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Fabriquer les masculinités

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A Priest of Humankind or a Respectable Gentleman? The Self-Representation of Physicians in Neo-Imperial Spain (1820s–1880s)

Prêtre au service de l'humanité ou gentilhomme respectable ? L'auto-représentation des médecins dans l'Espagne néo-impériale (années 1820-1880)

¿Sacerdote de la humanidad o caballero respetable? La autorrepresentación de los médicos en la España neoimperial (1820-1880)

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Résumés

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In our article, we analyse the image physicians presented of themselves in their professional discourse during the 19th century, to map the complex negotiation of their professional identity as, at the same time, elite, masculine, and essentially Spanish. We contrast this with the representations of physicians in the contemporary urban visual culture, in Spain and in Europe, as a space of transimperial circulation of discourses and images. Physicians strove to shape and control these representations, with limited success. Moreover, we pay attention to how colonial context shaped professional discourse. We introduce comparisons with the patterns of gendered redefinition of the medical profession in France, as this neighbouring country—which was also another global empire—was a constant point of comparison and reference for Spanish physicians, but also because French and Spanish physicians shared the same space of knowledge circulation,



practices, and institutional models for centuries.

Dans notre article, nous analysons l'image que les médecins présentaient d'eux-mêmes au XIX^e siècle dans leur discours professionnel, afin de cerner la négociation complexe de leur identité professionnelle, tout à la fois élitaire, masculine et essentiellement espagnole. Nous la comparons aux représentations des médecins dans la culture visuelle urbaine contemporaine, en Espagne et en Europe, en tant qu'espace de circulation transimpériale de discours et d'images, représentations qu'ils se sont efforcés de façonner et de contrôler, avec un succès limité. En outre, nous prêtons attention à la manière dont le contexte colonial a façonné leur discours professionnel. Nous introduisons des comparaisons avec les modèles de redéfinition sexuée de la profession médicale en France, d'une part parce que ce pays voisin — un autre empire global — était un point de comparaison et de référence constant pour les médecins espagnols, et d'autre part parce que les médecins français et espagnols ont partagé pendant plusieurs siècles le même espace de circulation des connaissances, des pratiques et des modèles institutionnels.

En nuestro artículo analizamos la imagen que los médicos presentan de sí mismos durante el siglo XIX en su discurso profesional, a fin de identificar la compleja negociación de su identidad profesional como élite, masculina y esencialmente española. La comparamos con las representaciones de los médicos en la cultura visual urbana contemporánea, en España y en Europa, como espacio de circulación transimperial de discursos e imágenes, representaciones que los propios médicos se esforzaron en modelar y controlar, con éxito limitado. Por otra parte, prestamos atención al modo en que el contexto colonial moldeó el discurso profesional. Incluimos comparaciones con los patrones de redefinición sexuada de la profesión médica en Francia, porque este país vecino —otro imperio mundial— era un punto de comparación y referencia constante para los médicos españoles, pero también porque los médicos franceses y españoles compartieron durante siglos el mismo espacio de circulación de saberes, prácticas y modelos institucionales.

Entrées d'index

Mots-clés : Espagne, Cuba, empire, médecine, masculinité, classe, profession

Keywords: Spain, Cuba, empire, medicine, masculinity, class, profession

Palabras claves: España, Cuba, imperio, medicina, masculinidad, clase, profesión

Texte intégral

[T]he world [...] does not wish to see a simple or humble physician, and in the attitude of a priest of Humankind to which he is constantly devoted, but a rich man (at least apparently), ostentatious, elegant, and in a carriage, and if it is not so, he is neither respected nor paid, however abundant is his science and great are his virtues...

“Folletín. El coche del médico”, *El Genio Médico-Quirúrgico*, 22 Jan. 1880, p. 32^[1] 34. Who questions the great wisdom of the Chinese, with his tunica talaris, his incomprehensible dialect, who smokes loads of opium and is served with veneration by elegantly dressed servants? [...] All praise his knowledge, and he exploits the mobility of the sons of the country, ridiculing the humbleness of our colleagues.

Ildefonso Bedoya, “Necesidades médicas de Puerto Rico”, *El Siglo Médico*, 11 Sept. 1859, p. 311.

1 Spanish physicians of the nineteenth century constantly complained about their lack of public acknowledgement and authority, as well as about their precarious social and economic standing¹. Instead of taking these complaints as a proof of the dire reality of the medical profession in Spain, we interpret them as a sign of a tortuous and contested transformation that the “art of healing” was undergoing in that period, including the redefinition of its gendered aspects. Firstly, there was the transnational trend of professionalisation of medicine that involved expelling men who did not possess a diploma from a medical faculty (or, at least, a “title” granted by public authorities or an



expert body). Physicians also aimed at subordinating women to roles such as nurses or midwives whose skills were to be examined and certified by male obstetricians. Nonetheless, women skilfully used the discursive tensions in the self-representation of the profession to force their access to higher education and to the profession of physician by the early twentieth century. In Spain, as in many other countries, the profession of physician was among the first liberal professions women entered in noteworthy numbers.²

2 Secondly, the new logic of a market that was both free and regulated by law forced the physicians to renegotiate their claims to be men of honour, rooted in a centuries-long tradition. They had to reconcile the need to make their profession a source of their financial autonomy with presenting themselves as self-sacrificing philanthropists. Last, but not least, the complex construction and implementation of constitutional parliamentarism (or Liberal Regime, as it is known in the Spanish historiography) and the reconstruction of an imperial identity after the loss of the greater part of Spain's American domains in the 1810s and 1820s were two high-impact processes that characterised nineteenth-century Spain. As Josep M. Fradera and others have put forward, the period between the loss of most of the American colonies in the 1810s–1820s and the loss of overseas colonies after the Spanish-American war of 1898, known as “The Disaster”, was a period of neo-imperial reconstruction of Spanish national identity, during which the peninsula was redefined as an imperial nation in which the remnants of its colonial domains, the overseas territories, played an essential role, not only in economic terms, but also in showcasing the Spanish capacity of domination and “civilisation”.³ These two processes, constitutionalism and new-style colonialism, not only shaped the Spanish nationalist discourse, but also intervened in the redefinition of masculinities.⁴ Physicians had to negotiate their professional identity and their public image as patriots and as representatives of the civilising mission of an empire that was constantly questioned as decadent and obsolete not only by colonial subjects in Cuba, Puerto Rico, and the Philippines, but also by rival colonial powers. For this purpose, they mobilised the notion of medicine as science as well as an emphasis on the self-sacrificing aspects of medical practice, oscillating between the metaphor of a military hero and that of a missionary priest.

