Homeopathy ‘for Mexicans’: Medical Popularisation, Commercial Endeavours, and Patients’ Choice in the Mexican Medical Marketplace, 1853–1872

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Abstract: This paper focuses on homeopaths’ strategies to popularise homeopathy from 1850 to 1870. I argue that homeopaths created a space for homeopathy in Mexico City in the mid-nineteenth century by facilitating patients’ access to medical knowledge, consultation and practice. In this period, when national and international armed conflicts limited the diffusion and regulation of academic medicine, homeopaths popularised homeopathy by framing it as a life-enhancing therapy with tools that responded to patients’ needs. Patients’ preference for homeopathy evolved into commercial endeavours that promoted the practice of homeopathy through the use of domestic manuals. Using rare publications and archival records, I analyse the popularisation of homeopathy in Ramón Comellas’s homeopathic manual, the commercialisation of Julián González’s family guides, and patients’ and doctors’ reception of homeopathy. I show that narratives of conversion to homeopathy relied on the different experiences of patients and trained doctors, and that patients’ positive experience with homeopathy weighed more than the doctors’ efforts to explain to the public how academic medicine worked. The fact that homeopaths and patients used a shared language to describe disease experiences framed the possibility of a horizontal transmission of medical knowledge, opening up the possibility for patients to become practitioners. By relying on the long tradition of domestic medicine in Mexico, the popularisation of homeopathy disrupted the professional boundaries that academic physicians had begun to build, making homeopaths the largest group that challenged the emergent medical academic culture and its diffusion in Mexico in the nineteenth century.

Keywords: Homeopathy, Popularisation of medicine, Domestic medicine, Patients’ choice, Medical profession, Mexico

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On 17 August 1901, Anastasia Rodríguez, a 55-year-old woman, sought Francisco I. Madero’s medical advice to cope with maladies that had been upsetting her for the last three months.1 A rich hacendado in northern Mexico, who had enjoyed an elite education in Paris and Berkeley, California, during the last decade of the century, Madero would be known for his political campaign to defeat Porfirio Díaz’s regime and for his ultimate triumph in 1910. Earlier in the decade, he sought to make the family business prosper, which included attending to his workers’ health needs. With few or no doctors in the region, Madero followed the family’s tradition of using homeopathic first-aid kits and spiritual healing to treat those around him. Madero thought that Anastasia suffered from ‘rheumatism and attacks’, describing her as ‘crippled’ and unable to move. He prescribed *Rhus toxicodendron*, a homeopathic remedy which, according to Julián González’s *Tratado práctico de homeopatía y guía de las familias* [*Practical Treatise of Homeopathy and Family Guide*], was used to treat several diseases and symptoms, including rheumatism, gout, bone pain, muscle rigidity, several type of fevers, and head numbness.2 Three days later, Anastasia was cured of the attacks, but the rest of her symptoms persisted. Later that month, her mobility improved, yet the attacks resumed. Madero persisted in his prescription. One month later he prescribed ‘magnetized water’, a remedy which made her vomit. Noticing that Anastasia suffered from stomach congestion, he prescribed *Arnica*. When attacks resumed, Madero shifted to ‘magnetized sugar’ diluted in water. A few days later, Anastasia ‘notified [him] that precisely when she started drinking the magnetized water, attacks receded’.

Madero’s and Anastasia’s experiences with homeopathy were not uncommon during the last quarter of the nineteenth century in Mexico, when academic doctors were scarce in urban centres and more or less non-existent in the countryside. A German medical system formalised in 1810 by Samuel Hahnemann, homeopathy entered the Mexican medical marketplace in the mid-nineteenth century.3 By the late 1900s, 40 out of 540 licenced physicians in the medical registry, almost ten per cent, were homeopaths, and the Mexican government sustained a homeopathic school and a hospital.4 However, most homeopathic practitioners did not have academic medical training and so were not accounted for by the government. Juan Antiga Escobar, a Cuban doctor who migrated to Mexico and became a homeopath in the early 1890s, estimated that there were around 250 of these informally-taught homeopaths distributed all over the nation.5 Madero was one of them, and without a formal medical education and a licence to practise medicine, he offered relief and medial succour to his family and workers.

When homeopathy came to Mexico, medical institutions were going through a process of transformation, but the medical profession was far from consolidated. In the 1830s,

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1 Madero’s clinical records in the Historical Archives of the Ministry of Treasury, Francisco I. Madero, 41, 66.
4 ‘Lista de médicos, farmacéuticos, parteras, dentistas, veterinarios legalmente autorizados’, Archivo de la Secretaría de Salud (AHSS), Salubridad Pública (SP), Ejercicio de la medicina (EM), 4, 1.
a decade after Mexico became an independent nation, liberals founded the National School of Medicine (NSM) and the Superior Board of Health (SBH) to substitute the Catholic and Pontificate University and the Protomedicato under the control of the Catholic Church and the Spanish monarchy, respectively. The school’s curriculum introduced French pathological anatomy, replacing Hippocratic and Galenic humoral medicine. The new approach privileged the clinical observation of the body to locate the material cause of disease over descriptions of symptoms contained in books.\(^6\) The Medical Faculty (later SBH), responsible for medical licencing, sanctioned the school’s curriculum by examining NSM graduates.\(^7\) But national and international armed conflicts kept medical institutions shifting from the colonial to the liberal model as conservative and liberal governments came and went. Similarly, professional medical societies were ephemeral and failed to unify the few doctors across the country.\(^8\) Only after 1867, when liberals triumphed, did the NSM, the SBH and medical societies emerge as institutions that began to establish a modern academic medical culture.

In nineteenth-century Mexico, as in many other Latin American countries, licenced practitioners, who generally included physicians, pharmacists, midwives, phlebotomists and dentists, represented an elite minority that failed to meet the health needs of the population.\(^9\) Despite the exponential growth of licenced physicians in Mexico City from thirty in 1830, 160 in 1859, to 526 in 1900, people living in the capital of the nation had poor access to them.\(^10\) The ratio of licenced physicians per inhabitant in the capital did not change from 1859 to 1910 (9.9 per 10 000). The statistic was far worse for the whole nation (1.99 per 10 000) in 1910, indicating the poor access to formally trained doctors in the rest of the country.\(^11\) Consequently, most patients sought health care with unlicenced practitioners.

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\(^10\) Hernández Sáenz, ibid., 230. The SBH’s medical registry of 1859 listed also seventeen surgeons, forty-nine pharmacists, twelve dentists, seven phlebotomists and fourteen midwives. José María Reyes, ‘Médicos, cirujanos, farmacéuticos, dentistas, flebotomianos, y parteras’. La sociedad, 25 February (1859), 2.

Reliable statistics for unlicenced practitioners in nineteenth-century Mexico are absent; however, historians classify them in three groups that had changed little since the late colonial period.\textsuperscript{12} Empirics who relied on recetarios [recipe books] or domestic medicine manuals to treat the ill and charged for their services joined colonial practitioners, who have had some training in medicine but who did not have a licence. Itinerant herbalists or merolicos [quacks], who modernised Native American traditions, creating tonics, nostrums and other remedies that they advertised, prescribed and merchandised, added to the ranks of colonial curanderos [folk healers], who often syncretised Native American with Catholic healing and religious practices. Priests and others operating within the Catholic Church hierarchy continued offering relief from disease. In nineteenth-century Mexico, the diverse array of unlicenced practitioners increasingly used domestic medicine manuals and commercialised botanical remedies, and offered homeopathy to tend the needs of their patients.

