

Medical Pluralism in the Iberian Kingdoms: The Control of Extra-academic Practitioners in Valencia

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Introduction

Over the last several decades, historians of medicine have grown increasingly interested in the coexistence of medical systems, a phenomenon known as medical pluralism. While medical pluralism is not at all uncommon in present-day societies, Robert Jütte remarks that it is relatively recently that medical historiography has shifted the emphasis from renowned doctors and orthodox practitioners to the more complex world of medical practice, to include all manner of healers involved in confronting illness. However, the study of this complex world—while indispensable to a full comprehension of the medical practices of any period—presents a number of challenges to traditional medical historiography. For example, the fact that practitioners of folk medicine, charismatic healers, and the like left behind relatively few documents means that we must turn to the systems of control to understand extra-official health practices (i.e. those practices that are neither regulated by nor included within legal frameworks). For this reason, a variety of new historiographical models have been developed, each with its own terms and concepts for the purposes of, on the one hand, properly interpreting and analysing medical pluralism historically and, on the other, methodologically resolving the problems this phenomenon presents, particularly the dichotomy between academic and non-academic medicine.¹ These models make use of tools that previously pertained exclusively to social and political history in order to include not only academic medicine but also unregulated and unorthodox practices. In this way, these models help to account for all the options that existed for the treatment of sickness.²

In the case of early modern Spain, medical pluralism involves the coexistence of academic medicine—the Galenism taught in universities to physicians, surgeons

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¹This subject has been clearly explained in Robert Jütte, 'Introduction', in Robert Jütte, Motzi Eklöf and Marie C Nelson (eds), *Historical aspects of unconventional medicine: approaches, concepts, case studies*, Sheffield, EAHM and Health Publications, 2001, pp. 1–10; David Gentilcore, *Healers and healing in early modern Italy*, Manchester, Manchester University Press, 1998; *idem*, 'Was there a "popular medicine" in early modern Europe?', *Folklore*, 2004, **115**: 151–66; Laurence Brockliss and Colin Jones, *The medical world of early modern France*, Oxford, Clarendon Press, 1997; Willem de Blécourt and Cornelia Osborne, 'Situating "alternative medicine" in the modern period', *Medical History*, 1999, **43**(3): 283–5.

²This circumstance is characteristic not only of medicine, but is also applicable to other scientific disciplines. See William Eamon, *Science and the secrets of nature: books of secrets in medieval and early modern culture*, Princeton, Princeton University Press, 1994. It has been recently dealt with for the case of astrology in the Spanish monarchy during the seventeenth century by Tayra Lanuza Navarro, 'Astrología, ciencia y sociedad en la España de los Austrias', PhD thesis, Universitat de València, 2005.

and apothecaries through guild-based instruction—and other forms of medical practice. Studies undertaken to date³ demonstrate that alternatives to traditional Galenic therapies were present in all the territories of the Spanish monarchy, the same variety of notions concerning illness and healing practices identified elsewhere in early modern Europe.⁴ Thus, in order to understand the relationships among the different medical systems that coexist in a society during a certain historical moment, we must take into account not only academic medicine and its professionals, but also the society collectively.⁵ Part of this task is relatively easy; manuscript and printed sources are fairly abundant for the study of authorized health professions with regimented educational programmes, as the bibliographies of scholarship on these professions attest. As I have mentioned, however, this is not the case for extra-academic practices. Attempts to analyse large-scale tendencies related to illness and healing in a given society must therefore draw on a broad range of materials.⁶ In the best cases, I have information only about those practitioners who worked illegally, were found out, and then prosecuted. That is to say, the only information I possess concerns instances in which extra-official healing practices were actively repressed; the “other . . .” was made visible through political and professional control. This makes it necessary to study both the systems of control as well as the available health resources of a population. For this reason, our study—like those studies of other European regions—draws primarily on judicial documents related to court proceedings.⁷

But the importance of institutions that controlled and regulated the broad range of medical practices has sometimes been misunderstood. For example, while traditional historiography has tended to attribute the ubiquity of “empirical” healers and *curanderos* to a lack of physicians, surgeons, and educated pharmacists, it is now clear that this was not the case in the Iberian peninsula (although, as I discuss below, there was a shortage of physicians in Spain’s American colonies). Instead, the existence of a diverse offering of therapeutic options in sixteenth- and seventeenth-century Spain was due to cultural circumstances that should be studied from a historical perspective.⁸ Thus, one can now explain the presence of *sanadores* and empirics at court (especially that of Philip II),

³ A comprehensive account of these studies does not fall within the limits of this analysis; the works in the previous note are worthy of mention and contain more complete bibliographies. For the case of Spain, see also Enrique Perdiguero, “‘Con medios humanos y divinos’: la lucha contra la enfermedad y la muerte en el Alicante del siglo XVIII”, *Dynamis*, 2002, **22**: 121–50; María Luz López Terrada, ‘Las prácticas médicas extra-académicas en la ciudad de Valencia durante los siglos XVI y XVII’, *Dynamis*, 2002, **22**: 85–120; Alfons Zarzoso, ‘El pluralismo médico a través de la correspondencia privada en la Cataluña del siglo XVIII’, *Dynamis*, 2001, **21**: 409–33.

⁴ ‘Introduction’, in Marijke Gijswijt-Hofstra, Hilary Marland and Hans de Waardt (eds), *Illness and healing alternatives in western Europe*, London and New York, Routledge, 1997, pp. 4–5.

⁵ Jütte, op. cit., note 1 above, pp. 2–4, where previous studies are analysed. In this respect, see also the introduction to W F Bynum and Roy Porter (eds), *Medical fringe and medical orthodoxy 1750–1850*, London, Croom Helm, 1987; and Margaret Pelling and Scott Mandelbrote (eds), *The practice of reform in health, medicine, and science, 1500–2000: essays for Charles Webster*, Aldershot, Ashgate, 2005.

⁶ Perdiguero, op. cit., note 3 above, pp. 126–7; López Terrada, op. cit., note 3 above, pp. 88–9; Gijswijt-Hofstra, Marland and De Waardt (eds), op. cit., note 4 above, p. 2.

⁷ This is the case in the better part of the studies collected by Jütte, Eklöf and Nelson (eds), op. cit., note 1 above, and Gijswijt-Hofstra, Marland and De Waardt (eds), op. cit., note 4 above, which mostly refer to northern Europe; or the book by David Gentilcore, *Medical charlatanism in early modern Italy*, Oxford, Oxford University Press, 2006, where information about Italian charlatans is taken from the licences granted by the *Protomedicato*.

⁸ Enrique Perdiguero, ‘Protomedicato y curanderismo’, *Dynamis*, 1996, **16**: 91–108, p. 106.

or in cosmopolitan cities such as Valladolid and Valencia that boasted not only universities but also a large number of physicians, without resorting to clichés, or references to superstition. On the other hand, the presence of a variety of different medical practices allows us to reject both the simplistic idea that the existence of institutions dedicated to the control of medical practice was attributable merely to the paternalistic concern of a monarch for his subjects, and the similarly limiting notion that these institutions represented nothing more than an attempt by the emergent bourgeoisie to claim new governmental powers or means of social control for itself. On the contrary, the prevalence of medical pluralism suggests that there was a real and pressing need to control the diverse and potentially chaotic world of medical practice.⁹

The Systems of Control of Medical Practice in Spanish Territories

During the last twenty years, many studies in the social history of medicine have centred their analyses on the attempts of university physicians to monopolize “the medical marketplace”.¹⁰ All such studies analyse what happened when the legislation of health policy and the control of professional activities became associated with the power of the incipient state. This led to the emergence of mechanisms by which states placed the power to determine who would, and who would not, be allowed to practise medicine in the hands of university physicians, either by means of institutions such as the *Protomedicato* or by delegating power to municipal organizations.