3 In our article, we analyse the image physicians presented of themselves in their professional discourse, to map this complex negotiation of their professional identity as simultaneously elite, masculine, and essentially Spanish. We contrast this with the representations of physicians in the contemporary urban visual culture, in Spain and in Europe, as a space of transimperial circulation of discourses and images. Though physicians strove to control these representations, they met with limited success. We introduce comparisons with the patterns of redefinition of the medical profession in France since this neighbouring country—and another global empire—was a constant point of comparison and reference for Spanish physicians, but also because French and Spanish physicians shared the same space of circulation of knowledge, practices, and institutional models for centuries.⁵

4 The article is based on primary sources dating from 1820 to the 1880s. The analysis of the physicians' self-representation is mostly informed by the professional press. The professional and scientific press both experienced a boom in Spain during the Constitutional Triennium (1820-1823) and then again in the central decades of the nineteenth century. Our sources include some of the most influential medical journals, such as *Décadas médico-quirúrgicas*, *El Siglo Médico*, or *El Genio Médico-Quirúrgico*. To address the colonial dimension of the self-representation of Spanish physicians, we have analysed colonial medical journals, but also peninsular ones, such as the above-mentioned *El Siglo Médico*, which often relied on correspondents from Cuba, Puerto



Rico, and the Philippines for the news and opinion articles on the colonial contexts. As for the public image of physicians in Spain, it is examined by taking into consideration cartoons, satirical publications, general press, literary fiction, and paintings. Like the professional press, the general press and satirical publications proliferated as never before in the analysed period.

- 5 The analysis of iconographic sources has been a popular approach in the history of medicine at least since the 1990s. Basically, there are two main lines of research: firstly, works focusing on scientific illustrations (expeditions, medical images, astronomical drawings, etc.); and, secondly, research on the representations of sciences in art throughout the history.⁶ Recently, these two lines of research have converged due to the new interest in the so-called cultural history of science, technology, and medicine that pays attention to the means of production, the media of communication, and the ways in which sciences and the arts (or technology) have been represented.⁷ In this approach, developed by cultural historians such as Roger Chartier or Peter Burke, the concept of representation includes a social dimension and is used as a tool to understand the articulation and transformations of collective identities of social, political, professional, and other groups.⁸ Thus, this article endorses three of the main premises of representation studies: collective representations have an impact on individuals and their perception of reality, these representations are disseminated by means of symbolic—iconographic—codes that are accessible in public, and these collective representations become consolidated through the institutionalisation of their codes.⁹

The physicians' struggle for authority

- 6 In the nineteenth century physicians strove first and foremost to monopolise the supreme authority in the medical field.¹⁰ In this effort, they had pillars to build on inherited from the eighteenth century. The eighteenth century was the century of surgery, in Spain and in Europe more broadly. The authorities appreciated its progress and usefulness and funded surgery colleges, while the education of physicians continued to be anchored in theory. This began to change starting in the mid-eighteenth century, and there was a growing emphasis on clinical practice. In Barcelona and Valencia, clinical practice was introduced to the education of physicians in the framework of general hospitals.¹¹ These developments prepared the ground for the future unification of medicine and surgery in the same university degree and in the same profession that would take place in Spain in the mid-nineteenth century, giving an important boost to the efforts of university graduates to monopolise the supreme authority in the medical field.
- 7 Moreover, there are political dimensions to this process. In the Spanish context, two moments of constitutional parliamentarism in the early nineteenth century (the Cortes of Cadiz, 1810–1814, and the Constitutional Triennium, 1820–1823) introduced new elements into the ongoing transformation of physicians from members of a broadly defined patriotic elite into experts whom the governing elites relied upon and who strove to influence and shape public opinion. While ruling elites had appealed to physicians' expertise to manage epidemics and other health-related issues during the Ancien Régime and continued to do so once the constitutional regime was consolidated, institutions of political representation such as the parliament and the notion of public opinion constituted spaces of action for the physicians in which their expert stance needed to be reconciled with political legitimacy.

This shift also had implications in terms of gender. As in France and Britain, the *savant* circles and patriotic elites in Spain included exceptional women. The category of



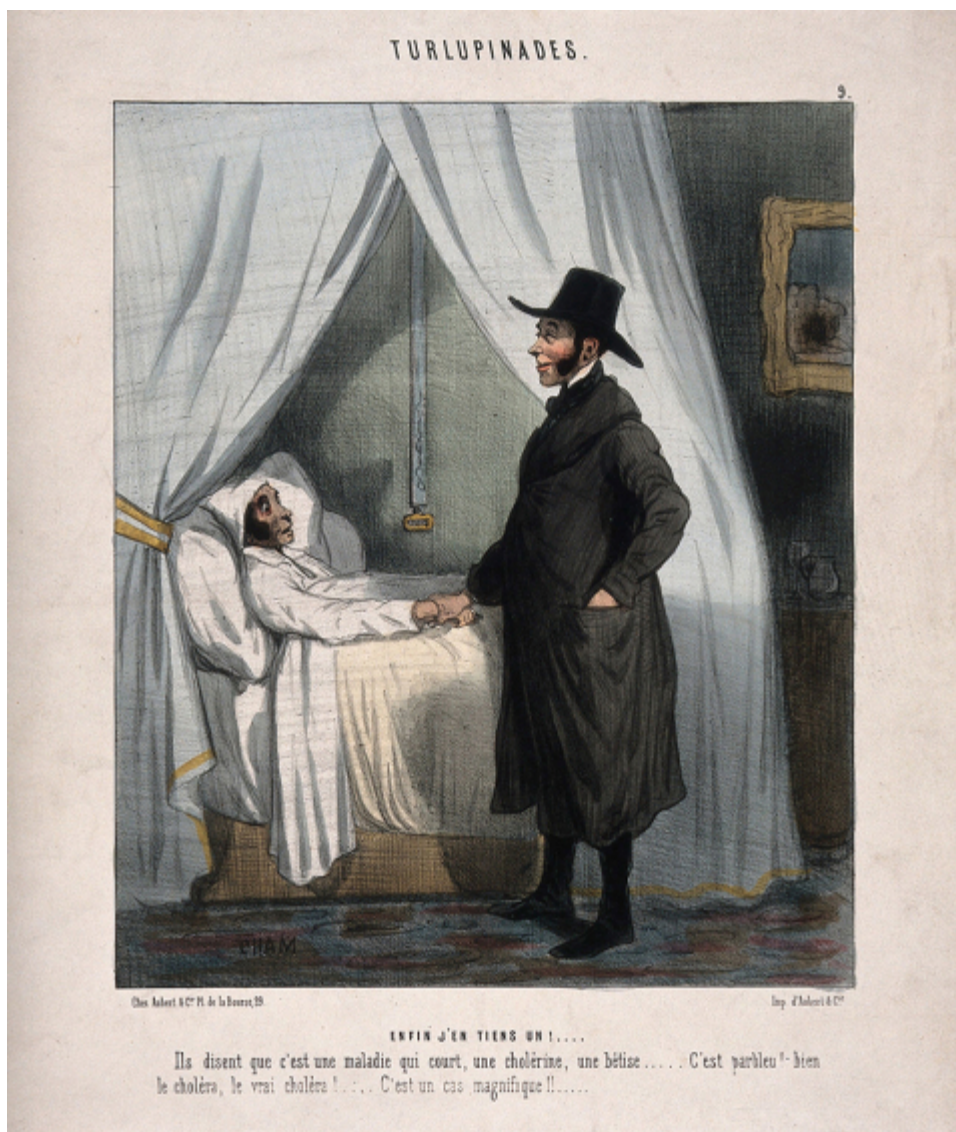
expert, however, was becoming more and more linked to that of a professional toward the mid-nineteenth century, that is, a person who possessed formal credentials (a title, a diploma) and earned money applying their special knowledge and skills—though, as we will analyse in the following section, this had to be negotiated cautiously. Both these elements made women’s participation impossible, as women were denied access to institutionalised higher education (with very few exceptions) and remunerated activity was hard to reconcile with upper- and middle-class female respectability, where paid work was considered as socially degrading for the woman and her family. Liberal professions remained almost exclusively masculine until the last third of the century, even when women in many European and American countries including Spain succeeded in using the professionals’ credentialism and meritocratic discourse in their favour to force their way into universities and professional practice.