Health care generally happened at home, where patients fought their illnesses with remedies learned by oral tradition. Occasionally, families summoned unlicenced practitioners when patients got worse. Only a small number of wealthy families would call licenced doctors in. Throughout the nineteenth century, traditional medical knowledge was Mexicans’ first resource against disease. This traditional knowledge combined indigenous, African and European medical cultures. The syncretism allowed exchanges where natural and supernatural explanations of disease, religious beliefs, and botanical remedies coincided, clashed and turned into new approaches to healing that persisted throughout the colonial period.\textsuperscript{13} Spanish friars, naturalists and doctors captured these exchanges when they compiled volumes with the rich botanical remedies they found in the Americas; but only in the eighteenth century, with the Enlightenment tendencies to popularise medical knowledge, did they begin to publish indigenous remedies in recetarios, domestic manuals and gazettes.\textsuperscript{14} Several domestic manuals circulated in Mexico in the eighteenth century.


Spanish translations of French and English domestic manuals included *Obras medico-chirurgicas de Madama Fouquet* [Madame Fouquet’s Surgical and Medical Works] (1748), William Buchan’s *Medicina Domestica* [Domestic Medicine] (1785), and Simon Andr´e Tissot’s *Aviso al pueblo sobre la salud* [Notice to the People about Their Health] (1790).\(^{15}\) Juan de Esteyneffer’s *Florilegio Medicinal* [Medical Anthology] (1712) and Juan Manuel Venegas’s *Compendio de la medicina: ó medicina práctica* [Overview of Medicine; or practical medicine] (1788) are two examples of domestic manuals published in New Spain that included indigenous remedies and considered the particularities of the American environment and American patients. At the turn of the century, the *Gazeta de México*, the major daily publication of eighteenth-century New Spain, began to publish remedies that *curanderos* used and licenced physicians sanctioned, as well as European medical products.\(^{16}\) This trend increased during the second half of the nineteenth century. Anthropologist Paul Hersch Mart´ınez has identified seven domestic medicine manuals that were either printed or in use in Mexico during the nineteenth century.\(^{17}\) Historian Claudia Agostoni has shown that medical advertising increased during the last third of the century and that patients had unprecedented access to diverse products that improved their health, including medicines and medical books.\(^{18}\) Historians and anthropologists have examined these and other sources to highlight the importance and dynamism of domestic medicine in the colonial and early independent period in Mexico.

Connecting the newly-arrived practice of homeopathy in the mid-nineteenth century to the long tradition of domestic medical practices in Mexico is critical to understanding homeopathy’s popularisation and legitimisation. However, aligning with traditional narratives in the history of medicine, historians of homeopathy in Mexico have focused on describing how, following trends imposed by academic medical institutions, homeopaths professionalised their practice in the last two decades of the nineteenth century.\(^{19}\) These historians have minimised the role of unlicenced homeopathic practitioners like Madero in spreading homeopathy among the Mexican population. Moreover, while anthropologists and historians have emphasised the important role of domestic manuals and domestic medicine in offering medical resources to the population, they do not mention the increasing presence of homeopathic domestic manuals and products.\(^{20}\) But homeopathy emerged as a professional medical option sanctioned by the state because a few licenced homeopaths sought to demarcate their professional situation from the widely disseminated practice of domestic homeopathy. Homeopathy appealed to Mexicans. They consulted homeopaths, consumed the increasingly available homeopathic literature, advocated and popularised homeopathy through professional and commercial means and, eventually, offered homeopathic remedies to their own patients. Homeopathy offered an unconventional path to learn and practice medicine, a path that licenced practitioners tried to undermine.

\(^{15}\) Mentioned in Juan Manuel Venegas, *Compendio de la medicina: ó medicina práctica*, (México: D. Felipe de Záñiga y Ontiveros, 1788).


\(^{18}\) Agostoni, *op. cit.* (note 12).

\(^{19}\) Carrillo, ‘¿Indivisibilidad o bifurcación de la ciencia? . . .’, *op. cit.* (note 3); Flores, *op. cit.* (note 3); and Carrillo, ‘Profesiones sanitarias . . .’, *op. cit.* (note 3), 161–3.

\(^{20}\) Hersch Mart´ınez, *op. cit.* (note 17); Agostoni, *op. cit.* (note 12).
Knowing how homeopathy was introduced and disseminated in the 1850s and 1860s will help us to better understand the successful establishment of homeopathy as a state sanctioned medical option in Mexico in the 1870s and 1880s. Following anthropologists’ use of domestic manuals as a window to make visible what they call ‘invisible medicine’, I analyse rare homeopathic pamphlets, propaganda and family guides, as well as rare publications and archival records of academic medicine dealing with homeopathy to reveal the conflicts, negotiations and exchanges between popular and academic medicine that took place in mid-nineteenth-century Mexico.21 I treat homeopathic family guides, pamphlets and advertisements as ‘intercultural regions of refuge’ from which we can rescue popular voices that expose the tensions in the process of demarcating the popular medical culture from the academic one. This paper focuses on homeopaths’ strategies to popularise homeopathy from 1850 to 1870. I argue that homeopaths created a space for homeopathy in Mexico City in the mid-nineteenth century by facilitating patients’ access to medical knowledge, consultation and practice. Homeopaths’ reframing of homeopathy as domestic and commercial, allowed patients to learn about it, consume homeopathic products and prescribe them to family members, friends and even some clients. By adapting homeopathy to patients’ needs and demands, homeopaths carved out a niche that positioned them as the most important group which, despite sharing some characteristics and traits with academic medicine, challenged the emergent academic medical culture and its diffusion among the Mexican population.

I first examine Ramón Comellas’s strategies to advertise homeopathy in Mexico City, offering patients a modern, European and gentle therapeutic approach framed in the language of symptoms and personal experience. Homeopathy’s proximity with patients’ experiences turned some of them into homeopathic practitioners who offered their services mostly at home, though sometimes to the public. Second, I analyse the commercialisation of homeopathy by Julián González. Through family guides and first-aid kits, González popularised and diffused homeopathy beyond Mexico City and to an extent that raised academic doctors’ concerns. Then I explore patients’ and academic doctors’ reception of homeopathy. While patients turned to homeopathy in response to its ‘miraculous’ healings, trained doctors were convinced by closely scrutinising homeopathic clinical cases. Homeopathy inhabited the blurry line between medical facts, expert and lay medical practices, and personal and professional duty. Because they were accustomed to domestic medical practices, patients were open to it; trained doctors, on the other hand, who sought to regulate medical practice, severely criticised it. Yet, domestic homeopathy won a place among the Mexican public that homeopaths used to carve out a space in the nineteenth-century Mexican medical marketplace.

Medicine ‘for Mexicans’: Ramón Comellas and the Popularisation of Homeopathy in the 1850s

A Spanish native, Comellas came to Mexico in 1853 and started to practise medicine. He registered his medical degree with the SBH, wrote his book Reseña de la homeopatía dedicada a los mexicanos [A Review of Homeopathy Dedicated to Mexicans] and advertised his services in local newspapers.22 While following conventional means to establish his practice, Comellas used his position as a foreign doctor, homeopathy’s therapeutic novelty and patients’ critique of uncomfortable conventional therapies to earn patients’ trust and enlarge his clientele.23 The new doctor, whose ‘reputation earned in Spain and Cuba’ preceded his arrival in Mexico, made sure to let his public know that he was a doctor in surgery and medicine, a former professor of medicine at the University of Valencia in Spain, the founder of the Medical Institute in Valencia and a member of numerous scientific and medical societies in Spain.24 According to Comellas, homeopathy was a ‘medical doctrine that was cultivated and cared for in the majority of the civilized world’ but was ‘unknown in [Mexico]’. His purpose was to make it available to the Mexican public so that everyone knew about its principles and the means through which it promptly, softly, and certainly healed chronic and acute diseases without the need to make the patient drink any repugnant beverage, use bloodletting or leeches to weaken the patients’ body, or torment the patient with mustard plasters, cupping, caustics, setons, etc.25

In sum, his advertising of homeopathy positioned the new system’s therapeutic approach in opposition to orthodox ones, juxtaposing ideas of European progress and civilised medical practices with tacit assumptions about Mexico’s uncivilised nature, the lag of national medical progress, and Mexican doctors’ outdated therapies.