As is well known, the structure of the Hispanic monarchy was such that each of its kingdoms had its own particular characteristics. As a consequence, Spain was a heterogeneous mix of inherited realms, an agglomeration of kingdoms, each with its own laws and institutions. While in Castile the monarchy enjoyed potentially absolutist prerogatives, in the kingdom of Aragon the operative strategy was conciliatory. Taking into account both territorial differences and the incipience of the modern state allows for an analysis of medical practices quite different from those undertaken to this point. On the one hand, we find systems of medical control with their origins in the Middle Ages still operative under the Hapsburgs; these include the *Cortes*, and *Audiencias*, developed and perfected by the institutions of the monarchy and without which the king would hold no authority over the individual realms of the peninsula. On the other, there appears a completely new method for regulating medical practice, one which is clearly the product of the emerging state: the tribunal of the *Protomedicato*.¹¹

Beginning with Ferdinand and Isabella, and continuing more systematically under Philip II, the monarchs attempted to impose the model of the *Protomedicato* upon all the

⁹See María Luz López Terrada, ‘The control of medical practice under the Spanish monarchy during the sixteenth and seventeenth centuries’, in Víctor Navarro Brotóns and William Eamon (eds), *Más allá de la leyenda negra: España y la revolución científica/Beyond the black legend: Spain and the scientific revolution*, Valencia, Instituto de Historia y Documentación López Piñero, 2007, pp. 281–94.

¹⁰The studies cited in note 1 above, and the bibliographies they contain, provide helpful points of departure. To these should be added the classic chapter by Margaret Pelling and Charles Webster, ‘Medical practitioners’, in Charles Webster (ed.), *Health, medicine and mortality in the sixteenth century*, Cambridge, Cambridge University Press, 1979, pp. 165–235.

¹¹According to María Soledad Campos Díez, *El Real Tribunal del Protomedicato castellano: siglos XIV–XIX*, Cuenca, Ediciones de la Universidad de Castilla-La Mancha, 1999, p. 17.

territories they controlled. Such a policy, as José Antonio Maravall points out, should be understood within the characteristics of Philip II's rule.¹² In fact, it was in Castile where the *Protomedicato* was instituted with the fewest problems, due to the unique privileges the Spanish crown enjoyed there. Following this, attempts were made to import the Castilian model of the tribunal to Spanish America where, again, the monarchy held nearly absolutist powers, at least in theory. In the colonies, however, practical considerations—such as the extreme lack of university-trained physicians, and the isolation of many populations—meant that the control of the *Protomedicato* was very limited and thus differed from its counterpart in Castile.¹³ A very different matter to consider in this context is the prevalence of indigenous medical practices, a subject which has been poorly studied by scholars who have examined the control of medicine in colonial Spanish America. Many such studies do not account for, or ignore altogether, the indigenous medical systems that predated the conquest and coexisted with the medicine brought by the *conquistadores*.

Returning to the situation on the peninsula, the *Protomedicato* of Castile has recently been defined by Soledad Campos Díez¹⁴ as a kind of technical supreme court, composed of a variety of state functionaries, and possessing the capacity to hand down sentences and administrative resolutions. The powers of this court were delimited in accordance with its purpose and those over whom it held jurisdiction (i.e. health workers); it was not subordinate to the *Consejo Real*. The functions of the tribunal were twofold. First, it examined and granted licences to physicians, surgeons, and apothecaries, as well as to *especieros* (spice sellers), herbalists, *ensalmadores* (bonesetters), and midwives. Second it controlled the exercise of the various medical professions. In this capacity, the *Protomedicato* had both civil and criminal jurisdiction; practitioners were subject to both economic and corporal sanction. It prosecuted and punished unauthorized medical practice, especially when the magic arts (*artes mágicas*) were involved, but also in cases of unlicensed exercise of “empirical” and scientific medicine. Furthermore, the *Protomedicato* and local authorities shared responsibility for regular inspections of druggists and shops where medicines and spices were sold.

Thus, in the kingdom of Castile, the tribunal constituted the institutional framework through which the developing modern state attempted to control everything related to the exercise and practice of medicine. It was not, as has been recently stated, the institution charged with overseeing health and sanitation in all of the kingdoms of the Hapsburg monarchy, neither did its reach extend to territories where local corporations held sway. In fact, the powers of the *Protomedicato* were limited, even within Castile. Legislation following the tribunal's creation indicates reluctance on the part of many to accept its authority; specifically, this can be seen in the disinclination of Castilian localities to acknowledge

¹² José Antonio Maravall, *Estado moderno y mentalidad social*, Madrid, Alianza, 1982, pp. 103–4.

¹³ A number of scholarly works document the activities of the tribunals of the *Protomedicato* established by the Spanish crown in its American territories. A magnificent overview is the classic study by John T Lanning, *The Royal Protomedicato: the regulation of the medical professions in the Spanish empire*, ed. John Jay TePaske, Durham, Duke University Press, 1985.

¹⁴ The studies by Campos Díez (op. cit., note 11 above) have, as she herself indicates, been undertaken from a legal perspective, rather than from the perspective of the history of science. For this reason, her principal object has been the analysis of the *Real Tribunal del Protomedicato* as an administrative institution, its relationship to other bodies, and its role within the huge bureaucratic machine of the Spanish monarchy of the ancien régime.

its authority to carry out visits to druggists, to grant licences, and to a lesser extent, to control medical practice.¹⁵ Another limitation was geographical: the *Protomedicato* held jurisdiction only over the area within a five league radius of the court (approximately 28 kilometres). Remaining areas fell within the jurisdiction of local authorities. Thus, in order to analyse the functioning of the tribunal correctly, it is necessary to keep in mind that it did not hold sway over the whole of Castile.¹⁶

The System of Control in Valencia: Physicians and Academic Medicine

As I have hinted, the situation was very different outside Castile.¹⁷ In Valencia, regional control of medicine, surgery, and pharmacy was initiated in the fourteenth and fifteenth centuries through territorial laws, or *fueros*.¹⁸ These controls, generally effected through guilds, culminated in 1499 with the creation of the Valencian University (*Estudi General*), which led to regulated university medical study.¹⁹ The authorities of the city of Valencia had exclusive responsibility for the regulation of all health practices. In turn, the capital constituted the nucleus of a system that extended to the rest of the kingdom of Valencia, thanks to the city's political and economic characteristics. This system continued unaltered for centuries, until the *Subdelegación del Protomedicato* was established in Valencia as part of the Bourbon policy of centralization on 18 November 1749.²⁰

The Valencian system controlled education, licensing and practice, and had three clearly differentiated parts, pertaining to physicians, surgeons, and apothecaries. Physicians attended the municipal university, while the education of surgeons and apothecaries was an apprenticeship system overseen exclusively by their own guilds and regulated by their respective colleges. The processes negotiated to assure professional competency included an examination with theoretical and practical components. The practical exam

¹⁵Rafael Muñoz Garrido and Carmen Muñoz Fernández, *Fuentes legales de la medicina española (siglos XIII–XIX)*, Salamanca, Ediciones del Seminario de Historia de la Medicina Española, 1969; Luis S Granjel, *La medicina española renacentista*, Salamanca, Universidad de Salamanca, 1974; and Campos Díez, op. cit., note 11 above.

¹⁶There is an extensive bibliography dealing with the *Protomedicato*. Works published before 1994 are collected in María Luz López Terrada, 'Los estudios historicomédicos sobre el Tribunal del Real Protomedicato y las profesiones y ocupaciones sanitarias en la monarquía hispánica durante los siglos XVI al XVIII', *Dynamis*, 1996, 16: 21–42. For studies after that date, see the bibliography referred to by Campos Díez, op. cit., note 11 above.

¹⁷López Terrada, op. cit., note 9 above, includes a detailed analysis comparing the distinct systems of control.

¹⁸Luis García-Ballester, Michael R McVaugh and Agustín Rubio-Vela, 'Medical licensing and learning in fourteenth-century Valencia', *Trans. Am. Philos. Soc.*, 1989, 79(6): 1–128, p. 73. Concretely, the first regulatory legislation of professional medical practice in Valencia is contained in the *Furs* granted by Alfonso IV of Aragon (1327–1336) in the *Cortes de Valencia* celebrated in 1329–1330.

¹⁹On early modern medicine in Valencia, see José María López Piñero (ed.), *Estudios sobre la profesión médica en la sociedad valenciana (1329–1898)*, Valencia, Ajuntament de València, 1998. On the local University (*Studi General*), see Mariano Peset (ed.), *Historia de la Universidad de Valencia*, 3 vols, Valencia, Universitat de València, 2000. On doctors and the medical school, see José María López Piñero, *La Facultad de Medicina de la Universidad de Valencia*, Valencia, Facultad de Medicina, 1980; *idem*, *La medicina y las ciencias biológicas en la historia valenciana*, Valencia, Ajuntament de València, 2004.

