugstore provided the water with a scientific aura, a connection with other conventional medicines sold at the same establishment.

The medical market of goods and services evoked by the two commercials mentioned comes full circle with an advertisement from "Dr. Fernando R. Vásquez" who informs the readers that he gives daily consultations at the drugstore *La Violeta*.²⁰ Every day, for a couple of hours, the miscellaneous store turns into a doctor's office, revealing an interactive relationship between a diverse group of practitioners that questions the traditional discourse of constant rivalry between modern and traditional medicine.

"Personas Serviciales" (1900), homecare, and traditional nurses

"Personas Serviciales" (Helpful People) was first published in the newspaper *La Revista: Diario independiente*²¹ on April 22, 1900, and signed by "Gonzalo González", a pseudonym of Teodoro Quirós Blanco (1875-1902).²² The sketch narrates the story of a traditional home-nurse, Doña Clara de Huevo,²³ who seemingly tends to the sick in their homes as an act of charity and kindness

20 Doctor Vásquez's advertisement is to be found in *Prensa Libre*, May 23, 1894 (n.p.).

21 *La Revista* (1899-1902) was a biweekly magazine edited by Adán García.

22 Teodoro Quirós Blanco started writing at an early age. He was an active professional writer and journalist between 1893 and 1901, publishing in various Costa Rican newspapers, most notably in *La Revista*, *La República*, and *El Estudiante*. As it was common amongst nineteenth-century writers, Quirós went by a series of pseudonyms, his most famous being "Yoyo". However, he also wrote under names such as "Canuto Calasancio" and "Gonzalo González". He was known for his references to local and popular customs and speech; he also wrote political criticism and travel literature (Rojas and Ovares 1995: 45). Several of his publications, which appeared in newspapers and magazines between 1893 and 1901, were collected in 1904 in *Artículos escogidos*.

23 Again, a funny name for the main character, as "clara de huevo" means "eggwhite" in Spanish.

but also takes advantage of the families that have opened their doors to her. Thus, on the surface, the short text displays an open critique of traditional medical practices, that is, healthcare that was not institutionalized and lacked official credentials—a practice that was performed following a cultural and personal tradition. One must remember that although healthcare practices were becoming more professional and institutionalized by the end of the nineteenth century, caregiving structures still relied on family, friends, and neighbors to provide traditional nursing care at home.

The domestic nursing job was mostly carried out by women who often had no formal training. The boom in medical accreditations in both traditional and modern spheres mentioned above had assured that traditional medicine remained relevant at the start of the twentieth century. However, a hierarchy was established within the healthcare administration, in which the uneducated woman with special knowledge of healing and home remedies was now at the bottom. Traditional practitioners still abounded and continued to enjoy the popularity of their clientele; nevertheless, the rising influence of scientific medical knowledge—and the urbanization and modernization of the country in general—was changing how the sick received care. Moreover, the need for a healthy citizenry that could work and contribute to the country's economic and social development was imperative for the governmental authorities (Marín Hernández 2000: 4-6). Therefore, there was a strong impulse for creating hospitals, both as a means of providing care and as a source of national prestige. By the 1890s, a significant number of hospitals provided services both in San José and in the provinces. Thirteen hospitals were functioning with governmental support, although the *Hospital San Juan de Dios* in the capital benefited the most from the subsidies (Rodríguez Sancho 2000: 60). With the increasing professionalization of medical practices and the consolidation of a market for medical care and remedies, the idea that family and friends should provide healthcare was slowly being abandoned. Blanca Rosa Vega Camacho (2013: 54) has noted that some nurses had been working at hospitals in Costa Rica since the mid-nineteenth century; however, the consolidation of the nurse as a professional figure did not begin until 1888. That year, Doctor Genaro Rucavado y Ross Pochet, with the support of Doctor Carlos Durán, took the initiative to create the *School of Obstetrics* for the education of midwife nurses, which was officially approved in 1899 and graduated its first three midwives in 1902 (Martínez y Meza 2015: 9). The *School of Nurses* was created later in 1917 and added a strong foundation to the profession's formalization.