9 Another important change fuelled by constitutional regimes was the configuration of a coherent and combative professional discourse and identity, made possible by the freedom of speech and press. Medical journals emerged that did not shy away from discussing, criticising, and trying to shape government policies and parliamentary debates. This trend was marred by absolutist restorations (1814–1820 and 1823–1833).¹² The consolidation of constitutional parliamentarism in the 1830s facilitated not only the revival of these critical debates that fostered professional cohesion, but also the transformation of medicine into a modern profession. This included unifying medicine with surgery and linking it inexorably to university education, though authorities continued to sanction the medical practice of men without university education through official titles until the end of the century.¹³ The issue of authority and exclusivity in the medical field remained open throughout the century, as it did in France, the Austrian and the Ottoman Empire, and elsewhere, despite the physicians pressuring public authorities to act and legislate on their behalf against “charlatans”, “intruders” and “ignorant healers”, the former two generally represented as men and the latter often represented as old women.¹⁴

10 The quest to monopolise authority in medical field had two dimensions. The physicians explored the governing elite’s growing interest in public health and exploited it in their favour by presenting themselves as the ideal—or the only legitimate—candidates for the newly created public posts concerning health and healing.¹⁵ The cholera pandemics (that hit Spain heavily in the 1830s) were key in this process of institutionalisation of the physicians’ expert authority. However, their lack of capacity to act efficiently vis à vis the disease, combined with their new power to shape people’s lives according to what were often class prejudices rather than scientific criteria, led to a wave of social resistance to their authority and to the proliferation of negative images of physicians as arbitrary authority figures, as cowards and charlatans profiteering from people’s disgrace (illustration 3), similar to images in France and Great Britain (illustrations 1 and 2).¹⁶ One way or another, they managed to occupy (even monopolise) many newly created posts, such as those of medical directors of spas¹⁷, public employees appointed and paid by the state.

Illustration 1: “A doctor is delighted at confronting a full-blown case of cholera.”





[Finally, I've got one!... They say it is a disease that runs, a cholérine, a mere trifle... It is truly cholera, the real cholera!... It is a wonderful case!] Coloured lithograph by Cham, c. 1845.

Wellcome Collection, Public Domain Mark. Online: wellcomecollection.org

Illustration 2: "A group of doctors parade a dummy with a skeleton's head representing cholera: a group of people run screaming from it."

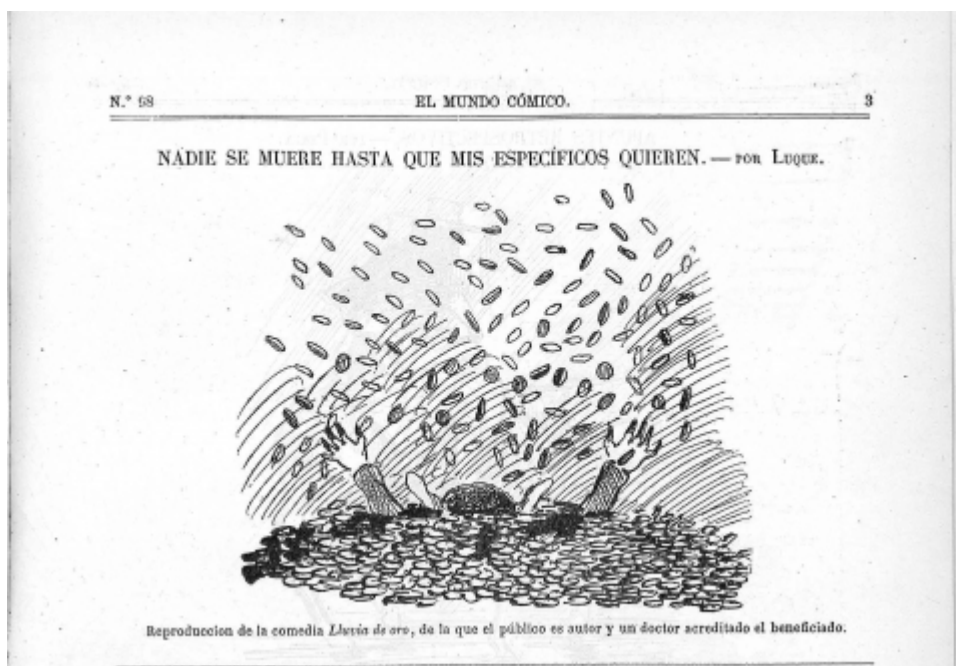




Coloured lithograph by H. Heath, 1832.

Wellcome Collection, Public Domain Mark. Online: wellcomecollection.org

Illustration 3: "Doctor Garrido".



[Nobody dies until my medicines desire so.] Showing the comedy *Golden Rain*, in which the public is the author while the physician profits from it. In Spain, lithography only became widely used in the second half of the nineteenth century. "Doctor Garrido" was a Doctor of Pharmacy famous for his drugs against cholera. *El Mundo Cómico*, no. 98, 13 September 1874.