Comellas’s Reseña is a work of popularisation that had an ambivalent relationship with the intellectual trajectory of academic medicine in mid-nineteenth-century Mexico. Parallel to the Mexican doctors’ trend to revisit the Hippocratic medical tradition in the light of emerging medical sciences coming from France in this century, Comellas introduced homeopathy as a reform to Hippocratic ideas that pre-dated the homeopathic system. He introduced Samuel Hahnemann as the doctor who, through extensive experimentation and systematisation, formulated the modern homeopathic law of similitude.26 Hahnemann was, however, a German doctor and Mexican doctors were...

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22 Historical Archives of the NSM, SBH Collection, 30, 6; Pablo Fuentes Herrera, ‘Para la historia de la homeopatía en México’, La homeopatía, 15 (1942); Ramón Comellas, Reseña sobre la homeopatía, dedicada a los mexicanos (México: Adrés Boix, 1853).
25 ‘El doctor . . .’, ibid.
26 Comellas, op. cit. (note 22), 6–7. Samuel Hahnemann (1755–1843) was a German physician, chemist and translator. Aligning with figures such as Paracelsus, J.B. Van Helmont and G.E. Stahl, he sustained attacks against heroic medicine – bloodletting, purging, blistering, poly-pharmacy and massive doses. While he earned a living practising medicine and translating texts, he also carried out experiments with chemical substances. One of these with Cinchona bark led him to two principles – pure experimentation and similitude – that eventually became the basis for homeopathy. Chapters 3 and 4 in Robert Jütte, ‘Samuel Hahnemann: The Founder of Homeopathy’,...
suspicious of romantic German medicine. Consequently, Comellas relied on a French work that summarised Hahnemann’s elaborated system, perhaps with the intention to appeal to both medical and lay audiences that regarded France as the cultural centre to which Mexicans aspired. Comellas extracted and translated a list of twenty-eight axioms from the ‘work of Guyard’ in the Reseña and reserved Hahnemann’s foundational works, the \textit{Organon of the Art of Healing} and \textit{Chronic Diseases}, for people who wanted to study the system in some depth.

The difference in structure between the \textit{Organon} and the \textit{Reseña} demonstrates the popular nature of Comellas’s work. Hahnemann’s \textit{Organon} explained in detail the genealogy of the concept of similitude in medicine. After describing the status of therapeutics and the unintended use of the law of similitude to treat diseases effectively in the late eighteenth century, the \textit{Organon} became a philosophical treatise that explains in 294 axioms a system for determining therapeutic remedies for specific diseases based on a theory of disease and knowledge of the therapeutic properties of different drugs. In contrast, Comellas explained the most basic elements of the system in his \textit{Reseña}. He combined vitalism and Hippocratic notions of balance, explaining that disease was a natural phenomenon that led to life rather than death. Accordingly, ‘life was the result of . . . an invisible, immaterial, dynamic, or virtual principle, called vital force’, which reacted against agents that disturbed the body’s balance. This ‘vital reaction’ was expressed in symptoms that constituted disease. Having carried out extensive experimentation, homeopaths had produced long lists of symptoms that, when correlated to the symptomatology of patients, allowed them to select the right medicinal substance. Homeopaths called this the principle of similitude. Additionally, they diluted the homeopathic substance to the level where it tilted the balance in favour of the vital force’s reaction against the agent, helping to restore the body’s balance. Correctly predicting the subtle vital forces of the patient and medications required a detailed knowledge of both. For this reason, the booklet required patients to provide extensive accounts of their symptoms and follow a strict hygienic regime to avoid exposure to environments or substances that disturbed the body’s delicate balance.

The \textit{Reseña} was a manual with ambivalent aims. It was both an instructional text and homeopathic propaganda. It conformed to domestic manuals because it was intended for people with no medical knowledge, but it was not a \textit{recetario} because it did not have a list of medicines correlated to the symptoms they produced. Rather, it explained the homeopathic system and provided advice on how to ‘fruitfully consult a homeopathic physician, at least by a letter or a text’, detailing the regime patients needed to follow and the symptoms they needed to pay attention to if they were considering seeking the


\textit{Samuel Hahnemann, Organon del arte de curar; o, exposicion de la doctrina medica homeopatica}, Higinio G. Pérez (trans.) (Mexico, DF: Muñoz y Serra, 1910).

\textit{Comellas, op. cit.} (note 22), 8.


advice of a homeopath. Comellas fashioned the Reseña’s content and form to appeal to the public, profiting from the people’s religious sensibilities, fear of harsh therapeutic interventions and likely difficulty in consulting a physician. Comellas, therefore, presented Hahnemann as a figure parallel to Jesus Christ and homeopathy as a medical system that proposed a metaphysical entity, ‘the vital force’, responsible for health and healing. Highly diluted, homeopathic doses promised a more gentle therapeutic intervention than either heroic drugs or even mechanical interventions. Finally, homeopathy’s symptomatic approach allowed an actual conversation between patient and doctor, since they used a common language to describe bodily changes. While not a recetario, Comellas designed his Reseña to fit the religious values, bodily sensitivities and personal communication that Mexican patients found comfortable in a fashion that resembled traditional healing interactions patients had at home with their families, priests curanderos or other unlicenced practitioners.

Additionally, Comellas advertised his manual as being for domestic consumption, suggesting that it promoted an exclusive and personal homeopath–patient relationship. The conventional doctor–patient relationship was based on careful direct observation of and follow-up with patients, and so demanded physicians’ physical presence to diagnose patients. In the homes of their typically wealthy patients, physicians closely followed patients’ natural history of disease and prescribed accordingly. Patients and their families then had to fulfil the prescription with the apothecary, making the whole interaction time consuming. In contrast, homeopaths did not need to be physically present to make a diagnosis, prescribe homeopathic remedies or give them to their patients. Though interactions sometimes happened at homeopaths’ consulting offices, the prospect of homeopathic consultations by mail promised to shift these interactions to the privacy of homeopaths’ studies and patients’ homes. With the expectation of a reformed and modern mail system, Comellas advertised medical consultations by mail, offering means by which patients could interact with physicians even when they did not have immediate access to one.

While Comellas’s popularisation of homeopathy was explicitly designed to carve him a niche in the medical marketplace of mid-nineteenth-century Mexico, in general he conformed to the expectations of academic medicine. He was authorised to practise homeopathy in Mexico City, and he also associated with pharmacist Nicolás Tinoco y Mijares to organise a homeopathic society and with Dr Rafael Degollado to open a homeopathic hospital in Guanajuato. His Reseña explained homeopathy to his patients and even increased his clientele, yet he required that patients consult with him individually.


33 In the 1850s and 1860s, the Mexican government formalised delivery routes, reorganised the administration and established the mail stamp to make deliveries and tariff collection more efficient. While mail services widely covered central Mexico and touched the Pacific and Gulf coasts, bad road conditions and insecurity meant that mailed items frequently failed to reach their destinations. Political stability in the 1870s allowed the expansion, growth and regulation of the national mail system. Alicia Gojman de Backal and Laura Edith Bonilla, Historia del correo en México, (México, DF: SEPOMEX, Miguel Ángel Porrua, 2000), 57–106; José J. Álvarez and Rafael Durán, Itinerarios y derroteros de la República Mexicana (México: José A. Godoy, 1856), 456–60.

34 ‘Carta dirigida al organizador Dr Carroll Dumham de la Convención Mundial de Homeopatía, Filadelfia, 1875’, La reforma médica, 1, 12 (1875); and Fuentes Herrera, op. cit. (note 22).
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educated the public and the public acknowledged his authority. Comellas’s popularisation of homeopathy did not encourage patients to practise homeopathy themselves. While appealing to the public and promoting domestic healing interactions, the *Reseña* was not a domestic manual or a *recetario*. How, then, did homeopathy turn into a form of domestic medicine?