It is within the context of this important change that we read “Personas Serviciales”. In the sketch, Quirós presents the sorry sight of an old, tragic figure of a woman who goes from door to door in her neighborhood looking for someone to care for: “Just as there are people who will not do a favor for anyone, even when the Divine Trinity is on its knees pleading for it, there are those who seem to have come to the world with the philanthropic mission to offer their unwanted services.” (Quirós Blanco 1900: 2)²⁴ Wittily picturing her as excessively devoted, Clara de Huevo’s desire to pursue nursing work is ironically attained through imposition rather than the economic transaction expected from the booming health market at the end of the century. Moreover, whereas traditionally the home-nurse was supposed to fill a need for healthcare, the woman in this tale attains her job through an invasion of the domestic sphere, breaking, thus, the law for supply and demand:

—Let me see—she says—I hear that your Pilarcita is very sick and I come in case you need anything.

—Thank you very much, Doña Clara; we appreciate it very much, but there is no need to bother.

—It’s no bother at all... Let me see, where is the patient? Have you given her the medicine? No? Well, I’ll give it to her when it’s time. And the doctor, what does he say? These doctors can never speak clearly, and they come to know the seriousness of the patient when he has died. (Quirós Blanco 1900: 2)²⁵

Like Papanatas in “Muletilas”, Doña Clara is familiar with medical procedures: she knows how to administer the medicines and remedies prescribed by the doctor and how to feed and dress the patient, that is, how to nurse a sick person. The character also criticizes modern doctors, this time not only because of their incompetence but also because of their unintelligible

24 “Así como hay seres que no le hacen un favor á nadie, aun cuando se lo pidan de rodillas las tres Divinas Personas, hay algunos que parece hayan venido al mundo con la misión filántropica de prestar, á todos sus desinteresados servicios.”

25 “A ver—dice—he sabido que tienen Uds. á Pilarcita muy mala y vengo por si se le ofrece alguna cosa.

—Muchas gracias, Doña Clara; le agradecemos muchísimo, pero no hay para qué se moleste.

—Si no es molestia ... A ver, dónde está la enferma? Ya le dieron la medicina? No? Bueno, se la daré cuando sea tiempo. Y el médico, qué dice? Estos médicos nunca pueden hablar claro, y vienen a saber la gravedad del enfermo hasta que se ha estirado.”

language. As the representative of a modern health system that strives to replace her caring practice, Doña Clara's critique of him does not go undetected. Embedded in humor, the comment about the incomprehensible medical discourse of the doctor shows awareness of the social changes caused by modern medicine's increasing specialization: the social and cultural fragmentation language creates and the distance it imposes between traditional and modern medical practices—one closer to tradition and home, the other nearer to hospitals and scientific methods. Further, it indirectly questions the accessibility to knowledge that had been promised by the liberal educational reforms. For Quirós, the power to control modern medicine emerges, amongst other things, from its inability—or unwillingness—to communicate with the population by using its new scientific terminology. Doña Clara's comment acquires further significance when the narrator accuses her of deceit: "Wherever there is a sick person to be taken care of, she will be there *acting as a nurse*." (Quirós Blanco 1900: 2, emphasis added)²⁶ In the new environment of medical care at the end of the century, role-playing becomes a form of communication for her: a lack of formal education in modern nursing makes her resort to acting in order to survive. It is through acting that she is allowed to display her competencies as a traditional nurse. This performance can be understood as a form of resistance to the scientific credentials taking over traditional practices. It speaks about how modernization and institutionalization were challenging traditional medical healthcare but did not make it disappear.