Biblioteca Virtual de Prensa Histórica, CC BY 4.0. Online: prensahistorica.mcu.es



Women were excluded from these new fields of action.¹⁸ In certain areas where women had held a strong position, such as obstetrics, they were pushed under the authority of physicians.¹⁹ Thus, a gender hierarchy in the birth assistance market was

established that was more pronounced than during the Ancien Régime. In Spain, this process was remarkably slow, as public investment in hospitals and clinics was limited and physicians who attended home births of wealthy clients seem to have accepted the midwives catering to poorer women giving birth.²⁰ Rather than focusing on “ignorant (old) women”—a rhetoric figure strongly present, for instance, in the discourse of Czech and German rural physicians²¹—Spanish physicians seemed to consider “other” men as their main rivals. These intruders were defined mainly in terms that mobilised class imagery. Charlatans and intruders were painted in two ways. Firstly, as lower-class men without university studies, some of whom *pretended* to be physicians and gentlemen, while others simply exploited the patients’ ignorance and offered them therapies while having no notions of medical science and its progress. Secondly, as *desclasados*, men of middle- and upper-class origins with or without a diploma in medicine, who, driven by their avarice, forgot the commandments such as love of humankind and love of the scientific truth, and compromised the medical profession by pandering to patients for profit and even tricking them out of their money.²² Spanish doctors occasionally mobilised xenophobic stereotypes to stigmatise the second “type” in particular, considering this kind of charlatanry as particularly common among foreigners (often implicitly or explicitly Frenchmen), while it was rare among the austere and honourable Spaniards.

Although neither the Spanish public nor the government rewards or appreciates the practitioners of the art of healing as abundantly as the foreigners do with their own, these cases of avarice, lowly behaviour, and charlatanry are very rare among our professionals. In fact, for every Spanish physician, surgeon, or pharmacist who abuses the title granted to him by law—law that to a certain point cannot prevent him from practicing bad faith or charlatanry—there are five or six among the foreigners, despite great surveillance by the health council or medical police, both of which we lack in Spain. [...] The near lack of predisposition to charlatanry in the frank nature of the Spaniards, helped by a bit of zeal or medical police deployed by our wise government, could provide from now on a sense of security to the sick when assisted in their diseases as well as to the professionals in the exercise of their practice.²³

12 We can observe how professional discourse interacted with nationalist discourse within the universalist framework of science and the progress of civilization. The rhetorical operation in the quote above is typical of the nationalist discourses articulated by elites who interiorised the notion of their country or nation as lagging behind the “advanced nations”. While they promoted their professional interests as physicians—the article quoted above demanded that the government further regulate the exercise of medical professions—these men also construed themselves as Spaniards and as deserving members of the international scientific community. While they complained about lacking the state’s protection and urged the government to stand up for them for the good of all, they also presented Spanish masculinity as a particularly virtuous one, superior to that of foreign others. They implied that, once the authorities did their part, Spanish medical professionals would stand above their foreign peers, equalling them in science and surpassing them in national character and manliness.

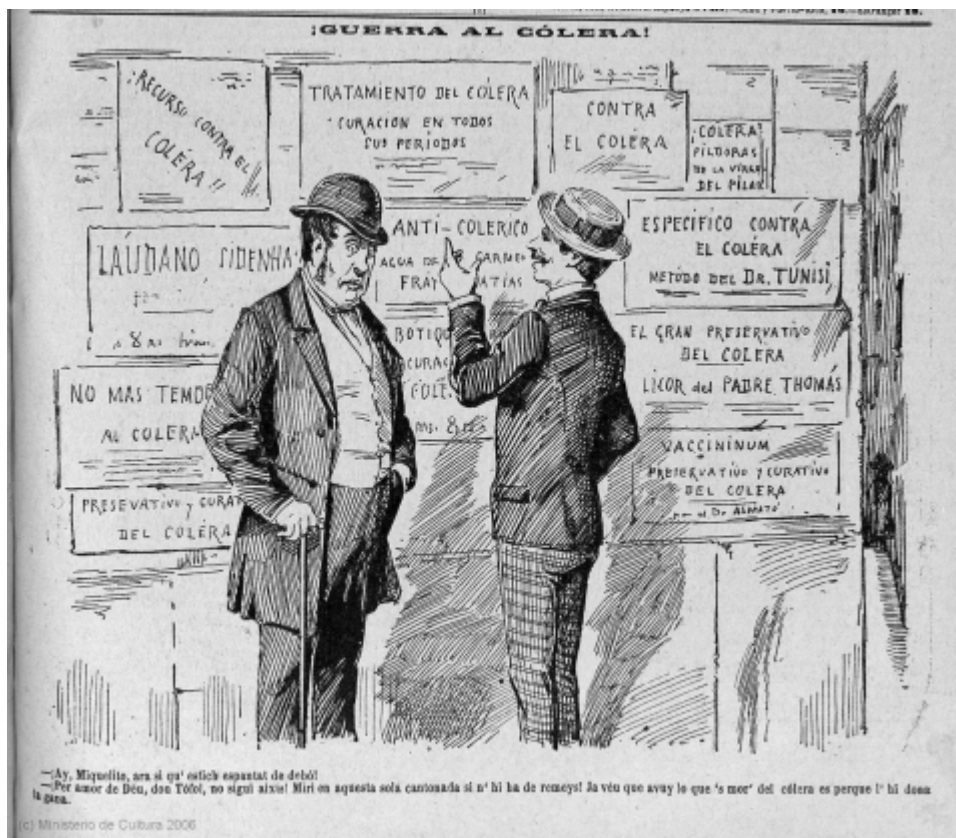
13 The lower-class men in the medical field were often painted as traditional figures, products and, at the same time, exploiters of a millenary ignorance on the part of the people. This rhetoric contrasted with the fact that many of these remedy sellers were in fact up on the forefront of the capitalist trends of marketing, handled industrial products, and appealed to novelty, science, and progress when selling their services and remedies to the public (illustration 4).



In contrast, the class equals of the physicians were depicted as the embodiments of a

“wrong modernity”, capitalism run amok, but also as problematic in terms of their masculinity due to their avarice. Their unwillingness to defend scientific criteria and their desire to submit to the patient’s desire and give them what they wanted implied a lack of manhood. Their seductive attitudes vis-à-vis their patients, particularly women, who were then left damaged with the charlatans’ lousy and dangerous therapies, also mobilised the image of the seducer: an undesirable, delinquent masculinity that needed to be vanquished by righteous men, the good physicians, who were called to defend their professional honour and that of the patients.²⁴

Illustration 4: “War against cholera!”



[If we die of cholera, it's because we wish it so.] *La Esquilla de la Torratxa*, 22 August 1885.