**Homeopathic Family Guides: Julián González and the Commercialisation of Homeopathic Practice in the 1860s**

The transformation of Mexican homeopathy from a peculiar therapeutic tool offered by licenced physicians through conventional means into domestic medicine advertised, consumed and practised at home or publicly by patients without academic credentials took place during the 1860s, when the triumph of liberals produced a new constitution (1857) that gave unprecedented educational and professional liberties to Mexican citizens. At the same time, the liberals’ triumph brought reforms that attacked the Catholic Church’s power position within Mexican society, which led to the transformation of Mexico City from the seat of the colonial Vice-royalty into a modern city. New neighbourhoods were built and sanitation projects begun that aimed to make the city a healthier place to live. A major railway system connected the city with key ports and border cities. The urbanised area grew five times larger and its population doubled, accompanied by a parallel growth of its economic activities and spaces for advertising.  

The community of homeopaths, as well as the services they provided, grew exponentially. By the late 1850s, there were around sixteen homeopaths in Mexico City, most of them Spanish immigrants, and two of them licenced. The liberality of the constitution of 1857 allowed for the proliferation of homeopaths and their services, including consulting offices, dispensaries and pharmacies, which in turn enlarged the provision of homeopathic services and products. José Carbó opened a homeopathic dispensary in 1857. Pascual Bielsa arrived to Mexico City in 1856 and started selling first-aid kits in his homeopathic dispensary in 1858. Similarly, Mariano Omedes de Viela began to offer homeopathic services at his dispensary in 1867. Bielsa, Pablo Fuentes y Herrera, Rafael Navarrete and Manuel Aguas created the Homeopathic Society of Mexico in 1861 and published the medical journal *La Gaceta*. The ‘General Agency of the Leipsik [sic] Central Institute of Homeopathy’ and the ‘Deposit of Homeopathic Medicines’ offered homeopathic books, medicines and other materials for the homeopathic practitioner in the mid-1870s.

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36 ‘Carta dirigida…’, *op. cit.* (note 34); Fuentes Herrera, *op. cit.* (note 22); and David Flores Toledo, *Iniciación a la homeopatía* (México: Porúa, 1995), 315.

37 ‘Dispensario homeopático’, *Diario de Avisos*, 12 November (1857), 3. See also October and November.

38 His dispensary remained opened at least until 1871. Correspondence, AHSS, SP, EM, 3, 53.

39 It remained open at least until 1870. ‘Dr M. Homedes de Viela. Médico cirujano homeópata’, *El Constitucional*, 17 September (1867); ‘Dispensario homeopático del doctor M. Omedes de Viela’, *idem.*, 14 December (1867); and ‘Dispensario homeopático del Dr Omedes’, *El Ferrocarril*, 2 June 1870.

Homeopathy’s popularity led pharmacies, shops and bookshops to advertise their services and products to consumers of homeopathic medicine. For instance, Don Anselmo Vicente praised Dr Comellas’s recommendation to use homeopathic camphor to prevent and cure cholera in 1853. A few days later the homeopathic remedy made its way into the General Deposit of Pharmaceutical Specialties of Paris in Mexico City and became the centrepiece of the pharmacy’s publicity.41 By the late 1850s, companies started to produce commodities that fulfilled homeopathy’s strict food regimes. La Victoria, a new chocolate shop, sold chocolate authorised by the homeopathic faculty without the scents and substances that opposed the homeopathic regime. Another chocolate shop also sold a type of ‘homeopathic chocolate’.42 Bookshops in Mexico City began to sell translations of homeopathic guides. At the end of the 1850s, the Librería Universal produced Spanish versions of Ruoff’s Guide of the Homeopath, Hering’s Homeopathic Medicine and Hartman’s Practical Treatise of Homeopathic Therapeutics.43 Throughout the 1850s, the city became a place where homeopathy, its practitioners and its products began to prosper, but the increasing demand pushed homeopathy outside the boundaries of professional medical practice.

In contrast to Comellas’s Reseña, foreign homeopathic manuals and guides translated into Spanish were structured as recetarios. Ruoff’s guide, for instance, was a catalogue that linked contemporary classifications of disease with specific homeopathic remedies using symptomatic descriptions. The link between symptoms and technical medical terms to describe specific diseases allowed patients access to what seemed to be expert medical knowledge simply by personal observation or experience of disease symptoms. Since Ruoff’s guide linked symptomatic descriptions, technical terms for diseases and specific homeopathic prescriptions, any literate person could potentially use it at home without consulting a physician. Moreover, Constantine Hering explicitly crafted his Homeopathic Medicine so that patients could ‘treat [themselves] with homeopathy in most cases, and, in those urgent or serious ones, provide efficacious first aids to those who suffer from a disease until a homeopathic physician arrives’.44 A person who read Ruoff or Hering’s guides learned how to diagnose diseases and prescribe homeopathic remedies to treat them. In other words, translations into Spanish of foreign homeopathic manuals gave the literate public in Mexico City the tools to take their health in their own hands, potentially avoiding consultation with academic doctors.

Julián González took advantage of this market expansion and aligned his pharmaceutical business with domestic manuals that he called ‘family guides’ to reach a larger number of patients and consumers. A Spanish immigrant who came to the capital in 1850, González

41 Anselmo Vicente, ‘Preservativo y curativo del cólera’, El Universal, 1 November (1853), 3; ‘Depósito General’, El siglo diez y nueve, 15 November (1853), 4; and subsequent ads during November and December.
42 ‘Importante’, Diario de Avisos, 10 March 1860; ‘Chocolate homeopático’, idem., 21 August (1860); ‘Antigua y acreditada fábrica de chocolate superior, esquina de las calles de Córdobanes y segunda de Santo Domingo’, idem., 21 August 1860; and ‘Chocolate superior de las clases siguientes’, idem., 22 September (1860).
44 Hering, ibid., front cover.
had chronic enteritis that no doctor had been able to cure.\textsuperscript{45} As a last resort, he sought Comellas’s homeopathic advice. González’s unexpected healing motivated him to open a homeopathic dispensary in 1850.\textsuperscript{46} By the early 1860s, he turned his dispensary into a ‘deposit of pharmaceutical specialties’ that offered, among a wide variety of tonics, nostrums and proprietary medicines, ‘homeopathic first-aid kits along with a booklet that provided instructions to use them’, perhaps imitating Hering’s approach.\textsuperscript{47} In the late 1860s, González began to consolidate his homeopathic section. Shortly after that, he used the homeopathic first-aid kit with booklet to launch his publicity machine. In 1871, he published several homeopathic pamphlets, but his \textit{Tratado práctico de homeopatía y guía de las familias} became his greatest marketing success; the fourth edition was published in 1899.\textsuperscript{48} In 1873, he started advertising his dispensary as a ‘Homeopathic Drugstore’ offering ‘a great variety of homeopathic first-aid kits and portable drugstores’.\textsuperscript{49}

González used the popularity of homeopathy to transform his drugstore into the most important provider of homeopathic guides and medicines in Mexico for people who did not want or could not have a consultation with an academic physician.\textsuperscript{50} He advertised his booklets, guides and first-aid kits as a means through which people could entirely appropriate management of their own health, rather than simply as an aid to consulting a homeopathic physician. His publicity explicitly focused on scenarios where doctors were absent. For instance, he offered his products as particularly ‘useful for travelers, rural populations, and haciendas that are not always in the condition to receive professional medical assistance’.\textsuperscript{51} He rhetorically asked,

[Who could travel from one point to another, with an allopathic drugstore, or [who] could even use it without being a professional pharmacist or physician? This would be unattainable for a family. But a complete homeopathic first-aid kit, no matter how big, can be carried along any distance by a single person who in order to use it needs no more than to carefully and persistently consult the manual.\textsuperscript{52}

González offered a wide variety of kits containing six, twelve, twenty, thirty and thirty-five bottles. The price varied according to the number of bottles, one peso each. He also sold individual bottles with instructions.\textsuperscript{53} But, for rural peons of haciendas, who were accustomed to in-kind payments, and the urban working class, both with an