In fact, and this is important, Doña Clara, the symbol of traditional medicine in this sketch, seems to be anywhere, even making herself quickly at home when she finds a patient to care for: "Immediately, the good lady was there, *as if she had lived in the bosom of our family forever*." (Quirós Blanco 1900: 2, emphasis added)²⁷ Humor in this quote rests on the idea that the family cannot get rid of Doña Clara, but at the same time, it captures the idea of the traditional home nurse being a natural part of everyday life. Thus, Quirós reflects on the presence of both modern and traditional medicine at the core of Costa Rican society. Even though he denigrates Doña Clara and presents her as a greedy creature chasing the locals for her personal gain and with questionable working ethics—she drinks from a bottle of champagne that the doctor had left for a patient and steals a couple of costly belongings from

26 "Allí donde hay un enfermo q'cuidar está ella haciendo de enfermera."

27 "Enseguida estaba ya la buena señora, como si hubiera vivido siempre en el seno de nuestra familia."

the household—he reminds us that she was still a common and necessary presence at the households of the sick.

The social commentary of the sketch, together with its sharp humor, is typical of Quirós, a Costa Rican writer rescued from oblivion precisely because of his role as a social observer and critic, and maybe not so much for the literary value of his writings. Abelardo Bonilla describes him as follows:

His clean and noble existence had no notable features, except that of having placed him on edge and above the trifles of politics, which he observed and commented with great spiritual superiority, with grace, wit, and sometimes sarcasm, without optimism but without shady tones. Sometimes, censuring the selfishness of the officials and the inertia of the bureaucracy [...], but more than anything, he was interested in the playful mockery of a bourgeois society that was beginning to take shape in the years in which he was writing. He uses the language of the popular classes soberly and is careful to register its vocabulary and modalities, foreign to his simple and tidy prose (Bonilla 1981: 139-40)²⁸

Many of the elements noticed by Bonilla are present, as we have seen, in “Personas Serviciales”. At some level, his playful mockery denaturalizes the work of the traditional home-nurse and sets it in sharp contrast with the increasingly market-regulated, institutionalized, and controlled healthcare system that started to dominate around the turn of the century in Costa Rica. It could also be said that Quirós, through literary journalism, promoted the replacement of the old-fashioned caretaker with the professional, trained, and respectable nurse. Seen in this light, “Personas Serviciales” articulates a civilizing pedagogy mediated by a high dose of humor; on the one hand, waging for Costa Rica’s entry into modernity and displaying a biopolitical imagination, it is an encoded discourse that legitimized the institutionalization of medical practices as described by Foucault. Biting humor is an effective strategy to unbalance this message, expressing skepticism about said

28 “Su limpia y noble existencia no tuvo rasgos notables, salvo el de haberlo situado al margen y por encima de las pequeñeces de la política, que él observó y comentó con una gran superioridad espiritual, con gracia, agudeza y a veces sarcasmo, sin optimismo pero sin tonos sombríos. A veces, censurando el egoísmo de los funcionarios y la inercia de la burocracia, [...], pero más que este tema le interesó la burla sonriente ante una sociedad burguesa que comenzaba a formarse por los años en que escribía. Emplea en forma muy sobria el habla popular y se cuida de anotar sus términos o modismos, extraños a su prosa sencilla y ordenada.”

institutionalization. The parody of the traditional home-nurse, as we have seen, presents a different view of the utopian future vowed by the liberal reforms and their modernization of medical practices in nineteenth-century Costa Rica.

Concluding remarks

In late nineteenth-century periodical publications, doctors and healers were often portrayed with irony and humor, and their actions and wittily chosen names revealed a hesitancy before the advance of medical authority. Both sketches that are the focus of this study, “Muletillas” (1890) and “Personas Serviciales” (1900), appeared in periodical publications and were written during the last decade of the nineteenth century, which, as we have seen, was a period in which the healthcare system in Costa Rica was in the middle of a dramatic yet gradual transition. The chosen sketches illustrate a common pattern in this kind of text; they are humorous and contain a strong critique of specific medical practices and the lack of professionalism amongst doctors. This constitutes a key element in the genre of the sketches of manners, or what Christiane Schwab calls “social sketches”:

Apart from examining, sometimes amusingly and sometimes with sharp satire, sociocultural phenomena of daily life, the social sketches touched upon scientific discoveries, social rumors, political events and cultural transformations, and appealed to the reader’s political spirit. (Schwab 2018: 207)

Because the writers of the sketches strongly favored conventional medicine, at first glance, it might seem as if they supported the traditional point of view maintained by historians for so long. Nevertheless, they also documented a complex and intertwined relationship between different kinds of practitioners. Moreover, even though they wrote in a time of change toward the establishment of modern medicine as the authoritative practice, they corroborated that traditional medicine still played a substantial role in Costa Rican society. “Muletillas” supplies a good dose of skepticism about the appearance of the professional, confident doctor that, with a title in his hand, was tilting the balance of power in his favor, that is, to the increasing biopolitical power of institutionalized and standardized medical practices. Further, the sketch reveals the relationship between the modern doctor and the drugstore,

which not only exemplifies the commercialization of healthcare in the nineteenth century but also illustrates how this miscellaneous store functioned as a platform where an interactive relationship between diverse groups of practitioners was made possible, putting into question the traditional discourse of constant rivalry between modern and traditional medicine. “Personas Serviciales” focuses on the practices of the traditional untrained home-nurse and reveals skepticism toward the social changes that took place with the introduction of modern medicine. The boom in medical accreditations in both the traditional and modern spheres, as mentioned in this study, assured that traditional medicine remained relevant at the start of the twentieth century. However, a hierarchy was established within the healthcare system, in which the uneducated home-nurse was now at the bottom. Regardless of the poor portrayal of the nurse, the sketch shows a coexistence of modern and traditional medicine at the core of Costa Rican society. Both texts ultimately reveal how sketches of manners cultivated discourses and ideologies on the disputed field of healthcare and medicine while participating in a broader discussion about the modernization of the country.

Bibliography

- Anderson, Benedict. 1991. *Imagined Communities: Reflections on the Origin and Spread of Nationalism*. 2nd ed. London: Verso.
- Bonilla, Abelardo. 1981. *Historia de la literatura costarricense*. Granadilla: Universidad Autónoma de Centro América.
- Booth, John A. 1998. *Costa Rica: Quest for Democracy*. New York: Routledge.
- Conway, Christopher. 2015. *Nineteenth-Century Spanish America. A Cultural History*. Nashville: Vanderbilt University Press.
- Cruz, Yelanda de la. 1995. *La Escuela de Medicina de la Universidad de Costa Rica: Una Reseña Histórica*. San José: Universidad de Costa Rica. Escuela de Medicina.
- Foucault, Michel. 1986. *Histoire de la sexualité I. La volonté de savoir*. Paris: Gallimard.
- Foucault, Michel. 1989. *The Birth of the Clinic. An Archaeology of Medical Perception*. London: Routledge.
- Irigibel-Uriz, Xabier. 2011. “La institucionalización de la medicina y a reconfiguración de significados en La Costa Rica de mediados del siglo XIX.” *Enfermería en Costa Rica* 32(1): 43-47.