²⁰Mariano Peset Reig and Mariano Peset Mancebo, 'El Real Protomedicato y el ejercicio médico', in Peset (ed.), op. cit., note 19 above, vol. 2: *La universidad ilustrada*, Valencia, Universitat de València, 2000, pp. 244–7.

was administered by other professionals acting under the auspices of municipal authorities and overseen by two examiners.²¹ To this end, the city's authorities (*Consell*) annually appointed two examiners each for physicians, surgeons, and apothecaries. All were university-trained physicians and, in the case of apothecaries, they were joined in their duties by representatives of the pharmacists' college. As their name indicates, the examiners' job was to test all those who wished to practise medicine in the city and realm of Valencia.²² Once candidates had passed the examination, it was up to the city's judicial authorities to issue licences. Thus, the situation in Valencia was to a great extent comparable with what we find in other nearby European countries, even those as far away as Scandinavia.²³ Licensed physicians, educated at universities and grouped into a professional body or college, were effectively responsible for the licensing of surgeons and apothecaries. But while physicians held a near monopoly over all medical practice in Valencia, there was frequently resistance. The colleges of pharmacy and surgery did not submit docilely and were unwilling to give university physicians control over other healing professions, such as that of midwives, who had formerly been overseen by surgeons.

The *Collegi dels doctors* of the medical school was a guild of physicians, with a corporate structure that represented the university's medical graduates in the city of Valencia and outlying areas. Although it is unclear when this organization came into existence, by 1631 it had, in accordance with the law of 1626, undertaken to prosecute and punish those who practised medicine without having graduated from the local university.²⁴ No distinction was made between the academic and professional activity of physicians. Despite this, it seems that there was some tension between academic and professional physicians due to the fact that the *Collegi*, during the seventeenth century, was composed of eight professors of medicine and roughly fifty practising physicians. In any case, the group was dedicated to the same ends as most guilds: the defence of their economic interests against the encroachment of potential competitors, support of the families of physicians who had died, and the fight against the curtailment of their power by outside influences.²⁵

The colleges of surgeons and apothecaries were very powerful guilds that scrupulously oversaw everything related to their activities. Valencian surgeons were essentially trained artisans. Often they were specially trained barbers who were allowed to render only external medical treatment, such as bleedings. I have been able to determine that the

²¹ This procedure existed unchanged from the Middle Ages. See García-Ballester, McVaugh and Rubio-Vela, *op. cit.*, note 18 above.

²² María Luz López Terrada, 'El control de las prácticas médicas en la monarquía hispánica durante los siglos XVI y XVII: el caso de la Valencia foral', *Cuadernos de Historia de España*, 2007, **81**: 91–112. See also José Pardo Tomás, 'El control de las profesiones y ocupaciones sanitarias en una ciudad renacentista: la Valencia del siglo XVI', in Horacio Capel Sáez, José María López Piñero and José Pardo Tomás (eds), *Ciencia e ideología en la ciudad. I Coloquio Interdepartamental*, Valencia, Generalitat Valenciana, 1992, pp. 47–55.

²³ There are a number of studies about the creation of this kind of corporation, but no proper monographs. See Brockliss and Jones, *op. cit.*, note 1 above; Sofia Ling, 'Physicians, quacks and the field of medicine: a case study of quackery in nineteenth-century Sweden', in Jütte, Eklöf and Nelson (eds), *op. cit.* note 1 above, pp. 87–102.

²⁴ It was on 14 February 1631 that the *Collegi* began its suit against a number of people accused of unlicensed practice. See Archivo del Reino de Valencia (hereafter ARV), Valencia, Real Audiencia. Procesos, Parte 1ª, Letra S, n° 3119, year 1631.

²⁵ Pascual Marzal Rodríguez, *Los claustros de doctores y catedráticos del Estudio General (1675–1741)*, Valencia, Universitat de València, 2003, pp. 60–7.

College of Surgeons vigorously prosecuted the exercise of empirical medicine as well as those who visited and cured the sick without proper authorization and examination. Proceedings relating to a variety of such prosecutions have been found: one concerns a midwife who apparently carried out practices beyond the usual duties of her profession; another of a textile worker who cut hair and shaved; others describe widows who kept open the dispensaries that had belonged to their husbands without the assistance or supervision of a certified surgeon.²⁶ There was, furthermore, the protocol of 1592 in which Valencian society declared itself to have “the complete and free power to order, urge and require lawsuits against empirics or people who, without having been examined, practice and use medicine and surgery in any city, village or part of this kingdom”.²⁷ It was therefore not surprising that the College of Surgeons lodged complaints at the *Real Audiencia* about anyone whom they believed to be practising “things related to the art of surgery” (*en cosas tocantes al Art de Cirugia*) without being duly authorized to do so. This was one of the principal functions of the guilds, along with education.²⁸

It was on this nexus of powerful local institutions and regulating bodies that Philip II attempted to impose the *Protomedicato* in the middle of the sixteenth century. Clearly, the conflicts that arose were not simply the unexpected consequences of a political misstep on the part of the king; instead, the imposition of the *Protomedicato* formed part of a concerted attempt to limit the powers of municipalities and individual realms. We have been able to determine that, although the office had existed previously in a different form, the *Protomedicato* was instituted in the kingdom of Valencia during the 1570s.²⁹ Subsequently, three of the most distinguished physicians of the city were appointed to the position of *protomédico*: Gaspar Jaume Esteve, Lluís Collado, and Llorenç Coçar. All three were professors of the local University, and Collado and Coçar in particular demonstrate the renewal of medical knowledge in Renaissance Valencia.³⁰ The successor to Coçar was not named until some forty years later, when Philip IV finally appointed an obscure physician and nobleman Francesch Joan Rey to the post. The job of *protomédico* was much more than an honorific title; it involved well-defined responsibilities and, because it was a royal appointment, conferred considerable social status. None of those nominated to Valencia by the Spanish kings, however, was ever able fully to carry out the tasks associated with the

²⁶ ARV, Valencia, Real Audiencia. Procesos, Parte 2^a, Letra S, n^o 163, year 1561; Parte 1^a, Letra S, n^o 122, year 1621, and 126, year 1618.

²⁷ “. . . versus et contra empiricos seu personas sine examine exercentes, practicantes et usentes fisica et chirurgia in quibuscumque civitatibus, villi et locis presentis regnis faciendum, instandum et requirendum, . . . ad lites large cum plena et libera potestate.” Archivo Colegio del Patriarca, Valencia, Protocolos de Nicolau Desllor, 9709.

²⁸ On the College of Surgeons, see María Luz López Terrada, ‘El Colegio de Cirujanos de Valencia en los siglos XVI y XVII’, in *Simposio 2002 sobre historia de la medicina valenciana. Doce trabajos históricos sobre la medicina valenciana*, Valencia, Instituto Médico Valenciano, 2002, pp. 191–201. On the College of Apothecaries, see José L Valverde López and Agustín Llopis González, *Estudio sobre los fueros y privilegios del antiguo Colegio de Apotecarios de Valencia*, Granada, Universidad de Granada, 1979.

²⁹ Concerning the *protomédicos* of Valencia, see María Luz López Terrada and José Pardo Tomás, ‘El *Protomédico y Sobrevisador Real* a la València del segle XVI’, *Afers*, 1988, 5–6: 211–22; López Terrada, op. cit., note 22 above.

³⁰ Concerning the importance of the Vesalian anatomist Collado, see López Piñero, *La medicina y las ciencias biológicas*, op. cit., note 19 above, pp. 165–7; on Coçar, see next section.

job. Resistance from the colleges, and municipal and regional authorities, frustrated most attempts to exert control, even though the *protomédicos* enjoyed royal support.³¹

The “Other” Health Resources in Valencia

An exhaustive enumeration of all the health care resources and healing alternatives that existed in Valencia during the sixteenth and seventeenth centuries is beyond the scope of this study. To summarize very briefly, however, I can say that in addition to medicine based on traditional Galenism,³² exercised by those who operated within the established legal framework—that is, the physicians, surgeons, and apothecaries that, as we have just seen, were well organized and attempted to control everything related to health and sickness—we have confirmed the existence of other practices and practitioners. Among them were many empirical healers, itinerant salesmen, *curanderos* with charismatic healing powers, and even licensed physicians who practised non-Galenic medicine. In what follows, I would like to discuss in greater detail four such examples that were found through extensive archival research into the mechanisms of medical repression.³³ As mentioned above, documentary evidence of extra-academic medicine comes principally from judicial proceedings.