\textsuperscript{46} He changed locations several times until he settled in a final location in the early 1860s. García Sadas and Romero, \textit{ibid}.
\textsuperscript{49} ‘Botica homeopática’, \textit{El siglo diez y nueve}, 10 October (1873), 4; ‘Botica homeopática’, \textit{El eco de ambos mundos}, 27 May (1873). The latter newspaper advertised González’s pharmacy throughout August 1873.
\textsuperscript{50} M. Omedes de Viela followed a similar career path as González. He offered homeopathic consultations in the 1860s, but a decade later he used homeopathy as a brand; ‘Dr M. Homedes de Viela. Médico cirujano homeópata’; and \textit{La Colonia Española}, 3 December (1875).
\textsuperscript{51} ‘Medicinas’, \textit{El Combate}, 3 February (1878); and ‘Medicinas’, \textit{idem.}, 15 August (1878). González advertised his drug store in \textit{La Colonia Española} during December and January 1878–9.
\textsuperscript{52} González, \textit{op. cit.} (note 2, 1899), xvii.
\textsuperscript{53} González, \textit{op. cit.} (note 48, 1871), iv.
average daily minimum wage of 0.33 pesos during the Porfiriato, such products were unaffordable. It was, rather, the tiny middle class, mainly constituted of merchants, shopkeepers, professional men, government officials and wealthy hacendados, who purchased them.\(^\text{54}\) As patients, the illiterate rural peons and urban workers might have learned how homeopathic remedies worked, sharing this knowledge with their families and communities, but, while literacy may have not been an impediment to learn homeopathy, income might have represented an obstacle for the lower classes to purchase homeopathic remedies. Whether literate or illiterate, patients who learned homeopathy through González’s family guides or the oral transmission of these guides’ recipes could become homeopathic practitioners. González’s project aligned with the liberal values of education free from dogma, and of professional liberties for all Mexicans, but it also challenged the project of academic medicine to train physicians in French pathological anatomy at medical schools regulated by the SBH and to monopolise the provision of health care.

In contrast to Comellas’s, González’s approach to popularise homeopathy was horizontal. Homeopathic family guides offered Mexicans an alternative way to learn about their own diseases and ways to overcome them, making them healers who did not require the presence and expertise of a doctor. These homeopathic healers then shared their experiential knowledge of homeopathy, whether by sharing the manual or simply by word of mouth. Access to homeopathic knowledge gave these homeopaths the tools to treat themselves or their families for free and avoid the doctor’s fees, or to charge for their consultations and make a living doing so. In both cases, domestic homeopathy undermined academic medicine’s goal to give licenced practitioners the authority over the health care of Mexicans.

González’s commercial approach posed another threat to academic medicine, a threat where financial motives might be privileged over scientific reasons to regulate medical training and practice. Since González’s was the major house selling homeopathic products, he stood to benefit financially from the endeavour. In order to strengthen the growing homeopathic body, González turned his pharmacy into the headquarters of emerging homeopathic institutions, which promised to professionalise domestic homeopathic practice. By the late 1860s, homeopaths gathered in González’s drugstore to discuss homeopathy, publish a journal and offer free consultations and medicines.\(^\text{55}\) In 1869, González organised the Mexican Homeopathic Institute along with fifteen other homeopaths, both academic doctors and domestic practitioners.\(^\text{56}\) One year later, he offered his drugstore facilities to host the institute’s meetings and to organise a dispensary where homeopaths could offer free consultations and González would provide free medications.\(^\text{57}\) He also funded the institute’s monthly publication.\(^\text{58}\) His increasing support


\(^{55}\) Francisco Pérez Ortiz, ‘Discurso pronunciado por el señor vicepresidente del Instituto’, \textit{El propagador homeopático}, I, 6 (1871).

\(^{56}\) A.G.B. [Alfredo G. Bianchi], ‘La homeopatía’, \textit{El Ferrocarril}, 10 July (1871); ‘Carta dirigida…’, \textit{op. cit.} (note 34); and ‘Lista de los Médicos, Farmacéuticos, Dentistas y Parteras residentes en el Distrito Federal [ca. 1871]’, AHSS, SP, EM, 3, 61.

\(^{57}\) In 1870, homeopaths offered 3425 consultations. In 1871, 1432 patients sought homeopathic services. ‘Estadística’, \textit{El propagador homeopático}, I, 7–8 (1871) and ‘Estadística’, \textit{idem.}, I, 8 (1871).

\(^{58}\) \textit{El propagador homeopático}, I, 4 (enero, 1871).
led to a change in the institute’s regulations, allowing people whom the institute certified as having passed examinations on all courses offered by the NSM to occupy positions on the institute’s board. This allowed González, who was not trained at the NSM, to become the institute’s treasurer in 1871, a position originally reserved for NSM graduates who practised homeopathy. This regulatory change made González the target of critics and divided the homeopathic community. The conflict led to an investigation by the SBH about whether he met the legal requirements to be in charge of his own drugstore. A full analysis of this professional conflict lies beyond the scope of this paper. However, the vigour of the critiques from academic doctors and of the conflict with sanitary authorities signals the influence that homeopathic family guides had in popularising homeopathy and therefore indicates the challenge that González’s practises posed to the emerging academic medical culture. González’s and Comellas’s guides would not have been successful had the public not responded positively to their domestic manuals.

‘Enlightening’ Homeopathic Patients: Narratives of Conversion and the Popular Response to Therapeutic Choice in Mexico

The history of homeopathy is a history of conversions and convenience. Homeopaths need to convince patients and doctors who use conventional medicine of the effectiveness of homeopathic treatment. They do so by curing patients through homeopathy. Healing leaves a deep mark on patients, whose positive experiences turn them into converts. In Mexico, some patients published detailed descriptions of their recoveries in the 1850s and 1860s. Others became domestic practitioners. A few, such as González, used institutional and commercial means to support homeopathy, create a network of homeopaths and increase the number of converts. Doctors generally converted to homeopathy as a result of successful homeopathic clinical cases witnessed by someone they trusted or even themselves. Patients narrated their conversions in either dramatic terms – as cases of illness unsuccessfully treated by conventional medicine and surprisingly cured with homeopathy – or in more straightforward terms – as when they used homeopathy because it was readily accessible and experienced successful results. Comellas’s and González’s popularising efforts were effective because they used patients’ narratives of conversion to advertise homeopathy. In Mexico, where domestic medicine was widespread and people shared medical knowledge by word of mouth, popular narratives of successful homeopathic healings had more influence than doctors’ academic arguments against it. Eventually, homeopathic doctors used these narratives to bring more academic doctors into the ranks of homeopathic practitioners and to test homeopathy’s effectiveness.

It is difficult to find first-person accounts from homeopathic patients in their own voices. When patients’ experiences are available, they are typically filtered through the eyes of the practitioners who reported their patients’ experiences. Sometimes practitioners

59 Francisco Pérez Ortiz and Pablo Fuentes y Herrera, ‘REGLAMENTO del Instituto Homeopático Mexicano’, El propagador homeopático, 1, 6 (1871).
60 ‘La junta directiva del instituto debe funcionar…’, El propagador homeopático, I, 4 (enero, 1871), 64. José Puig y Mommany and Pascual Bielsa, two physicians registered at the SBH and founders of the institute, left the institute. ‘Informe reunión extraordinaria. 9 de abril de 1871. Discurso del vicepresidente Francisco Pérez y Ortiz’, idem., 1, 6 (1871).
61 Correspondence, AHSS, SP, EM, 3, 54 and 58.
explained their own experience as patients. If we count practitioners as patients, we can surmise that homeopathic patients in Mexico came from diverse social backgrounds, including the working class and the poor sector, although only a few middle-class poets, newspaper editors, merchants and doctors left record of their experiences. In the 1850s, most patients were Spanish and lived in the capital city; a few lived in provincial cities. Two decades later, most were nationals living in Mexico City or in provincial cities such as Puebla, Veracruz, Orizaba, Yauatepec and Tenancingo.63 By the last decades of the century, even rich hacendados such as Madero used homeopathy and consumed González’s homeopathic products.64 Juan Antiga y Escobar argued in the early 1890s that the spread of homeopathy was the result of the labour of ‘hard and industrious laborers [referring to homeopathic practitioners] who living in the shadows diffused the benefits of [homeopathy] in the countryside and small towns’, suggesting that patients in the rural countryside consumed homeopathy.65