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- 15 The physicians were aware of their public image being beyond their control and including many unflattering notions. Avarice was a common accusation that was levelled against them, and they strove to displace it towards uncertified healers, or in the worst case, present it as a misbehaviour of dishonourable colleagues. It was, however, not the only criticism often repeated and represented in the press. Cowardice was, too. In an era marked by revolutionary upheaval and epidemics, Spanish physicians explored the prestige of a fighting hero to assimilate themselves to such a figure. In the 1820s they often argued that they deserved the same public honours and salaries as high-ranking officers, being at least as heroic as military men: “The bravest and fiercest military man trembles at an outbreak of a disease and shivers at a mere mention of contagion. In this natural battlefield shines only the heroic serenity of a physician, accompanied only by his enlightenment and philanthropy.”²⁵ In the 1850s when revolutionary movements were perceived by many as a perturbation of order, the most influential Spanish medical journal *El Siglo Médico* even argued that the physicians’ kind of courage was superior to that of military men, more useful to the society and to humankind than revolutions and wars.²⁶ They could not be surprised,

then, if they were held to higher standards than average men when an epidemic struck, being expected to stay in the affected area and attend the sick. If they left running, they were mercilessly mocked for such a dereliction of duty, as we can see in a caricature from 1884 in the Catalan newspaper *La Esquella de la Torratxa*, concerning a cholera outbreak in Barcelona.²⁷

- 16 The figure of a good physician was construed through comparison with these undeserving, undesirable, or subordinated Others. Nonetheless, the physicians' professional discourse had to interact with the key concepts of constitutional liberalism, the patriotic discourse, and the class and gender dynamics of that time. This led to a self-representation that was complex and often tried to combine contradictory elements. In the mid-nineteenth century, a physician's respectable manhood could be embodied in the heroic figure of a slim, austere, self-sacrificing man, either a rural physician or a man of science, mobilising references to priesthood (both Catholic and "pagan", as in "Aesculapius's priests"). A good physician could, however, also be represented as a sturdy, reliable, and discreet *caballero* (gentleman, a redefined category that came to include the middle classes²⁸), with his black suit and top hat, counsel, and support to his patients (illustration 5). Such representations co-existed both in the physicians' professional discourse and in the social imaginary, in Spain and elsewhere, for instance in France (illustration 6). The public image of physicians, however, often dwelled particularly on those features, practices, and skills that were problematic for their professional self-representation, the same ones that were often used by the physicians to criticise the charlatans, such as dandyism and popularity with the ladies:

Only in the towns may one see a doctor that preserves the traditions of the good times of Valencia and Salamanca. Oh, virginal times when an embryo of the physician would be covered in a shroud called a manto and a tricorne hat that had served three generations. [...] The physician now dresses like a society man with more colours than a peacock, with all the outfits of a *fashionable* man, and he is indistinguishable from those who accompany him, if not for him talking to answer a friend's request for advice. He needs to show more care to correctly greet and address (those who deserve such address) than to the art of prescription. Be sophisticated, elegant, and an admirer of the fair sex.²⁹

- 17 While scientific knowledge was a characteristic that united both figures, we do not consider that, at least in the Spanish context, it was the axis of the construction of the medical profession as an essentially masculine one. Women were not denied rationality: even if the notion of opposite and complementary sexes became widespread in mid-nineteenth-century Spain, it coexisted and interacted with the older, hierarchic notion of sexes, where women were, in a way, lesser men.³⁰ This misogynistic hierarchy made it possible, however, to accept and praise exceptionally "virile women" (*mujeres viriles*) for their outstanding achievements in battle and in scientific pursuits.³¹ This tension was soon to be explored to legitimise the women's entry into respectable professions: we can observe this dignified image in one of the first representations in Spain of female medical students in the late nineteenth century. Therefore, we argue that, rather than a straightforward denial of rationality to women, the masculine monopoly on authority in the medical field was construed through legal subordination and institutional exclusion of women, as well as through more subtle mechanisms that discouraged women from certain areas and activities by mobilising notions of class and desirability. Elite men, be they physicians, painters, or writers, often construed women in lower-status health professions as robust, sturdy, and often vulgar: "[the midwife] tends to claim for herself the respectable title of matron that indicates a serious and robust woman."³² Their construction as both undesirable and lower class stands out in contrast with the



representations of patients: mostly female, slim, pale, weak, with a lost gaze, the Romantic ideal of woman, that could be—and was—applied across the class divide.

Illustration 5: “El Médico”.



In *Los españoles pintados por si mismos*, Madrid, Biblioteca ilustrada de Gaspar y Roig, 1851, p. 145. Alicante, Biblioteca Virtual Miguel de Cervantes, Sig. FL-INVES DRPS/FA/1065. CC BY 4.0. Online: cervantesvirtual.com

Illustration 6: “Le Médecin”.





Le Médecin. Dessin de Gavarni.

In *Les Français peints par eux-mêmes*, vol. 3, Paris, Philippart, 1876–1878, p. 252. Gallica/Bibliothèque nationale de France, SMITH LESOUEF S-4983. Online: gallica.bnf.fr



In the case of the priest-like representation of rural physicians, the emphasis on mobility—horse-riding, night visits to remote places, attending patients in their homes—was hard to reconcile with an image of respectable Spanish lady. It might seem that

the well-off urban physician could indeed be embodied by a bourgeois woman. But could it? First and foremost, home visits still prevailed over patients flocking to a physician's surgery, so a female physician's honour would be in jeopardy in urban areas, too. Second, the emphasis on discretion³³, frequent in the descriptions of the essential features every physician should possess, mobilised gender and class imaginary. Concerning physicians in France, Robert Nye has pointed to the class aspects of discretion, in its links with Catholic priesthood and with the physician's standing as a man of honour.³⁴ As Martykánová and Núñez have argued, in Spain, too, discretion was a notion linked to priesthood and to masculinity, specifically to men of honour, that is, upper- and middle-class men who acknowledged each other as *caballeros* (gentlemen). Lower class men, men of other races and women of all classes were considered as chatty (women and blacks) and/or perfidious (women and "the moors"), and as prone to indiscretions and revelation of secrets. Just like in the case of mobility, the emphasis on discretion as essential for a good physician was one of the most important ways of constructing the profession as essentially masculine in nineteenth-century Spain.³⁵

19 As we have mentioned, remunerated productive activity could be problematic for Spanish middle- and upper-class women, and could thus operate as one of the subtle mechanisms of their exclusion. However, we shall stress that the financial aspects of professional practice were problematic for male physicians, too. We have pointed to the double image of a good physician as either a selfless, emaciated lover of humankind, putting his life at risk by trying to save his patients, on the one hand; and a well-off and well-nourished respectable and trustworthy bourgeois gentleman, a wise and discreet counsel to his well-off patients, on the other. The tension between the two invites us to reflect upon a key issue for contemporary physicians: the struggle to reconcile the image of a profession based on selflessness and an altruistic vocation with the need to earn enough money not only to make a living, but also to reproduce the bourgeois status of both the family and the profession.