A variety of empirical healers practised in early modern Valencia, some with legal permission.³⁴ These include, most importantly, midwives, charged with attending to child-births and the conditions generally referred to as “women’s sickness”. In Valencia during this period, as elsewhere in Europe, women were entirely excluded from the regulated exercise of medicine; this was due not only to prohibitions against their attending medical school, but also because they were not admitted to the guilds of surgeons and apothecaries. Because of this, they had to practise in unregulated occupations, as was the case with midwives, or to perform curative activities outside the limits of regulation. Their primary task was to assist in childbirth, an office over which women had exclusive control for centuries, although they did not form part of an organized group in any European country

³¹ This is made abundantly clear in the writings associated with one case, where the king’s representative to the realm of Valencia states: “It is His Majesty’s express wish that the aforementioned Coçar be named Protomédico, and that as such he will not only have the authority due to this rank while he holds this position and practice, but also that he will do and provide all that he considers to be useful and beneficial for the public health in everything that relates to the arts and practice of medicine, surgery and pharmacy.” (“Es de la expresa y determinada voluntad de sa Magestat que lo dit doctor Coçar sia Protomédico, y que com a tal no sols tinga preminència que al dit official se li deu, per engara que tinga lo ús y exercici de aquel, y puixa fer y provehir totes les coses que parexeran convenir benefici e salut pública en tot lo que tenga respecte a les arts e facultats de medicina, chirurgia e farmacopolia.”). See ARV, Valencia, Real Audiencia. Procesos, Parte 1^a, Letra S, n° 3074, year 1630, fols 58–59.

³² On medicine and physicians in Valencia during this period, see note 19 above.

³³ A good example of the use of documentary sources to understand the “other” through the mechanisms of control, are the studies included in Jütte, Eklöf and Nelson (eds), op. cit., note 1 above; Gijswijt-Hofstra, Marland and De Waardt (eds), op. cit., note 4 above. This is valid for the period that concerns our study as well as for more recent periods.

³⁴ The fact that licences were granted to other practitioners is not unique to Valencia. Indeed, these were regularly granted in other places as well, such as Castile (see Anastasio Rojo Vega, *Enfermos y sanadores en la Castilla del siglo XVI*, Valladolid, Secretariado de Publicaciones, Universidad de Valladolid, 1993, p. 44), Italy (Gentilcore, op. cit., note 7 above) and Denmark (see Gerda Bonderup, ‘Danish society and folk healers, 1780–1825’, in Jütte, Eklöf and Nelson [eds.], op. cit., note 1 above, pp. 73–85).

and had no collective identity.³⁵ In the specific case of the city of Valencia, midwives had legal authorization from physicians and surgeons to practise. However, when they were accused of encroachment (i.e. direct competition with physicians, barbers, or apothecaries) they were reported. This is what happened to Marina Nadal, who was accused of administering medicines to women in labour and of carrying out surgical treatments on the chest of some sick women, with the result, according to the surgeons, that the patients succumbed to fever.³⁶

However, while problems did arise when midwives carried out treatments that exceeded the scope of things related to childbirth or when they administered medicines, they were never persecuted for carrying out their designated tasks. Midwives were in fact central figures in the life of the community and enjoyed considerable social power. Their presence and activities are recorded in court documents, providing medical reports as “expert witnesses” in cases concerning rape or attacks upon women. In 1549, for example, two midwives or *madrinas* examined and certified Caterina Gallarda to be a virgin, after her future husband cast doubt upon her maidenhood.³⁷ Moreover, the *tachas*, or lists, of the inhabitants of a city who were obliged to pay taxes, mentioned women whose profession was *madrina*.³⁸ All of which shows that, as in other settings in Europe at that time, Valencian midwives had a clearly defined social function.

The number and type of other empirical practices was considerable and varied widely. Some empiricists practised their profession in an official capacity. On 2 June 1590, for example, the municipal authorities hired Pedro del Río, an “outsider” surgeon highly skilled in curing cataracts and other diseases of the eye, besides being specialized in illnesses of the urogenital system. His contract stipulated that he be paid 40 *libras* in return for curing patients in the hospital and the parish’s poor free of charge. He was also obliged to live within the city of Valencia.³⁹ The case of charismatic healers, or *saludadores*, is quite different.⁴⁰ These were usually men who possessed a supposedly superhuman ability to cure certain illnesses, principally rabies (*rabia*). This power did *not* result from a pact with the devil, but was a sign of divine grace. Despite being faith healers, they were not bothered by the authorities in the least; neither did they encroach upon the professional terrain of academically trained practitioners, nor were their practices considered heretical. In fact, in his treatise denouncing superstition, Pedro Ciruelo defined *saludadores* as follows: “it is said that they heal with the saliva from their mouths or with their breath, saying certain words: and we see that many people seek them out for healing ... The *saludadores*’ principal task is to heal or preserve people, animals, and

³⁵ There is a long list of recent studies dedicated to this subject; an excellent starting point is the section on women and health edited by Montserrat Cabré i Pairet and Teresa Ortiz Gómez, ‘Mujeres y salud: prácticas y saberes’, *Dynamis*, 1999, **19**: 17–400; also worthy of mention are the works collected by Hilary Marland and Anne Marie Rafferty (eds), *Midwives, society and childbirth: debates and controversies in the modern period*, London, Routledge, 1997; Gianna Pomata, ‘Practicing between earth and heaven: women healers in seventeenth-century Bologna’, *Dynamis*, 1999, **19**: 119–43, shares an approach similar to the one outlined here.

³⁶ ARV, Valencia, Real Audiencia. Procesos, Parte 1^a, Letra S, n^o 1003, year 1595.

³⁷ ARV, Valencia, Gobernación. Caja 416, n^o 325, year 1549.

³⁸ Archivo Rodrigo Perregás (hereafter ARP), Valencia, Varios. Siglo XVI.

³⁹ ARP, Valencia, Efemérides.

⁴⁰ For their characterization, see Fabián Alejandro Campagne, ‘Charismatic healers on Iberian soil: an autopsy of a mythical complex of early modern Spain’, *Folklore*, 2007, **118**: 44–64.

livestock from rabies.”⁴¹ One of their most recognizable physical features was called the “wheel of Saint Catherine” (*rueda de Santa Catalina*), which they had on their palate from birth, in addition to the curative and magical properties of their saliva. *Saludadores* were highly esteemed and were contracted by local governments large and small, in Valencia and in the other realms of the peninsula.⁴² Enguera, a small community in the interior of the kingdom of Valencia, had its own *saludador* to whom the municipality paid four pounds yearly in exchange for his curing any person or animal bitten by a rabid dog. This position was occupied in 1631 by a woman named Josefa Medina, who had previously been given a licence confirming her powers by the Archbishop of Valencia.⁴³ In the city of Valencia, the situation was somewhat different. During the sixteenth and seventeenth centuries there was an “examiner of charismatic healers” (*examinador de saludadores*), that is, a public functionary hired by the government after he had passed an examination, whose job it was to determine the ability of those who desired to work as *saludadores* within the city. For some years, the job was held by Domingo Moreno, an artisan who made needles and who was also a “healer and examiner of charismatic healers” (*saludador de mal de rabia y examinador de saludadores*). Moreno conducted the examinations in the same way that examiners of physicians and surgeons did: they were open to all applicants and were held in the presence of the municipal authorities. The test consisted of curing rabid dogs using only the applicant’s own saliva. In addition, those being examined would have to extinguish a red-hot bar of metal and a piece of glowing silver by placing their tongues upon them. If they were able to pass these tests, and after taking an oath, the city granted them a legal licence to practise. In the case of one aspirant, Juan Sans de Ayala, after passing the test and demonstrating his ability as a healer, he was named the official *saludador* of the city. He was paid no salary, but was granted the privilege of wearing and adorning his house with the arms of the city.⁴⁴

Another example of a folk healer is Francesch Navarro, about whom we have a great deal of information, thanks to a suit alleging professional encroachment lodged against him by the College of Surgeons in 1590 before the *Real Audiencia*.⁴⁵ Although it is not contained

⁴¹ “... dicen que sanan con su saliva de la boca y con su aliento, diciendo ciertas palabras: y vemos que mucha gente se va tras ellos a se saludar . . . El hecho de los saludadores principalmente se emplea en querer sanar, o preservar a los hombres, y bestias, y ganados del mal de la rabia.” Pedro Ciruelo, *Reprovación de las supersticiones y hechicerías*, Salamanca, Pedro de Castro, 1538, fol. 49v. See Fabián Alejandro Campagne, ‘Medicina y religión en el discurso antisupersticioso español de los siglos XVI a XVIII: un combate por la hegemonía’, *Dynamis*, 2000, **20**: 417–56, p. 433.