The absence of patients’ records poses difficulties for evaluating the constituency of homeopathic patients in Mexico City. Madero left records of his homeopathic practice with his hacienda workers and neighbours in 1901 and 1902.66 As far as I am aware, this is the only existing record of a domestic homeopath. Though still valuable for understanding the demography of homeopathic patients, it only gives a picture of a distant hacienda in northern Mexico, where the population density was much lower than in Mexico City. Madero had 235 patients. Sixty per cent were women and forty per cent men, ranging from two months of age to seventy-five years, with an average age of forty.67 Most of the time, he registered from one to five entries for a single day, though there were exceptional days when he entered up to sixteen different cases. Madero’s notes indicate that some patients came back to explain changes in their symptoms or to inform him about their total recovery. While most patients directly reported their symptoms to Madero, sometimes intermediaries did so. Comellas’s patient reports in Mexico City suggest that patients’ interaction with homeopaths in urban contexts was similar,68 although the sevenfold number of consultations in González’s drugstore, two decades before Madero initiated his practice, evidences the difference in demand for homeopathic services’ between domestic practitioners and institutional dispensaries.69

63 The journal of the Mexican Homeopathic Institute, La Reforma Médica, kept records of the members. See 2, 5 (1877); 2, 8 (1877); 3, 7 (1879); and 3, 16 (1879).


66 Historical Archives, op. cit. (note 1).

67 The gender ratio was similar in rural Germany. Robert Jutte, ‘The paradox of professionalisation: homeopathy and hydropathy as unorthodoxy in Germany in the nineteenth and early twentieth century’, in Robert Jutte, Guenter B. Risse and John Woodward (eds), Culture, Knowledge, and Healing (Sheffield: European Association for the History of Medicine and Health, 1998).


69 See ‘Estadística’, op. cit. (note 57).
In Mexico City, patients published their support for Comellas and homeopathy in local newspapers. Their reports varied according to their social backgrounds. Patients and entrepreneurs frequently praised homeopathy’s successful treatments. Academic physicians generally rejected both homeopathy’s theoretical foundations and homeopaths’ entrepreneurial approach. Patients’ narratives frequently portrayed the adverse effects of conventional therapies and the dramatic recoveries produced by homeopathic treatments. Mirroring Comellas’s uplifting, life-enhancing narrative, patients reported how unbelievably pleasant, quick and effective homeopathy was. For instance, Gertrudis Rodríguez, Comellas’s patient, described how she had lost her sight and how no doctor, even famous European ones who visited Mexico City, could improve her condition. When she learned about Comellas, she visited him to receive a consultation and, after four days of having drunk a tablespoon of what seemed to her to be only water, she noticed improvement.

The public also reacted positively to González’s products and advertisements, and he used positive outcomes and reactions to promote his homeopathic business. Patients saw González’s effort to give free consultations and medicines as a proof of ‘generosity, detachment, . . . charity, . . . kindness [and] philanthropy’, as an effort that ‘benefited all the classes of society’ by bringing health to the population. Generally, those who consumed González’s homeopathic products were patients like Luis Alva, who, like González, had been successfully treated with homeopathy and dedicated his life to understanding how it worked, popularising its use and providing homeopathic treatment. In order to boost his publicity around homeopathy, González used his patients’ reports as well as successful clinical results to prove homeopathy’s effectiveness. For instance, he advertised that homeopathy healed patients deemed incurable by famous doctors, and his statistics listed the number of positive outcomes: ‘4000 of blood impurities, 230 of skin diseases, 414 of stomach diseases, 102 of urinary diseases, 60 of eye diseases, and 534 of unidentified diseases.

Reports in newspapers were generally more dispassionate than the ones by González and his supporters; yet, they nevertheless added another layer of publicity, perhaps one that appealed to enlightened sensibilities since they emphasised the emotionally detached and therefore presumably rational position of the witness. For example, the reporter who narrated Comellas’s successful cases pointed out that he originally thought homeopathy was ‘an absurd thing’, given the highly diluted doses that it prescribed. Similarly, in an 1871 newspaper report of a successful homeopathic treatment on a

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70 For praise of Comellas’s book see ‘Noticias nacionales’, El siglo diez y nueve, 24 July (1853), 3; ‘Homeopatía’, El siglo diez y nueve, 27 July (1853), 3; ‘El Dr Comellas’, El Universal, 12 May (1854), 3. For the entrepreneurial use of Comellas’s homeopathic remedies see Vicente, op. cit. (note 41). For patients see Gertrudis Rodríguez, ‘Portentosa curación’, El universal, 11 December (1853), 3; for other reports with a similar narrative see A.B. op. cit. (note 68). For the positive patients’ reception of homeopathy in other countries see Martin Dinges, Patients in the History of Homeopathy, Network Series (Sheffield: European Association for the History of Medicine and Health, 2002); and Gijswijt-Hofstra, op. cit. (note 62).

71 F.M. offered a critique of homeopathy in F.M., ‘Remitidos’, El siglo diez y nueve, 23 August (1853), 2.

72 Rodríguez, op. cit. (note 70).

73 González, op. cit. (note 2, 1899), 539–40; ‘Tratado práctico homeopático’, El Combate, 4 May (1879); and García Sadas and Romero, op. cit. (note 45).

74 Luis Alva, La homeopatía y la alopatria ante la humanidad doliente y ante la razón (México: Manuel S. Gutierrez, 1883).

75 ‘Botica homeopática’, op. cit. (note 49).

76 A.B., op. cit. (note 68).
child by Rafael Navarrete, the reporter clarified that he was not particularly fond of homeopathy, but, having seen evidence of the ‘practical results’, ‘palpated facts’ and ‘happy healings’, he felt compelled to acknowledge homeopathy’s effectiveness. The construction of credibility was based on the reporters’ intellectual distance from the homeopathic system and, hence, their nature as impartial observers. However, these reporters were not necessarily present in the consulting office nor had they witnessed the clinical trajectory of the diseased person. Rather, they often heard such stories from patients’ close friends or family, as in Navarrete’s case, where the reporter confessed to having learned about the case from a friend. The use of outstanding homeopathic clinical successes to legitimate homeopathy continued until the first decade of the twentieth century, at which time government officials from all over the country also provided certificates to homeopathic practitioners who healed and ‘saved thousands of people, most of them with terrible prognostics, without having any deaths’.

Homeopaths and their therapeutic methods gained patients’ trust against all odds. Patients willingly continued homeopathic treatments in spite of the most adverse medical situations. In 1874, Juan Fenelon, a member of the National Academy of Medicine, reported on a case of uterine bleeding. After consulting several physicians, the patient was diagnosed with a mass of cells that grew in the uterus and caused the bleeding. Facing surgery, the patient and her family decided to consult a homeopath, who, according to Fenelon, fed the patient’s and her family’s fears and offered them ‘a miraculous healing’. When the family sought Fenelon’s opinion, he found the patient in a state close to death, yet ‘they were not determined to abandon homeopathy’. Fenelon even highlighted that Navarrete, the homeopath treating the woman, had especially emphasised not bathing the patient, a situation that worsened the infection she suffered. Fenelon did not report the final outcome, but was surprised that patients preferred to stay with homeopathy and face death rather than surrender their bodies to physical examination or surgical intervention. He assumed that they were probably waiting for the unexpected and surprising recovery that homeopathy offered. This patient’s preference is but one example of homeopaths’ convincing power to attract customers and keep them faithful to homeopathy.