Men of substance: the thorny issue of profit

The physician's carriage! This is talked about in the medical class more than in any other, and all wish for a carriage, because there is no other [profession] that, for different reasons, needs it more; and not only for the material and rough work typical of the profession, be it practiced in the capital or in the cities, towns, and villages, because everywhere it is like that. Neither is it because the physicians as men would be more prone to pay a tribute to human vanity, but because such is their state of being in the world, and this [world]—being futile, if not foolhardy in many of its appreciations, and more so in the big population centres and in certain social classes—does not want to see the physician as simple or humble, and in the attitude of a priest of humankind to which he is constantly devoted, but as a rich man (at least apparently), ostentatious, elegant, and in a carriage. And if it is not so, he is neither as respected nor paid as much—however abundant is his science and great are his virtues—as the one who goes making noise with his carriage when visiting his sick.³⁶

20 This is a quote from an article called "A Physician's Carriage", part of a satirical series published in 1880 in a Spanish medical journal called *El Genio Médico-Quirúrgico*. In a light tone, the article argued that a physician needed a horse carriage to visit his patients, in the countryside or in the city, to appear "rich, ostentatious, elegant". This quote proves that, until the end of the nineteenth century, expert knowledge and credentials did not guaranty physicians respect and social standing. The physicians



explicitly acknowledged their need to mobilise the criteria of bourgeois respectability not only to be accepted as gentlemen, but also to be taken seriously as physicians. Respect and respectability were required for one to earn a good livelihood in a context where well-paid posts, public or private, were scarce and paying clients were a fundamental source of the physicians' income.³⁷ The physicians had to look wealthy in order to be wealthy, a conundrum that was particularly challenging for those who worked in the countryside. This went beyond an individual concern for material wellbeing and social standing. If the physicians wanted to construe their profession as worthy of a gentleman, they had to efficiently embody this figure. This caused urban physicians, including privileged court physicians and university lecturers to get involved in the fight for the improvement of the salaries and working condition of rural physicians (*médicos rurales*), who depended on meagre salaries provided by the municipalities they worked for. The image of a self-sacrificing priestlike doctor could not be effective if the physicians' penuries were forced by dire financial circumstances, rather than being sign of their altruistic character.

21 The tension between the desire to construe the profession as a selfless service to a suffering humankind and the need to mobilise bourgeois codes to reproduce the status of medicine as a liberal profession worthy of a gentleman characterised the central decades of the nineteenth century. We argue that in Spain this dynamic had its particularities, with many similarities to France. In both countries, the construction of medicine as modern profession had a political dimension. Unlike Central Europe, for instance, Spain and France were early comers to constitutional parliamentarism. In both countries, revolutionary patriotism created, in the early decades of the nineteenth century, specific settings for a redefinition of the Ancien Régime notions of honor and virility that stressed glory, heroism, fearlessness, and self-sacrifice.³⁸ The physicians adopted and adapted these values in their professional discourse and self-representation.

22 However, liberal values such as the emphasis on property soon became extremely important in the new political system and in society, particularly as the wars were over or became localised. For many decades, male suffrage was not universal, neither in Spain nor in France. Not only was it limited to men, but it was limited to property owners capable of paying high taxes. In both countries, an exception was made for the so-called "capacities" (*capacidades*), men of certain education and liberal professionals, for whom the tax barrier still existed, but was lowered.³⁹ Physicians were only gradually included in this category in both Spain and France. They profited from medicine's longstanding status, dating from medieval times, as a *liberal* art taught at the university (like theology and law), as opposed to *servile* (mechanical or vulgar) arts that were considered socially degrading and inappropriate for a gentleman.

23 As we have argued in previous research, work was a problematic concept in gender and social terms in mid-nineteenth-century Spain.⁴⁰ Public activity and social usefulness had become important in Spanish elite masculinity since the Enlightenment, but remunerated work was not the least problematic way of being considered active and useful. In fact, the "need to earn a living" could be and was construed as undesirable dependence, and wealthy male rentiers and landowners who inherited their properties were more easily acknowledged as active citizens by Spanish (and French) law than professionals such as physicians, pharmacists, and engineers, who often failed to reach the tax requirements. In this context, professionals, including physicians, mobilised several notions, such as disinterest, service to the nation and to humankind, and science (or truth) as a moral compass. The emphasis on selfless vocation fuelled by their "love for humankind" was supposed to shield them from the accusations—levelled against the physicians jokingly and seriously, in press and in popular culture (illustration 7)—of



avarice and profiting from people's disgrace. It was also supposed to protect them from being presented as weak and dependent vis-à-vis their paying patients. All three of these aspects were problematic in gender terms. The sacerdotal figure was masculine, because it was independent and untouchable due to him being a man of principles, capable of protecting people's secrets and prioritising his mission over material desires.⁴¹ The issue of profit was extremely ambiguous in mid-nineteenth-century Spain. On the one hand, usefulness and productivity were values that were associated with masculinity since the Enlightenment, and a capitalist logic of competition through commerce and industrial production rather than war was praised by many in Spain as a sign of the progress of civilization.⁴² On the other hand, the search for profit and the pursuit of individual interest were often construed as less manly and less patriotic than the defence of the common good in political cultures ranging from legitimism and conservative Catholicism to republicanism. In Spain (as in many other countries), antisemitic metaphors were often evoked to construe the capitalist as a lesser man whose morals and patriotism were questionable and whose values and traits were incompatible with the ideal of the Spanish *hidalgo*.⁴³ This ambiguousness perpetuated the debate among medical professionals about how exactly to reconcile the desire for prestige linked to usefulness, public service, and exclusive knowledge with the need to earn a good living. As we have seen from the quote above, they mobilised the signifiers of bourgeois respectability, such as dress, transportation vehicles, and patterns of sociability. They also strove to present a united front as a professional group and demanded honours, help, and legal protection from the state, arguing that they made an important contribution to society and to the glory of the nation. To cement their respectability and social standing—and demand substantial salaries and fees (*honorarios*)—the physicians appealed to the values associated to the elite masculinities of the Ancien Régime (honours, glory, commitment to the Truth, service to the King), values that were redefined, however, through an interaction with the discourse of constitutionalism, national sovereignty, and the liberal logic of “removing obstacles to freedom”.⁴⁴ While they endorsed or accepted the removal of corporative/gremial privileges, they called for legal protection that would grant them an exclusive position in the medical field.⁴⁵ They supported their demands with arguments that combined Enlightenment and liberal values. Firstly, certified expert knowledge (sometimes called “science”) achieved through a costly and demanding education was an argument that fit in well with both Enlightenment and liberal emphasis on knowledge as a source of legitimacy, but it also mobilised the notion of a “good birth”. The notion of good birth, or *good family*, was redefined from a strictly aristocratic interpretation to a broader notion of one being born to a wealthy and decent family, capable of and willing to provide one with an education that promoted the right values and character traits (sensitiveness, discretion, tactfulness, self-discipline)⁴⁶, while permitting one to acquire the kind of knowledge and skills required for a specific profession. Secondly, the emphasis on meritocratic mechanisms (exams) and the idea that physicians served the common good both by holding public posts and attending to private clients further strengthened their demands for state protection of their supreme authority in the medical field.