⁴² For Portugal, see Timothy Walker, ‘The role and practices of the *curandeiro* and *saludador* in early modern Portuguese society’, *História, Ciências, Saúde. Manguinhos*, 2004, **11** (supplement 1): 223–37. For the Basque country, see Iñaki Bazán Díaz, ‘El mundo de las supersticiones y el paso de la hechicería a la brujomanía en Euskal-Herria (siglos XIII–XVI)’, *Vasconia*, 1998, **25**: 103–33. In Murcia, *saludadores* were contracted by the municipalities to put an end to plagues of locusts, see María del Carmen Zamora Zamora, ‘Aprovechamientos forestales en la comarca del Campo de Cartagena durante la Edad Media’, *Scripta Nova*, 1997, no. 13, <http://www.ub.es/geocrit/sn-13.htm>. Lastly, in Aragon, *saludadores* were believed to be able to identify witches, see María Tausiet, *Ponzoña en los ojos: brujería y superstición en Aragón en el siglo XVI*, Madrid, Turner, 2004, pp. 325–32.

⁴³ ARP, Valencia, Profesiones médicas. Siglo XVII.

⁴⁴ José Rodrigo Pertegás, ‘Los “saludadores” valencianos en el siglo XVII’, *Revista Valenciana de Ciencias Médicas*, 1906, **8**: 219–20.

⁴⁵ ARV, Valencia, Real Audiencia. Procesos, Parte 2ª, Letra F, nº 695, year 1590. This trial has been studied in depth in María Luz López Terrada, ‘El pluralismo médico en la Valencia foral: un ejemplo de curanderismo’, *Estudis*, 1994, **20**: 167–81.

in the surviving section of the trial minutes, there had apparently been a previous complaint from the College denouncing his irregular practices as a *sanador*. In the trial, Francesch Navarro declared himself to be a resident of Cuenca, but had moved to Valencia with his family. He then went on to say that he had for many years been curing people's knife wounds, stabs and sores (*ferides de coltellades, punyalades y nafres*) by using merely oil, water and the grace of God (although the declarations of witnesses mention that besides oil and water he also used white wine). He added that he charged nothing for this and that the cure took place quickly. Here we have a folk healer who has on the one hand "grace", a gift from God, and on the other, a charismatic ability to cure, a power he is able to transmit to any substance he wishes, in this case, oil and water.⁴⁶ As in the case of healing activities in the kingdom of Naples studied by David Gentilcore, "the key element in all this was ritual".⁴⁷ Unfortunately, Navarro's trial provides no more details about how he acquired this power. As José Luis Fresquet Febrer shows, other folk healers practising nowadays in the areas surrounding the city of Valencia also profess to having a healing grace, given by God. The fact that this ability is innate and requires no instruction means that such healers rarely undergo any medical training, formal or otherwise. In other words, the basic element of the therapeutic activity of Francesch Navarro was grace, as in the case of the great majority of the folk healers practising at present in the same geographic area.⁴⁸ This type of cure was usual at the time⁴⁹ and should be seen within the context, widespread in many epochs and cultures, of the curative uses of prayers, charms and spells common to almost all folk healers and healing ceremonies.⁵⁰

Navarro requested a licence conferring the right to carry out such cures legally in the city of Valencia, and a witness report that would attest to the demonstration of the cures he performed. Both of these were granted, and the report includes the declarations of nine men who were satisfactorily cured. These witnesses were eight craftsmen from the city of Valencia and a farm worker from Campanar (a village close to the city), aged between twenty and twenty-four, apart from one who said he was eighteen and another of thirty. Only three of the nine could sign their name. They were, in other words, nine young men of working age and belonging to the lower strata of society, for whom work was their only means of support. The declarations of the nine witnesses begin by relating how they got

⁴⁶For the meanings of the Spanish word *gracia* (grace) see Julian Pitt-Rivers, 'El lugar de la gracia en la antropología', in *Honor y gracia*, Madrid, Alianza, 1993, pp. 280–321; José L Fresquet Febrer (ed.), *Salud, enfermedad y terapéutica popular en la Ribera Alta (Valencia)*, Valencia, Instituto de Estudios Documentales e Históricos sobre la Ciencia, 1995. It must be remembered that in Spanish, besides meaning a gift from God as used in this context, it usually has the more commonplace meaning, i.e. that of the ability to develop certain skills.

⁴⁷David Gentilcore, 'The church, the devil and the healing activities of living saints in the kingdom of Naples after the Council of Trent', in Ole P Grell and Andrew Cunningham (eds), *Medicine and the Reformation*, London and New York, Routledge, 1993, pp. 134–55, on p. 135.

⁴⁸José L Fresquet Febrer, J A Tronchoni, F Ferrer and A Bordallo, *Salut, malaltia i terapèutica popular: els municipis riberencs de l'Albufera*, Catarroja, Ajuntament, 1994, pp. 164–5.

⁴⁹Luis S Granjel, *Aspectos médicos de la literatura antisupersticiosa española de los siglos XVI y XVII*, Salamanca, Universidad de Salamanca, 1953, p. 61.

⁵⁰There are numerous studies of *curanderismo* in Spain, but very few of the sixteenth and seventeenth centuries. I have found the following particularly valuable: Enrique Perdiguer, 'Magical healing in Spain (1875–1936): medical pluralism and the search for hegemony', in Willem de Blécourt and Owen Davies (eds), *Witchcraft continued: popular magic in modern Europe*, Manchester, Manchester University Press, 2004, pp. 133–51.

hurt, usually during a fight, and details of the wound. After this, all the witnesses declared that they went to a surgeon to have their wounds cured in their *botigas*.⁵¹ Six of the men went first to a surgeon, but turned to Navarro because the surgeons' grave diagnoses promised long recoveries or little reason for hope. The other three witnesses were treated by surgeons for longer periods. To be precise, two went four times without any improvement being observed, and another, Jaume Vinches, attended a surgeon's *botiga* for two months with the same outcome.

As a result of the failure of Galenic surgery and since they had all heard of the "great treatments" (*grandes curaciones*) carried out by Navarro, the nine witnesses went to see him and were all completely cured by him in a very short space of time (between six and twenty days according to the declarations), using just prayers, water, oil and white wine. There are two very important factors to take into account at this point since they explain to a great extent why people went to folk healers after failing to be cured by surgeons. The first is the socio-economic factor: the terrible problems faced by people in the social stratum to which the witnesses belonged when illness prevented them from working. Being unable to work meant that they no longer had any economic means of support and therefore became poor, i.e. with the profile of the sick who attended the Hospital General.⁵² Furthermore, people of low income, such as the witnesses, were unable to pay the relatively high fees charged by physicians and surgeons. Navarro, as was said repeatedly during the witness declaration, did not charge for his services. Even today, folk healers often accept only voluntary donations. Secondly, unlike the drawn-out and painful operations of surgeons, folk healers did no harm and relieved pain in a short time, as certain witnesses such as Joan Climent stated expressly.⁵³

Navarro's trial finished with a provision dated 18 March 1596 made by the judge of the *Real Audiencia* stating to the College of Surgeons that "non perturbent neque molestiam faciant dicto Francisco Navarro in curationibus per eum faciendis". In other words, the folk healer was entitled to practise in the city for two reasons. First, the diocese of Valencia had confirmed that the prayers he said were Catholic and not heretical. Second, he employed only simple, not compound, remedies, i.e. he did not prepare any type of medicine which would, in accordance with charter legislation, have required the approval of the College of Apothecaries. Consequently, if Navarro had used any type of compound medicine, he would perhaps have had more problems not only with the surgeons but also with the apothecaries. Finally he did not charge anything for his services. One must remember how important it was, from the encroachment standpoint, that this folk healer did not use any medicine, make diagnoses, or—and this is particularly important because the charge against him was brought by surgeons—perform any surgical operations like those carried out by the surgeons seen previously by the patients who testified. This is why, together with

⁵¹ The word "*botiga*" refers to places open to the public where surgeons performed a variety of operations, but also those where people went for a shave or haircut, given the two-fold function of Valencian surgeons at this time.