Alarmed by these cases, academic doctors sought to undermine the narratives of extraordinary healings that increased homeopaths’ faithful clientele. For academic doctors, patients’ preference was a problem of public perception rooted in the people’s lack of education. Therefore, they criticised homeopaths’ strategies to educate the public about medical science, hoping to make people understand how academic medicine worked, how homeopathic medicine was not based on scientific facts and how proper experimentation dismissed homeopathy’s arguably successful results. They hoped that educating the public about medical science would reorient people’s preference away from homeopathy and

77 A.G.B., op. cit. (note 56).
78 For the 1890s, see ‘El Sr. D. Juan Pablo de los Ríos’, El Correo Español, 18 November (1890); ‘El Dr Juan Pablo de los Ríos’, El Correo Español, 1 January (1891); ‘El Sr. Dr D. Juan Pablo de los Ríos’, El Correo Español, 6 January (1891). See the reports published in ‘Al público’, La propaganda homeopática, IV, 4 (1904).
79 Fenelon, ‘Carta del señor Fenelon sobre varios puntos de cirugía’, Gaceta médica de México, IX, 1 (1 September 1874), 117–8, 321–3.
80 Rafael Navarrete, perhaps. ‘ACADEMIA DE MEDICINA. Sesión del 8 de febrero de 1882’, Gaceta médica de México, XVII, 5 (1 May 1882), 78.
81 Claudia Agostoni has argued that doctors aimed to transform the public perception of their image and practice in the Porfrirato. Claudia Agostoni, ‘Médicos ecuestres, el arte de curar y los galenos en la historia nacional (Ciudad de México, 1877–1911)’, Ciênc. saúde coletiva Ciência & Saúde Coletiva, 13, 3 (2008), 979–82; and Agostoni, op. cit. (note 12), 18–21.
Homeopathy ‘for Mexicans’

towards conventional medicine. In the early 1860s, the most systematic and influential
critique came from the positivist Gabino Barreda, an academic doctor who studied
medicine in Paris, became Minister of Public Education in 1867 and founded the National
High-School, where he promoted Comte’s positivistic philosophy in Mexico. Barreda
thought that homeopathy was a ‘new means to deceive naïve people’. He believed that,
thanks to homeopathy, people in the city with poor education for judging medical matters
were talking inaccurately about medicine, which in turn was misleading them into using
homeopathy. Barreda believed in the people’s liberty to decide on their families’ wellbeing,
but he also believed that they needed to be ‘enlightened’ in order to make better-informed
decisions. He endeavoured to ‘effectively combat charlatanism [through] the diffusion of
lights’.

Acknowledging the Hippocratic origin of the law of similitude, Barreda attacked the
corollaries that homeopaths deduced from it, using facts acknowledged by contemporary
academic medicine. He detailed the difference between a symptomatic description of
disease and the organic lesion that produced a disease, indicating that the latter was the
subject matter of academic medicine. Since homeopathic principles dismissed the organic
lesion and homeopathic medications were immaterial, ‘homeopathy was not and could
not be a science’. Barreda knew that patients trusted their families and friends’ personal
experiences with homeopathy and that they would not simply dismiss their favourable
opinions for those offered by academic physicians. Consequently, he used European
cases to discredit patients’ accounts, which he believed had resulted from unsystematic
observations. In the cases he presented, doctors and sanitary authorities had publicly shown
that homeopathic treatments were either not effective or less effective than conventional
methods. Barreda blamed academic doctors for giving patients alarming diagnoses and
even more alarming prognoses, or for failing to inform patients about how a particular
prescription would work. Anxious patients looked for, found and used alternatives that
other patients praised, even if these alternatives produced only a slight, rather than a
complete, recovery. Therefore, Barreda concluded, patients’ willingness to be healed
deceived them about the healing process and the therapeutic method that produced such
healing.

Throughout the nineteenth century, the community of academic doctors embraced
Barreda’s idea of domestic homeopaths’ lack of education and homeopathic patients’
naïveté. In a veiled attack against Julián González’s sponsorship of homeopathic
institutions in the early 1870s, José Galindo, a graduate from the NSM, criticised

82 For an academic response to Comellas’s Reseña see F.M., ‘Remitidos’, El siglo diez y nueve, 23 August
(1853), 2–3; ‘Variedades’, El Plata. 1 July (1855), 159–60; and ‘Guerra a la Homeopatía’, El Constitucional, 3
May (1860), 4.
83 Gabino Barreda, La homeopatía o juicio crítico sobre este nuevo medio de engañar a los cándidos (Mexico:
Nabor Chavez, 1861).
84 Barreda, ibid., 1–2.
85 Barreda’s critique of the homeopathic system centred on four aspects: (1) the etiology of disease caused by
a disruption of the vital force; (2) the set symptoms that resulted from pure experimentation; (3) the content
and effect of highly diluted doses; and (4) the generalisation of all symptoms without paying attention to their
immediate cause.
86 Barreda’s pamphlet was reprinted in 1877 and 1902. Sociedad Metodófila Gabino Barreda (ed.), Opúsculos,
discusiones y discursos coleccionados y publicados por la Sociedad Metodófila Gabino Barreda (México:
Imprenta del Comercio, de Dublán Chávez, 1877); and Gabino Barreda, ‘La homeopatía o juicio crítico sobre
este nuevo sistema’, Revista positiva, científica, filosófica, social y política, 17 May (1902).
González’s philanthropy as a means to turn medical training and practice into ‘robbery’. In Galindo’s view, a person such as González, who studied homeopathy in a manual, opened a homeopathic drugstore and offered free consultations and medicines to gain clientele, undermined medical and state institutions. Galindo thought that homeopaths such as González were ‘speculators’ of health because their business had a ‘low risk’ and was ‘profitable’:

[A homeopath . . .] invests 22 pesos in Freleigh’s manual and first-aid kit, the most expensive and complete one, and assuming that he treats two patients a day who pay 2 pesos for the homeopathic consultation, he earns 120 pesos a month. With his practice, he recovers the investment and has a huge profit only by visiting two patients and reading the manual two or three hours a day.

Homeopathic practitioners invested very little time, education and funds, and yet made a living out of homeopathy, according to Galindo. The contradiction between the professional and educational liberality of the constitution of 1857, and government measures to regulate medical training and practice during the last three decades of the century, obliged Galindo to frame his opposition to homeopathic practice in ethical terms. He believed that domestic homeopaths were naïve people who believed that just because ‘Hahnemann had studied homeopathy . . . they did not need to study anatomy [and] physiology’. In this sense, these ‘charlatans’, as Galindo labelled them, were harmful to Mexican society without knowing it. He also felt that academic homeopaths were ‘dishonest’ and ‘immoral speculators’ because, having medical knowledge and possessing a medical degree, they adopted an unscientific therapeutic system to fulfil their patients’ fancies.

Barreda’s and Galindo’s criticism, however, had little impact on patients’ preference for homeopathy or patients’ inclinations to become domestic homeopaths. During the final decades of the nineteenth century, many patients still regarded doctors as distant, antipathetic, despotic and symbols of death. After hearing other patients’ narratives of successful homeopathic treatments and conversion narratives such as González’s, and with the availability of homeopathic domestic manuals, family guides and first-aid kits, literate people in Mexico City, and perhaps in the rest of the country, chose to take their health in their own hands. For some, the decision to use homeopathy meant having access to medical services in the absence of trained doctors or the money to afford them. For others, it meant an opportunity to make a living. But for all of them it implied that medicine was not beyond their reach.

