The tendency to categorise is fundamental to acquisition of knowledge. It allows us to simplify the things, objects, ideas and phenomena around us to make sense of them. However, as goes the Jaina doctrine of syādvāda that all judgements are conditional, holding good only in certain conditions, circumstances or senses, expressed by the word syād (Sanskrit: ‘may be’). To put it differently, things are never black and white, and there exist gray zones. The volume under review is devoted to the exploration of these gray zones with respect to medical history in Latin America. As the recent scholarship on history of medicine has pointed out that healing systems – in their more erudite, textually grounded forms – have always been, and still are, largely inaccessible for the mass of the people. This creates space for thriving of a number of healers especially at the margins imparting eclectic admixture of remedies. It makes the actual terrain of health and healing intriguingly complex.

The Gray Zones of Medicine attempts to bring forth this complexity of performative healing practices by resorting to biographies of some renowned eclectic practitioners of Latin America – from early colonial times to the present. According to the editors, these healers – as well as the other practitioners portrayed in this book – displayed health care practices situated in and out of formally defined corpora of knowledge, in realms that by necessity were porous, in flux, and with elastic borders (p. 9). In this pursuit, the articles contained in this volume view modern scientific ‘medicine’ as historically constructed category that tends to undermine all other healing practices. Not only this, the statutory support to modern ‘medicine’ pushes all other systems or practices of healing and their practitioners outside the purview of legality, thereby criminalising them at once. Nevertheless, outlawing or criminalisation of nonofficial healing practices fails to eliminate its practitioners completely. Instead, the very flexibility and noncanonical nature of therapeutics offered by such practitioners which deems them misfit to be recognised by the state allows them to thrive outside the statist health infrastructure traceable across diverse subaltern and even elite domains.

In the aforesaid context, the present volume, on the one hand, traces the historical process that led to social and cultural dominance of modern ‘medicine’, whereas, on the other hand, it brings out the unrelenting resilience of healers offering services on the fringes of official medicine, often as hybrid practitioners using very diverse medical traditions. The volume includes a variety of essays which traverse a relatively longer period right from the beginning of the seventeenth century to the present. Those working on history of medicine usually agree that the nineteenth century was an important watershed so far as western medicine or biomedicine is concerned. It was in this century that the ‘miasma theory’ of disease transmission gave way to the ‘germ theory’ of disease that completely changed the therapeutic approach of western medicine towards various diseases. Subsequently, all other healing practices were stereotyped as ‘nonscientific’ and ‘archaic’ vis-à-vis western medicine.

However, as the first few chapters included in this volume reveal, such marginalisation of non-Western healing systems was not new and can be traced back to the seventeenth and eighteenth centuries as well. At that time, the ground on which non-European healing systems were marginalised appears to be fraught with religious vocabulary. The non-European healing systems were often treated as ‘demonic’, and its practitioners were reprimanded as ‘sorcerers’. The first two chapters by Pablo F. Gómez (pp. 11–25) and Martha Few (pp. 26–39) clearly emphasise this point in the case of seventeenth-century Caribbean and eighteenth-century Guatemala, respectively. In both the case studies, practitioners imparting remedies by resorting to eclectic admixture of various healing knowledge were prosecuted by the Inquisition, the policing arm of the Roman Catholic Church. Equally interesting is to note the role...
played by nonmedical actors or local conspiracy in drawing attention of the inquisition authorities against Domingo de la Ascencion and Maria Garcia, the ‘gray zone’ practitioners of Cuba and Guatemala, respectively, which led to their eventual persecution. This leads to an important argument how the category of ‘medical’ was shaped by ‘non-medical’ actors, such as inquisitorial authorities, clerics and colonial officials, in due course of history.

Nevertheless, despite numerous inquisitorial denunciations, many such healing practices continued to cater the black, the white and the mixed-race population. As argued by James H. Sweet in his chapter which explores the longue durée history of Calundu, a specific Angolan healing practice involving spirit possession, in Bahia that the unhealthy disease environment of Bahian slave society was new and unfamiliar, resulting in symptoms that European doctors and priests could not explain (p. 48). This naturally created space for such healers sitting in the ‘gray zones’ of medicine. In addition to this, in the slave society like that of Bahia, slavery was seen as the cause of a number of ailments suffered by the African slaves usually due to overwork, malnutrition and physical and moral punishment. In fact, many slaves considered the condition of slavery, argues Joao Jose Reis in Chapter 5 which revolves around the personality of Pai Domingos (a manumitted African slave healer active in nineteenth-century Bahia), itself to be a disease that they often explained through a mental framework of witchcraft (p. 75). In this context, Reis sees the popularity of healers like Pai Domingos behind his ‘ability to prepare special potions that slaves secretly administered to masters’ to obtain freedom (p. 81).

As we move close to the late nineteenth and early twentieth centuries, inquisitorial suspicion and condemnation were replaced with scientific denunciation of practitioners belonging to ‘gray zones’. The modern era public health system centred around biomedicine marginalised all other systems of healing, thereby condemning them as ‘primitive’, ‘prehistoric’, ‘stagnant’ and ‘nonscientific’ healing practices. Liane Maria Bertucci in her chapter (pp. 108–22) explores such cases of condemnation of traditional healers of Sao Paulo, like that of Saint Vincente, as charlatans. Incidentally, these charges of charlatanism, argues Bertucci, were mainly levelled against individuals who flouted legal regulations such as the sanitation code (p. 109). Nevertheless, we also have cases of healers like that of Indio Rondin of early twentieth-century Colombia who, in order to deceive the authorities, assumed a range of positions – allopathic physicians, pharmacist, peddler, healer, dentist and culebrero (traditional Latin American snakebite healers). Here, Victoria Estrada and Jorge Marquez Valderrama in their chapter (pp. 123–37) exploring the life and time of Rondin argue that healers like him knew ‘how to take advantage of all such forms by activating, through formal applications and statements, the bureaucratic apparatus of drug patents and professional licences in many towns and cities’ (p. 126).

The volume also includes chapters by Adam Warren (on gendered prosecution of unlicensed healers in early nineteenth-century Peru), Patricia Palma and Jose Ragas (tracing the emergence and consolidation of Chinese healers in late nineteenth-century and early twentieth-century Peru challenging the monopoly of western medicine), Alberto Ortiz Diaz (exploring the case file of Mauricio Gaston, an allegedly untrained Haitian medical practitioner serving to mill workers of Romana Sugar Mill in the Dominican Republic in 1938), Diego Armus (delineating the ill-defined medical jurisdictions and consequent tussles in early twentieth-century Argentina) and Gabriela Soto Laveaga (exploring the trajectory of a Zapotec healer Dona Hermila Diego’s path to become a respected internationally renowned indigenous healer in modern Mexico). Overall, this volume offers a rich tapestry of healing practices and its practitioners active in the field which the editors have deemed as ‘gray zones’ of medicine in Latin America. Many of the chapters included in it have the potentiality to grow further into a full-fledged monograph. Last but not least, the publisher of the volume also deserves due credit for maintaining the exquisite quality of its production which prima facie does not fail to impress the reader.

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