⁵² As in similar centres, the Hospital General de Valencia basically saw to the needs of those who had no resources beyond those that they earned while working. See María Luz López Terrada, 'Health care and poor relief in the crown of Aragon', in Ole Peter Grell, Andrew Cunningham and Jon Arrizabalaga (eds), *Health care and poor relief in Counter-Reformation Europe*, London and New York, Routledge, 1999, pp. 177–200.

⁵³ ARV, Valencia, Real Audiencia. Procesos, Parte 2^a, Letra F, n^o 695, year 1590.

the fact that the prayers did not contradict Catholic teaching, he was allowed to continue practising. This provision means that the authorities deemed the activities of Francesch Navarro to be totally legal and that they therefore constituted an alternative to that of the medicine practised by physicians and surgeons.

Similarly, the sale of medicines at the margins of regulated trade was commonplace in Valencia. In Spain, as in the rest of Europe,⁵⁴ panaceas for the cure of one or a variety of ailments, whether provided by *curanderos* or by members of the academic world, represented a flourishing business. Many of those who provided these medicines, even when they had official licences, found themselves accused of infringing the privileges granted to other practitioners.⁵⁵ This was the case of Joseph Balsamo or Jusepe Valsamo, an Italian who was granted a licence by the viceroy of the kingdom of Valencia in 1606 to sell an oil prepared and made by him under the name of *medicinal de germania* on an itinerant basis.⁵⁶ According to Balsamo, this oil cured any type of illness caused by cold (literally “tot genero de mal com sia, causat de fredor”) and was applied externally, although experience had shown that it caused no problems when ingested. Balsamo maintained that this compound had cured many people of cold disease not only in the city of Valencia but also in Granada, Cordova, Seville and Toledo. Like the remedies of many other itinerant salespeople, Balsamo’s “resembled those of the Hippocratic–Galenic tradition, as used by physicians and surgeons and prepared and dispensed by apothecaries”.⁵⁷ However, the powerful College of Apothecaries of the city, which legally controlled the monopoly of the sale of medicines, vehemently opposed its uncontrolled sale, even though the creator of this wonderful oil had been issued a licence by the viceroy himself.⁵⁸

Balsamo’s case was not an isolated one; the sale of medicines outside the legally operating dispensaries was widespread. For example, the *cronista*, or official historian, Gaspar Escolano, after a detailed description of all of the medicinal plants that grew wild in the kingdom, noted that these could all be found in the market, where every type of medicinal plant could be easily and freely purchased.⁵⁹ Escolano does not, however, mention to whom these plants were sold. The apothecaries themselves stated in their suit against Balsamo that it was the custom of their college to prosecute all those who made and sold medicines without authorization. They considered unauthorized sales a threat to public health and judged the sellers themselves to be “very harmful and prejudicial to a republic; indiscriminately and indeterminately they

⁵⁴ Andrew Wear, *Knowledge and practice in English medicine, 1550–1680*, Cambridge, Cambridge University Press, 2000, pp. 436–7; Brockliss and Jones (op. cit., note 1 above, pp. 231–40) cite among others, during these very years, another Italian named Hieronimo de Bolonia who sold stones, unguents, and plants to cure toothaches and migraines in Paris.

⁵⁵ José Rodríguez Guerrero, ‘Vendedores de panaceas alquímicas entre los siglos XVI y XVII’, *Azogue*, 2002–2007, no. 5: 90–9.

⁵⁶ The information about Balsamo is taken from ARV, Valencia, Real Audiencia. Procesos, Parte 1^a, Letra S, n^o 1806, year 1607; and a propagandistic printed text (Biblioteca del Instituto de Historia de la Medicina y de la Ciencia “López Piñero”, Universitat de València–CSIC), C-31 (65).

⁵⁷ Gentilcore, op. cit., note 7 above, p. 6.

⁵⁸ A more detailed study of Balsamo and his suit with the College of Apothecaries is found in López Terrada, op. cit., note 3 above, pp. 85–120.

⁵⁹ Gaspar Escolano, *Decada primera de la insigne y coronada Ciudad y Reyno de Valencia*. . . Valencia, Pedro Patricio Mey, 1610–1611, libro 5^o, col. 1042.

want to apply a single remedy to every disease, because their only interest is in selling”.⁶⁰

Finally, I would like to add just one more example that illustrates the prevalence of medical pluralism. It must be borne in mind that almost one third of the population of Valencia in the late sixteenth and early seventeenth century (until the expulsion in 1609) was Morisco. According to Luis García-Ballester, who studied this subject in depth,

... before the Conquest, due to the socio-economic conditions themselves, a large proportion of the population employed superstitious empirical medical care and were attended by the corresponding health “professionals”, a situation that persisted after the Conquest. However the disintegration of Islamic culture and the increasing social marginalization of the Muslim and Morisco population led to a change in the perception of the medicine they practised, accentuating empirical and superstitious practices ... and de-emphasizing the figure of the professional himself ... leading to a flourishing and picturesque world of folk healers, who would, in any case, have existed even if scientific medicine and its practitioners had been maintained.

Consequently, most of the Morisco population could only avail themselves of this type of medicine—increasingly disconnected from all scientific knowledge. Morisco folk healers were frequented not only by those of the same caste, but also by Christians of all social classes.⁶¹

**Llorenç Coçar:
A Paracelsian charged by Philip II with the Control of Medical Practice
in the Kingdom of Valencia**

So far, I have focused on two different subjects: the systems of control of medical practice and the prevalence of medical pluralism, more concretely, the extra-academic medical practices at the margins of officialdom in early modern Valencian society. To conclude, I would like to bring these together by examining the case of Llorenç Coçar, who

⁶⁰ “... sont molt dañosos y perjudicials per a una república, y que indistincte et indeterminante volen aplicar un remey a totes enfermetats com lo intent de aquell no sia més que vendre.” ARV, Valencia, Real Audiencia. Procesos, Parte 1^a, Letra S, n^o 1806, year 1607.

⁶¹ “... antes de la conquista, por las propias condiciones socioeconómicas, gran parte de la población practicaba formas empírico-creenciales de asistencia y era atendida por los consiguientes “profesionales” sanitarios. Y ello se mantuvo también tras la conquista. Pero el proceso de desintegración de la cultura islámica y la creciente marginación social de la masa musulmana y morisca hizo que la medicina por éstos practicada fuera acentuando las prácticas empíricas y creenciales ... y disgregándose la propia figura del profesional ... para dar paso a un florido y pintoresco mundo de “curanderos” que, por otra parte, hubieran existido igual de haberse mantenido la medicina científica y su profesional.” Luis García-Ballester, *Los moriscos y la medicina: un capítulo de la medicina y la ciencia marginadas en la España del siglo XVI*, Barcelona, Labor, 1984, pp. 64–5. All the information about the medicine of Valencian Moriscos is taken from this book in which García-Ballester analysed in depth, and from different perspectives, the medicine of Moriscos in the Iberian Peninsula during this period. Due to the large numbers of Morisco inhabitants in Valencia, the study includes many references to the region. See also Luis García-Ballester, ‘The Inquisition and minority medical practitioners in Counter-Reformation Spain. Judaizing and Morisco practitioners, 1560–1610’, in Grell and Cunningham (eds), *op. cit.*, note 47 above, pp. 156–91.

was named *protomédico y sobrevisitador real* of the kingdom of Valencia by Philip II in 1589. The Valencian physician Llorenç Coçar or Cozar has been the object of various studies which have underscored his position as one of the few followers of chemical medicine in sixteenth-century Spain. This focus stems as much from a medical work by him with clear Paracelsian affinities,⁶² as from his two-year tenure as the holder of the only university chair dedicated to the instruction of the use of this kind of medicine in Europe at the time. Furthermore, there have been studies of Coçar for his unique role as the only physician named by Philip II as *protomédico* of the kingdom of Valencia.⁶³ Thus the importance of Coçar for the history of Spanish Paracelsianism⁶⁴ is an aspect that takes on particular significance if we keep in mind that the principal responsibility of the *protomédico* consisted in visiting druggists' shops and the control of the medicines that they dispensed. In other words, Philip II granted the oversight of the preparation and sale of medical substances in Valencia to a physician who was an open supporter of the use of remedies substantially different from those associated with the Galenic *materia medica*. In this way, and when confronted with local institutions of control of medical practice with their origins in the Middle Ages, the monarchy yet again appears as a factor contributing to the renovation of scientific beliefs, giving its support to men who were clearly related to innovative movements away from the royal court, and attempting to give them social recognition. On the other hand, I am able to confirm that iatrochemical medicine was openly practised, and even integrated into the academic system in the city of Valencia, during the last two decades of the sixteenth century.