Conclusion

Spanish homeopaths conquered the medical marketplace in Mexico City during the 1850s and 1860s because they transformed public perception of homeopathy from a therapeutic tool that doctors used to treat their patients into a domestic medicine that everyone could use to treat their own or another person’s ailments. Initially, homeopathic doctors, such as Ramón Comellas, appealed to patients’ sensibilities, emphasising homeopathy’s foreign origin, milder effects on the body, symptomatic approach to disease and convenience of consulting by mail, connecting with patients’ everyday experiences with disease,
life-promoting language and exclusionary therapeutics. These characteristics contributed to homeopathy’s positive reception and adoption by literate middle- and upper-class patients, but these strategies also perpetuated the traditional doctor–patient relationship, helping homeopathic doctors retain their authority. As a result of modernising legislation, urbanisation projects and economic expansion during the last three decades of the nineteenth century, the commercialisation of homeopathy through domestic manuals and first-aid kits diffused an already well-received therapeutic approach even further, reaching the larger population of illiterate, working and poor-class patients. However, these homeopathic products transformed homeopathic practice in ways that those who introduced homeopathy did not foresee. Domestic manuals and first-aid kits gave every literate person the opportunity to turn into a homeopathic practitioner, giving them the opportunity to rise to positions that formally trained doctors sought to monopolise. Homeopaths’ original efforts to make homeopathy available to the public while still preserving the authority of the homeopathic doctor turned into commercially-funded efforts to give patients access to homeopathic knowledge. The result was the blurring of the line between expert and lay practitioners, between formally and informally trained homeopaths. Domestic homeopathy, therefore, challenged the boundaries of professional medical training and practice that the medical establishment had begun to implement in the mid-nineteenth century.

These changes affected the structure of homeopathic manuals. Comellas’s manual resembled the structure of the Spanish translation of Buchan’s domestic manual. Both were in line with the Hippocratic and Galenic tradition, emphasising the role of the environment and personal regimes of feeding, exercise, sleep and even sexual activity, to preserve health, but Comellas explained the basics of the homeopathic method so that patients could have an effective consultation with a homeopathic physician. González followed the trend of European and American homeopaths, such as Hartman, Ruoff and Hering, who, in addition to what previous homeopathic manuals offered, included lists of diseases with their clinical descriptions and lists of substances with symptoms resulting from pure experimentation. This particular organisational structure allowed patients to use homeopathic domestic manuals as *recetarios*. With them, they medicated themselves and others in order to supplement the lack of physicians in cities and towns or to bypass physicians altogether. With physicians unavailable or unnecessary, many unlicenced homeopaths were even able to make a living from their medical practice.

It is unlikely that an individual had to be literate to turn from a patient into a domestic homeopathic practitioner. In Mexico, the dissemination of popular medical knowledge, mostly by word of mouth, the fluid exchange of medical ideas between academic and popular practitioners and the tradition of *recetarios* and domestic medical manuals, created fertile ground for homeopaths’ strategies to disseminate and popularise a new medical system to Mexican audiences. It is true that only literate citizens (about twenty per cent of the population fifteen years or older in 1895) participated in the production and consumption of homeopathic domestic manuals, but Flores y Troncoso’s critiques of domestic medicine suggest that patients aware of particular symptoms who witnessed a diagnosis and treatment could and did establish the link between particular sets of symptoms and particular medications without having read any manual. Indeed, this description perfectly applied to domestic homeopathy, suggesting that illiterate people

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could have learned, used and shared homeopathic knowledge by word of mouth without a printed manual. Moreover, the healing power popularly attributed to water matched the appearance and results of homeopathic remedies. In Mexican folklore, water is believed to ‘cure any sickness, [including] those known to be fatal or incurable’, taking only ‘some tablespoons every half an hour’, a description parallel to one offered by one of Comellas’ patients describing homeopathic medicines. In both rural and urban contexts, patients who trusted in homeopathy could purchase at local pharmacies homeopathic remedies they had learned by word of mouth were used to treat a specific set of symptoms and then use them on their own patients, or they could just use water to treat symptoms that were difficult to eradicate, as Madero did with Anastasia.

The extent of the transmission and use of homeopathy among the illiterate population during the second half of the nineteenth century in Mexico is hard to quantify, mainly because homeopaths with a formal training in medicine rarely criticised domestic practitioners of homeopathy and, when they did, the labels they used conflated social and economic status, ethnicity, literacy, academic medical training and therapeutic choice, making it difficult to distinguish when they were referring specifically to an illiterate practitioner. When academic homeopaths aimed to professionalise homeopathic practice, they described the domestic practice of homeopathy as ‘harmless’ in order to bring more supporters to their ranks. However, they sometimes adopted the vocabulary that graduates from the NSM used to label practitioners with no formal training, or who endorsed unorthodox medical theories, or who offered unconventional therapeutic approaches. Not only did the labels of empirics, merolicos (quacks) or curanderos (folk healers) identify practitioners as naïve and ignorant in medical matters, distinguishing between the ones with a formal academic medical training and those who lacked it, but these labels referred indirectly to other class distinctions such as wealth, social status, professional activity, ethnic background (European or indigenous) and education. With these labels, NSM graduates distinguished socially well-positioned and highly educated doctors, middle-class, literate, but trade-oriented itinerant nostrum sellers, and indigenous healers with poor or no formal education, to follow Flores y Troncoso’s categorical clear-cut classification, though many more combinations were possible. The point is that these labels were derogatory terms with multiple referents, only one of which was illiteracy. Therefore, NSM-graduate homeopaths’ ‘brujos’ who achieved ‘marvelous healings’ using homeopathic remedies may refer to rural, illiterate and indigenous practitioners who healed with homeopathy; to urban, literate and working class homeopaths whose successful practice attracted patients that NSM graduates did not have; or even to academically trained doctors who achieved unexpected yet positive outcomes with homeopathy.

The fact that we are able to provide multiple interpretations to an expression with which homeopaths described the practice and practitioners of homeopathy suggests the level of homeopathy’s popularisation in the 1850s and 1860s in Mexico. During these decades, homeopathy truly became the medicine ‘for Mexicans’, to borrow a phrase that Comellas used to advertise homeopathy. In the absence of strong regulatory institutions, homeopaths distributed their novel therapeutic system widely, through instructional...
manuals, as Comellas did, through homeopathic products such as domestic manuals and first-aid kits, as González did, or by word of mouth. Through them, Mexicans learned about homeopathy, identified homeopathic products and services and learned how to offer primary medical care to those who needed it. Homeopathic knowledge spread in multiple directions, sometimes vertically, sometimes horizontally, and on many other occasions following unpredictable trajectories. This model of transmission built upon the tradition of domestic medicine and *recetarios*, helping homeopaths become the single organised group that most strongly challenged the professionalisation of medicine in Mexico.

Homeopathy’s challenge to academic medicine in the transition towards modern medical institutions in mid-nineteenth-century Mexico is signalled by Barreda’s critique of homeopathy. Historians of medicine have regarded the creation of the NSM, the SBH or the National Academy of Medicine as the keystones that marked the transition towards a modern medical profession because they functioned as centres of professional unity. These institutions sought to define the boundaries between expert and lay medical communities, boundaries that the popularisation of homeopathy sometimes blurred. A few years after the constitution of 1857 imposed limits on such institutional boundaries and liberalised education and professional practice from colonial corporations, Barreda sought to establish the limits between scientific and lay medical knowledge by introducing positivism to Mexico in his 1861 critique of homeopathy.94 Academic doctors used Barreda’s critique to solidify their unity against homeopaths throughout the nineteenth century. It is significant that, in demonstrating positivist epistemology, Barreda targeted a therapeutic approach that Mexicans had begun to prefer over academic medicine. Academic doctors’ widespread concern about the popularisation of homeopathy in Mexico suggests an alternative reading of the professionalisation of medicine in Mexico, which considers the creation and consolidation of liberal medical institutions, such as the NSM, the SBH and professional medical societies, as necessary steps for the professionalisation of medicine. Contrary to this narrative, Barreda’s critique and its adoption by the academic medical community suggests that the popularisation of homeopathy was the driving force prompting the ideological unification of academic doctors a decade before the NSM and the SBH resumed the regulation of medical training and practice in the 1870s. After that point, academic doctors such as Galindo framed their critique of homeopathy on the grounds of formal medical training, the possession of a NSM-issued medical degree and its registration with the SBH. Galindo’s critiques marked the transition to a medical reform, a new period in the history of homeopathy in Mexico.