Illustration 7: “Los Médicos”.





[How's spring going, mate?/Very well. An increase of twenty-four sick on my list./How lucky you are!]
 Francisco Ortego, *Gil Blas*, no. 50, 24 March 1867.

Credit: Biblioteca Virtual de Prensa Histórica, CC BY 4.0. Online: prensahistorica.mcu.es

- 24 Public posts and expanding government intervention in healthcare were essential for boosting the physicians' professional authority and their autonomy vis-à-vis paying patients. The state, the reformist elites beyond it, and even some of the revolutionary movements that promoted public intervention in health-related issues were allies the physicians could not do without. This explains the constant tension between the physicians trying to present themselves, on the one hand, as sensitive and discreet gentlemen who needed to impress and satisfy their clients, including paying patients of both sexes; and, on the other, their need and desire to appear as an unquestionable



scientific authority, austere, solid, and untouchable, capable of providing useful solutions to health-related social problems and, at the same time, remain both incorruptible and disinterested (both values strongly associated with normative masculinity of the time) by following scientific criteria.

“Spaniards or Americans, sons of the country” : the colonial dimensions of professional discourse

25 Despite losing the greater part of its colonial domains in the first three decades of the nineteenth century, Spain remained an important colonial power until 1898. Cuba was of great political and economic importance in nineteenth-century Spain, but Puerto Rico and the Philippines also shaped Spanish politics and society, sciences and liberal professions being no exception to this impact. In our article, we leave aside the issues concerning strictly the question of how medical science itself was shaped by colonial contexts, with its diseases, drugs, and plants. We focus on the configuration of the medical profession and, therefore, we ask questions such as how colonial context shaped the notion of what a physician was like, what made a good physician, and who had a right to be physician in the Spanish Empire.

26 In syntony with the ideas shared in the colonial metropolises all over Europe, colonial settings were construed as corrupting, a threat to the integrity of metropolitan man (the sources make no explicit reference to whiteness). When defending the use of quinin in cases of yellow fever, the physician Patricio Rodríguez Sulss argued he was following his reason, while some of his colleagues in Puerto Rico succumbed and imitated the practices of local healers, male and female: “These ideas are easily accepted by my reason, which could never settle for the empirical and barbarian treatment used by the *curiosos* [healers] and is adopted by certain gentlemen physicians to the detriment of their reputation and of science.”⁴⁷ He understood this as a threat to their reputation as physicians, which, after all, was their problem as individuals. However, he also considered their therapies as a threat to medical science, a point we would like to stress. This shows that, by the mid-nineteenth century, Spanish physicians strove to present a united front as professionals, imposing their scientific criteria—negotiated, established, and shared within the medical community—on the patients, instead of adapting to the patients’ expectations. Moreover, we should underline the words empirical and barbarian. The accusations of empiricism—in the sense of a routine practice, accepted and perpetuated with no desire to understand its workings, learned through experience and repeated therapeutical methods with no effort to improve them—were very typical among professions who aspired to represent themselves as scientific in mid-nineteenth-century Spain, including those who claimed expertise in medicine, mathematics, and engineering.⁴⁸ The physicians presented themselves as men of science in contrast to practitioners who had no access to formal education and learned to heal in the field, through practice, repeating well-established therapeutical methods. By the mid-nineteenth century, this was not considered enough to be a good physician, at least in France and Spain.

27 The other slur, “barbarian”, however, brings us right into the symbolic world of colonial domination. Uncertified healers in the Iberian Peninsula were demeaned as empirical but were rarely called barbarians. This word evoked racial difference, or at least degradation through proximity and interaction with people considered as racially and morally inferior, as barbarians. While the threat of charlatanry and fraudulent



practice loomed everywhere, it was as if the physicians in colonies were aware of the need to take special care to negotiate their position as respectable men of science. This caution, however, did not mean a straightforward refusal of subaltern knowledge. Some physicians were willing to learn from “the blacks and other indigenous” healers. While they argued that the influence of these healers even “among the highest society” was understandable because of the lack of qualified physicians in Cuba, they were willing to admit that the plants and remedies these male and female healers used needed to be taken seriously and examined by reasonable men of science, for they may actually be useful in healing. We could even speculate that this argument, developed in an article sent by a physician who practiced in Cuba to the most influential peninsular medical journal, might have been a way of asserting the position of colonial physicians vis-à-vis their peninsular colleagues, who, while teaching and practicing in prestigious institutions, had little access to all kinds of indigenous knowledge presented as helpful in curing the ailments typical of the colonial settings.⁴⁹

A prudent and thoughtful physician should not oppose frontally and obstinately the practices that are deeply rooted there and are almost impossible to discard, but should open his eyes to take a good look at those medical species, and his ears to listen with exquisite attention to the stories of healing that are told. In this way, knowing the truth, he will be able to make good use of them in the treatments of illnesses while receiving enormous applause from these naturals, who are so enthusiastic about their things; they will then trust him more when he discards those that are not useful or are harmful. He will be able to correct the effects of those and will enrich practical science, which surely is not linked to the men who cultivate sciences at opulent universities.⁵⁰

28 In her work on physicians in nineteenth-century Bohemia, Rambousková has described how the younger generation of physicians, who were convinced of the harmfulness of bloodletting and excessive drug prescription, felt the need to negotiate with their patients who insisted on these practices. They accepted it on certain occasions in order to slowly gain the patients’ trust and convince them to cease demanding it in most cases.⁵¹ We have found the same willingness to adapt to the paying patients’ expectations on drug prescription in the social representation of the physicians in the Spanish colonies, too.⁵² Nonetheless, we can appreciate that some of the titled Cuban physicians were willing to learn from the healers and acknowledged the possibility that their remedies were indeed efficient, though they construed themselves as superior to the healers in their capacity for discerning the useful from the useless or harmful. By representing themselves as men of “practical science”, however, they also claimed advantage over the “men who cultivate science in opulent universities”. Prudent, thoughtful, and practical, a good listener and observer: all these were the characteristics a good physician needed to prosper in a colonial context.

29 The complexity and ambiguousness went even further. While the reader might suppose that the category of barbarian was applied to all rivals that were acknowledged as racially different, this is in fact far from true. It seems it was supposed to evoke the image of a black, mixed race or, in the case of Philippines, indigenous healers. The discourse of Spanish-speaking physicians concerning Chinese medical practitioners was radically different.⁵³ First and foremost, they were referred to as physicians, and, in this sense, acknowledged as peers, however threatening and hated. They were considered as serious rivals, enjoying a good reputation for their skills and wisdom, and capable of attracting and satisfying prominent patients.