Llorenç Coçar was born in Valencia around 1540.⁶⁵ From 1585 until his death, he occupied a chair in medicine at the university, first in surgery and, in the academic year 1591–92, the chair *De remediis morborum secretis*.⁶⁶ According to his will, he

⁶² Llorenç Coçar, *Dialogus veros medicinae fontes indicans*, Valencia, apud Petrum Patritium, 1589. There is a facsimile edition and a study: José María López Piñero, *El "Dialogus" (1589) del paracelsista Llorenç Coçar y la cátedra de medicamentos químicos de Valencia (1591)*, Valencia, Cátedra e Instituto de Historia de la Medicina, 1977.

⁶³ *Ibid.*, pp. 9–25; José María López Piñero, 'Coçar, Llorenç', in José María López Piñero, Thomas F Glick, Víctor Navarro Brotóns and Eugenio Portela Marco (eds), *Diccionario histórico de la ciencia moderna en España*, 2 vols, Barcelona, Península, 1983, vol. 1, pp. 231–2; José Pardo Tomás, 'Llorenç Coçar y la Inquisición Valenciana', in *Homenatge al doctor Sebastià Garcia Martínez*, 3 vols, Valencia, Conselleria de Cultura, Educació i Ciència, 1988, vol. 1, pp. 363–74; López Terrada and Pardo Tomás, *op. cit.*, note 29 above; Allen G Debus, 'Paracelsus and the delayed scientific revolution in Spain: a legacy of Philip II', in Allen G Debus and Michael T Walton (eds), *Reading the book of nature: the other side of the scientific revolution*, Kirksville, Sixteenth Century Journal Publishers, 1998, pp. 139–52; Mar Rey Bueno, *Los señores del fuego: destiladores y espagíricos en la corte de los Austrias*, Madrid, Corona Borealis, 2002. Coçar also appears in recent works on European Paracelsianism. See Allen G Debus, 'Paracelsianism and the diffusion of the chemical philosophy in early modern Europe', Ole Peter Grell (ed.), *Paracelsus: the man and his reputation, his ideas and their transformation*, Leiden, Brill, 1998, pp. 239–40; Allen G Debus, 'The chemical philosophy and the scientific revolution', in Marcus Hellyer (ed.), *The scientific revolution*, London, Blackwell, 2003, pp. 159–177, on p. 173; Allen G Debus, *Chemistry and medical debate*, Canton, MA, Science History Publications, 2001, p. 165.

⁶⁴ López Piñero, *op. cit.*, note 62 above, pp. 9–25; *idem*, 'Paracelsus and his work in 16th and 17th century Spain', *Clio medica*, 1973, 8(2): 113–41.

⁶⁵ See note 63 above; José L Fresquet Febrer and María Luz López Terrada (eds), *Archivo Rodrigo Pertegás. Siglo XVI*, Valencia, Universitat de València–Fundación Marcelino Botín, 2002.

⁶⁶ López Piñero *op. cit.*, note 62 above, pp. 9–25; Debus and Walton (eds), *Reading the book of nature*, *op. cit.*, note 63 above, p. 150; Pardo Tomás, *op. cit.*, note 63 above, pp. 370–1.

died on 27 July 1592.⁶⁷ Coçar's nomination to the post of *protomédico* was granted in the palace of the Escorial on 21 October 1589; this was followed by another document in which Philip II explained in concrete terms what the physician should do and how he should go about it.⁶⁸ It is interesting to note that, although the rest of the responsibilities of the *protomédico* are rather vaguely defined in these documents,⁶⁹ the matter of visits to apothecaries is minutely detailed and stipulates that the wages of the *protomédico* should be paid from the fines he imposed.⁷⁰ It appears, then, that the inspection of druggists' shops is characterized as the primary task of the Valencian *protomédico*.⁷¹ As one might guess, the naming of Coçar to such an important position caused a series of legal conflicts between the *Protomedicato* and local institutions which, as previously stated, effectively controlled medical practice without the help of a royally appointed *protomédico*. Specifically, there was an accusation, followed by a lawsuit that lasted from 1589 (the year of his appointment) until 1592 (the year of his death). The suit was lodged by Coçar against the colleges of surgeons and apothecaries, the medical school of the university, and the representatives of the three branches of the *Cortes*, with the simple object of being allowed to perform the job he had been designated to carry out by Philip II.⁷² The king vigorously supported Coçar's attempt. Philip put his own *procurador patrimonial* (i.e. the person responsible for defending the monarchy's interests in the kingdom of Valencia) in charge of Coçar's defence. But the king himself also wrote a series of letters, transcribed in the court records, giving concrete instructions for Coçar's defence and answering a question posed by the College of Apothecaries insinuating that the *protomédico* may have been deceiving the king. Philip's response clearly demonstrates his support of Coçar.⁷³

What is most interesting for our purposes is the way in which the two subjects of our study come together in this suit. The colleges of surgeons and apothecaries used Coçar's support of chemical medicine as an argument that he was unfit to occupy the post. On the one hand, the fact that Coçar prepared medicines at home provoked the displeasure of the apothecaries. On the other, they attempted to demonstrate that Coçar was unfit for the position because, as a physician, he had no training in *farmacopolía*, which was, above all, a practical art. Still further, they accused Coçar of prescribing and making strange or unfamiliar medicines at home, insisting that these were ineffectual and even dangerous. They denounced the high prices of these medicines, prices he was able to charge because the medicines were not available in druggists' shops and did not conform to usual practices and knowledge.

⁶⁷ Coçar's will is held in the Archivo del Colegio del Patriarca de Valencia, *Protocolos de Martí de la Serna*, R. 17135, and has been published in María Luz López Terrada, 'Llorenç Coçar: protomédico de Felipe II y médico paracelsista en la Valencia del siglo XVI', *Cronos*, 2005, 8: 31–66.

⁶⁸ ARV, Valencia, Real Cancillería 432, fols 169v–171v; Real Cancillería 363, fols 47r–48r, year 1589.

⁶⁹ The nominations say nothing of the responsibilities and competencies of the *protomédico* in matters related to the control of medical practice or vigilance against encroachment, the essential tasks of the tribunal of the *Protomedicato* in Castile.

⁷⁰ The salary was set at twenty Castilian *reales* for every day spent carrying out the inspections (ARV, Valencia, Real Cancillería 363, fols 47v–48r.)

⁷¹ López Terrada and Pardo Tomás, op. cit., note 29 above.

⁷² ARV, Valencia, Real Audiencia. Procesos, Parte 1^a, Letra S, n^o 3074, year 1630. For a detailed study of this process, see López Terrada, op. cit., note 67 above.

⁷³ ARV, Valencia, Real Audiencia. Procesos, Parte 1^a, Letra S, n^o 3074, year 1630, fols 16–17.

The accusations were not confined to matters of professional disagreement. The apothecaries made veiled accusations that Coçar was not an “Old Christian” (in other words that he was a crypto-Jew) and that it was his wife who actually prepared the medicines. To demonstrate this, they turned to a tactic common in the court proceedings of the era, known as a *testifical*. This consisted of a sealed questionnaire presented before a judge by one of the parties to the suit. In what followed, a series of expressly named witnesses would answer the questions and justify their knowledge of the events. On 4 December 1590, Joseph Ridau, a notary and representative of the College of Apothecaries, presented such a questionnaire with twenty questions that had to be answered initially by Coçar himself and then by other witnesses. The first eight questions had as their common theme the long-standing, diligent, and efficacious control of druggists in the kingdom of Valencia by the College, alluding to the excellence of the education it offered to its members. These questions were designed to demonstrate publicly that the College was and had always been entirely capable of controlling everything related to the apothecaries’ craft and, in addition, that their supervision of practice was supported and justified by territorial laws and common usage from time immemorial. The remaining twelve questions sought to paint a picture of the unsuitability of Coçar for the job. Their end was to show him to be incapable of overseeing the manufacture and sale of medicines, not only because he was not himself a druggist, but also because he had no knowledge of the practical art of *farmacopolía*, of which, they alleged, university-trained physicians knew nothing.⁷⁴ Still further, the strange medicines that Coçar sold held no resemblance to those he was responsible for controlling.