- Marín Hernández, Juan José. 1995. "De curanderos a médicos. Una aproximación a la historia social de la medicina en Costa Rica: 1800-1949." *Revista de Historia* 32: 65-108. <https://www.revistas.una.ac.cr/index.php/historia/article/view/10198>.
- Martínez Esquivel, Daniel, and María de los Ángeles Meza Benavides. 2015. "Surgimiento de la Escuela de Obstetricia en el mapa social de Costa Rica: finales del siglo XIX y principios del XX." *Rev. Enfermería Actual en Costa Rica* 28: 1-12. <http://dx.doi.org/10.15517/revenf.voi28.17202>.
- Molina Jiménez, Iván. 1999. "Explorando las bases de la cultura impresa en Costa Rica: La alfabetización popular (1821-1950)." In *Comunicación y construcción de lo cotidiano*, edited by Patricia Vega Jiménez, 23-64. San José: DEI.
- Obregón Quesada, Clotilde. 2000. *El proceso electoral y el poder ejecutivo en Costa Rica: 1808-1998*. San José: Editorial Universidad de Costa Rica.
- Olga (pseudonym). 1890. "Muletilas." *La República*, April 13, 1890.
- Palmer, Steven. 1996. "Racismo intelectual en Costa Rica y Guatemala, 1870-1920." *Mesoamérica* 31: 99-121.
- Palmer, Steven. 2003. *From Popular Medicine to Medical Populism: Doctors Healers, and Public Power in Costa Rica, 1800-1940*. Kindle. Duke: Duke University Press.
- Peñas Ruiz, Ana. 2016. "Revisión del costumbrismo hispánico: una historia cultural transnacional." In *Revisitar el costumbrismo: cosmopolitismo, pedagogías y modernización en el siglo XIX latinoamericano*, edited by Kari Soriano Salkjelsvik and Felipe Martínez-Pinzón, 31-52. Frankfurt: Peter Lang.
- Pérez Zeledón, Manuel. 1971. "Un vistazo a la historia de la medicina de Costa Rica al año 2000." *Revista Médica de Costa Rica* 38(428-429-430-431-432 and 433): 11-79.
- Poblete, Juan. 2004. "Reading as a Historical Practice in Latin America. The First Colonial Period to the Nineteenth Century." In *Literary Cultures of Latin America. A Comparative History*, edited by Mario J. Valdés and Djelal Kadir, 178-192. Oxford: Oxford University Press.
- Pupo-Walker, Enrique. 1978. "El cuadro de costumbres, el cuento y la posibilidad de un deslinde." *Revista Iberoamericana* XLIV(102-103): 1-15.
- Quirós Blanco, Teodoro. 1900. "Personas Serviciales." *La Revista: Diario Independiente*, April 22, 1900.

- Rodríguez Sancho, Javier. 2000. "El estado de Costa Rica, la iniciativa pública y privada frente al problema de la pobreza urbana. San José (1890-1930)." *Anuario de Estudios Centroamericanos* 26(1-2): 57-77.
- Salazar Mora, Orlando, and Jorge Mario Salazar Mora. 1991. *Los partidos políticos en Costa Rica*. San José: Editorial Universidad Estatal a Distancia.
- Salkjelsvik, Kari Soriano, and Felipe Martínez-Pinzón. 2016. "Cosmopolitismo, pedagogías y modernización." In *Revisitar el costumbrismo: cosmopolitismo, pedagogías y modernización en el siglo XIX latinoamericano*, edited by Kari Soriano Salkjelsvik and Felipe Martínez-Pinzón, 7-29. Frankfurt: Peter Lang.
- Schwab, Christiane. 2018. "Social Observation in Early Commercial Print Media. Towards a Genealogy of the Social Sketch (ca. 1820-1860)." *History and Anthropology* 29(2): 204-232. <https://doi.org/10.1080/02757206.2017.1375488>.
- Solano Chaves, Flora Julieta, and Ronald Díaz Bolaños. 2005. *La ciencia en Costa Rica (1814-1914): una mirada desde la óptica universal, latinoamericana y costarricense*. San José: Editorial de la Universidad de Costa Rica.
- Vega Camacho, Blanca Rosa. 2013. "La enfermería en Costa Rica. Una trayectoria histórica: de oficio a profesión de 1850 al 2013." *Enfermería en Costa Rica* 34(1): 50-57.
- Vega Jiménez, Patricia. 1999. "La prensa de Fin de Siglo. (La prensa en Costa Rica 1889-1900)." In *Comunicación y construcción de lo cotidiano*, edited by Patricia Vega Jiménez, 65-88. San José: DEI.
- Vega Jiménez, Patricia. 2005. "La prensa costarricense en tiempos de cambio (1900-1930)." *Revista de Ciencias Sociales* II(108): 121-144.