Philip II’s support of Coçar is not simply indicative of the king’s interest in widening his sphere of influence and protecting his choice of *protomédico*. We find in the suit documentary evidence that makes patent Philip’s support of Paracelsianism and its practitioners at a distance from the royal court.⁷⁵ On 4 January 1591 Philip wrote a second letter to the viceroy in which he requested that there be an immediate end to the apothecaries’ accusations and that the viceroy should attempt to have the suit dismissed.⁷⁶ Additionally, on 25 January there arrived a royal order that the final twelve questions of the *testifical* be eliminated. According to this royal order, only Coçar should be asked the twelve questions; the other witnesses would be restricted to answering questions relating to the College of Apothecaries, its good name, and its operation. I conclude from this that Philip intended that there be no official record of the harsh criticisms of Coçar’s practices, which had been considered by the *procurador patrimonial* as irrelevant to the case at hand, prejudicial to the physician’s case, and contrary to the expressed desires of the monarch.

⁷⁴ Allegations that he was not a graduate of any university were repeated in the interrogation phase, despite the fact that Coçar was not only a graduate of the Valencian *Studi*, but that he held a chair in medicine there.

⁷⁵ This helps to undermine, to a certain extent, the suggestion that Spanish Paracelsianism has a generally courtly character. The relationship of Philip II and alchemy has been studied by F Javier Puerto Sarmiento, M E Alegre Pérez, Mar Rey Bueno and Miguel López Pérez (eds), *Los hijos de Hermes: alquimia y espagiria en la terapéutica española moderna*, Madrid, Corona Borealis, 2001; Rey Bueno, op. cit., note 63 above; Mar Rey Bueno and María Esther Alegre Pérez, ‘Los destiladores de su majestad. Destilación, espagiria y paracelsismo en la corte de Felipe II’, *Dynamis*, 2001, 21: 323–50.

⁷⁶ ARV, Valencia. Real Audiencia. Procesos, Parte 1^a, Letra S, n^o 3074, year 1630, fols 17–18.

During the interrogational phases of the suit, the apothecaries relied on the authority of university physicians and Galenic medicine to establish the inefficacy and dangerousness of Coçar's remedies. The suit noted that the physicians of the city refused to prescribe this type of medicine, deeming it harmful and, what is more, characteristic of empirical medicine not found in the medical manuals they used. Coçar himself, as he explains in his *Dialogus veros medicinae fontes indicans*, was radically opposed to the use of Galenic *materia medica*. So, in the course of the text, there are many allusions to his adversaries and the extent to which they were mistaken with regard to his methods, comments that can be taken as responses to the accusations lodged against him. In this vein, the apothecaries also pointed to the existence of patients that had complained of the harm done them by the use of Coçar's medicines. According to the opinions given by these former patients—who were never able to give a full declaration of their grievances—they would have been cured of their ills if they had followed the traditional medicine and had taken recognized and approved remedies. In other words, they felt sure they would have improved more satisfactorily had they turned to Galenic remedies.

Doubtlessly, these accusations reflect, at least to some extent, the debate among Galenists and Paracelsians, although with an important caveat. During the very years that this suit was brought, Coçar held a university chair dedicated to instructing students in the proper use of chemical medicines. In other words, the Galenists who confronted Coçar and who had refused to consider his opinions seriously in professional meetings were his colleagues and fellow chairs in the medical college of the *Studi*. Every indication is that his relationships with the other chairs were strained. For example, they responded to the eleventh question that when they convoked meetings of physicians and Coçar suggested the use of his remedies, the other doctors refused to comply, considering them to be neither effective nor healthful, but rather strong, dangerous, and worthy of reproof. Besides this, these were remedies that were not based on the authority of the classics and were consequently deemed merely empirical. The reaction of Coçar's colleagues is not surprising. A dedication to his book, published the very year that these accusations were made, was aimed at them; Coçar begs, with a measure of sarcasm, for their help in ending these squabbles and conflicts.⁷⁷

As already mentioned, Coçar was not only accused of practising dangerous, unorthodox medicine, but of charging his patients exorbitant amounts. His former patients testified to the sums they had paid. The troubled relations between the *protomédico* and his colleagues were apparent here, too. Coçar defended himself by saying that he had to prepare the medicines himself because, although he wanted to teach others to make them, the majority of apothecaries were “enemies of anything that might cost them effort or work” (*enemichs de fer cosa que tinga costa y treball*). Nevertheless, it seems that he had arrived at some form of agreement with one of the druggists, whose name is not listed in the court documents, who was to sell (or give free of charge) these remedies to the sick. At the same time, the testimony of the apothecaries was that Coçar was illicitly enriching himself through the high prices he charged. One of the questions makes reference to a medicine called “cinnamon oil” (*olli de canella*), to demonstrate the vast disparity between the cost

⁷⁷ Coçar, op. cit., note 62 above, A4v.

of preparation and the price Coçar charged. The apothecaries also argued that they themselves did not produce this medicine because it was not one of those found among the compounds usually sold in druggists' shops nor was it to be found in medical texts; this meant that Coçar had an effective monopoly on the sale of *olli de canella* and anyone wishing to purchase it had to buy it from him.⁷⁸ Coçar's answer to this criticism was almost always the same: that in the majority of cases, he freely gave his patients the "most extraordinary" (*molt extraordinaries*) distillations and oils, which he made himself, and that he actually lost money on the enterprise.

It should now be clear how medical pluralism and the control of medical practice merge in Coçar's case. When one considers the accusations that deal with the use of curative strategies that do not conform to traditional Galenism—cures based, among other things, on the use of chemical medicines—it becomes evident that the suit was brought in an attempt to prevent Philip II's appointee from controlling the manufacture and sale of medicines. Local medical practitioners tried to frustrate the exercise of royal power by suggesting the *protomédico's* incapacity and incompetence through reference to his unorthodox practices.

Martí Bellmont, a personal friend of Coçar, in speaking of the conflicts between the *protomédico* and the physicians of the city, recounted that the other physicians had little respect for Coçar, calling him an alchemist and accusing him of "using for healing the alchemies that he prepared".⁷⁹ Bellmont, a member of the Inquisition, demonstrates that Coçar's conflicts with other health practitioners were exclusively professional, never religious or doctrinal. His comment, made forty years after the publication of the *Dialogus*, confirms that Coçar subscribed wholeheartedly to this system of medicine, theoretically as well as practically.⁸⁰ Thus, the public practice of chemical medicine, integrated within the academic system of the city of Valencia during the last two decades of the sixteenth century, is described by a member of the Inquisition as the result of the resistance of local authorities to the imposition of a *protomédico* named by Philip II.

In the figure of Coçar, therefore, we find, on the one hand, a magnificent example of a university physician who adhered both in theory (as his book of 1589 attests) and in practice to a form of treatment different from Galenic medicine, based among other things, on the use of chemical medicines. On the other, we find someone living far from the royal court who was the very person that Philip II chose to be in control, through supervision of local institutions, not only of the production and sale of medicines, but also of the licensing of physicians, surgeons and apothecaries, and the control of empirical practices.⁸¹

⁷⁸In fact, this does not appear in the *Officina medicamentorum* (1601), published by the College of Apothecaries, nor is it found in the 1590 inventory of the dispensary of Valencia's general hospital. See López Terrada, *op. cit.*, note 67 above.

⁷⁹At the time of his declaration, he was canon of the cathedral of Valencia, in addition to being a member of the Inquisition. From 1611–1614 and again in 1629 he was dean of the *Studi*. He published a sermon in a work by Gerónimo Martínez de la Vega, *Solenes i grandiosas fiestas, que la ... ciudad de Valencia a echo por la beatificación de ... D. Tomas de Villanueva ...*, Valencia, Felipe Mey, 1620. See Amparo Felipo Orts, *La Universidad de Valencia durante el siglo XVII (1611–1707)*, Valencia, Generalitat Valenciana, 1991, p. 21.

⁸⁰López Piñero, *op. cit.*, note 62 above, p. 11.

⁸¹The fact that he was one of the few Spanish Paracelsians appears in every study of Coçar's life and work. See note 63 above; and more recently, Mar Rey Bueno, 'Los paracelsistas españoles: medicina química en la España moderna', in Navarro Brotóns and Eamon (eds), *op. cit.*, note 9 above, pp. 41–55. One cannot forget in this context the presence of Fioravanti at the court of Philip II during his trip to Spain. See William Eamon, 'The charlatan's trial: an Italian surgeon in the court of King Philip II, 1576–1577', *Cronos*, 2005, 8: 1–30.