Who questions the great wisdom of the Chinese man, with his *tunica talaris* and his incomprehensible dialect, who smokes loads of opium and is served with veneration by elegantly dressed servants? And, on the other hand, who other than

their interpreter translates their titles written in unknown characters and adorned with strange stamps and seals. All praise his knowledge, and he exploits the mobility of the sons of the country, ridiculing the humbleness of our colleagues.⁵⁴

30 This quote shows few signs of “Western” superiority. While undoubtedly mobilising the stereotypes attached to the Chinese in mid-nineteenth-century Europe and America (luxury, opium, and servility), the criticism was not that different from the one levelled against French physicians operating in the Spanish colonies and in the Iberian Peninsula. First and foremost, there seems to be no notion of a “traditional Chinese medicine” as radically different from—and inferior to—a “modern Western medicine”. This may be because many physicians of the mid-nineteenth century still understood the art of healing as a broad set of knowledge, skills, and practices, verified by use and experience, rather than as a strictly defined scientific discipline of which they would be the unquestioned gatekeepers. Secondly, they did not deny their Chinese colleagues the category of physician, but focused their criticism on verifiable credentials, as they did in the case of their colleagues from France and the United States. They did not argue that a Chinese man with a diploma from China could not be a true physician;⁵⁵ rather, they insinuated that men with fraudulent credentials or with lesser titles pretended to pass as their professional equals, benefitting from a positive image of their country as a land of good physicians—as they did in the case of men from France or the United States. They demanded protection as sons of the country, Spaniards and Americans, not necessarily as better physicians. It seems that this joint category included free men of colour, though we need to prove this with further research. What we can affirm, though, is that the logic of credentials was very powerful, and while it could be used to shed doubt on foreigners, it also facilitated mutual acknowledgement, however grudging, across racial and national differences.⁵⁶ Last but not least, the terms on which the Chinese professionals were caricatured, while culturally specific, pointed to the very paradoxes of the Spanish and Spanish-American physicians’ own professional discourse. On the one hand, they construed themselves as humble men of science, beyond any ostentatiousness and pretension. On the other, as in the article regarding the physician’s need for a carriage, the physicians in the colonies fully acknowledged, jokingly or not, that they needed to mobilise social skills and status symbols to get respect and to attract paying patients:

Six years I spent in the countryside, and then after having achieved a good reputation, and, above all, with some savings, I could go back to establish myself in the city, where, as everyone knows, I am one of the most famous professionals. Do I owe it to the system I adopted in the countryside? Do I owe it to a certain ability to present myself with a certain luxury, and while this is a trait which a [man of] average talent can show off, it achieves more than a true savant cornered by his poverty and shyness?⁵⁷

31 While criticising their Chinese colleagues for impressing patients with luxurious clothes, exotic scents, and obedient servants, and portraying the French as prone to charlatanry and seductive behaviour, elsewhere they insisted on the utmost importance of dress, elegant writing, a carriage,⁵⁸ and listening skills in making one a good physician who was able to make a living working as such, both in the colonies and in the Iberian Peninsula. Being a good physician was a complex negotiation of diverse elements: a self-representation that was rewarding in class terms could be problematic in gender or scientific ones and a tactic that worked to strengthen the cohesion of a professional community could have negative repercussions on the profession’s image in the eyes of the public.



Conclusion

- 32 The game of mirrors between the self-representation of physicians and their popular image has proven very useful in identifying the challenges Spanish physicians faced when negotiating their individual and collective status. They needed to represent themselves as incorruptible experts capable of managing public intervention in healthcare on behalf of—and as a part of—the governing elites. At the same time, they needed to impress paying patients, presenting themselves as men of honour—as one of their own. In contrast to, for instance, Great Britain, physicians in mid-nineteenth-century-Spain and France are similar in the way they systematically mobilised the positive representations of a priest and a military hero, besides that of a gentleman and a man of science. Both figures, particularly the one of priest, had its echo in the popular image of physicians, even in the sense of the public holding it against them and finding them lacking. In France and Spain, in the metropolis and in the colonies, physicians demanded national exclusivity and insisted on their patriotic mission, while at the same time construing medicine as a universal science and profession, devoted to the service of humankind as a whole.
- 33 Gender dimensions of this complex negotiation are far from straightforward. In Spain, women were often not denied rationality, but were excluded via legal mechanisms and by constructing certain essential features of professional practice as threatening to their honour (mobility, professional sociability). Class and gender sometimes combined to discourage women, but on other occasions, what proved advantageous in class terms—construing the profession as elite, respectable and useful for the nation—was used by women to question their exclusion.
- 34 The colonial settings are a fertile ground for further research on how the notions of race and periphery shaped the medical profession, a dynamic that should not be understood only in terms of exclusion, but also in terms of negotiating universal dimensions of medicine as science and as professional practice.

Notes

1 The article has been elaborated within the framework of two research projects: TRANSCAP: *The transnational construction of capitalism during the long 19th century. An approach from two peripheral regions: the Iberian World and the Mediterranean* [PGC2018-097023-B-I00] (Darina Martykánová) and HONOR: *The culture of honour, the politics and the public sphere in Spain during the liberal period (1833-1890)* [PGC2018-093698-B-I00] (Víctor M. Núñez-García, Ainhoa Gilarranz-Ibáñez). Both projects are funded by the Spanish Ministry of Science and Innovation. We thank Ignacio García de Paso and Alejandro Camino for their useful comments.

2 Women were exceptionally granted university degrees in medicine throughout the centuries, though a systematic struggle for access worldwide took place and was slowly won between the 1840s and the 1910s. In Spain, the first women (María Dolores Aleu, María Elena Masseras, and Martina Castells) got their university diploma in medicine and surgery in 1882 at the university of Barcelona, but it was not until 1910 that female university graduates were officially authorised to practice medicine. In the same year, female university graduates were allowed to access official examinations for public employment in professional bodies that depended on the Spanish Ministry of Public Education. Germany allowed women to practice medicine in the very same year, while in France women could practice since 1884 and in Scotland since 1908.

3 Josep Maria Fradera, *The Imperial Nation: Citizens and Subjects in the British, French, Spanish, and American Empires*, Princeton, Princeton University Press, 2018.

4 Darina Martykánová and Víctor M. Núñez-García, “Ciencia, patria y honor: los médicos e ingenieros y la masculinidad romántica en España (1820-1860)”, *Studia Historica*, no. 38, 2020, p. 45-75.



5 See, for instance, Javier M. Dos Santos, “Lost (and Found) in Translation: The Reception of Pinel’s and Esquirol’s Psychiatric Theories and the Conformation of Melancholy, Hypochondria, Mania and Hysteria in Spain, 1800–1855”, *Theatrum Historiae*, no. 27, 2021, p. 121–149; Marie Walin, “Masculinidades y diferencia de género en Higiene del matrimonio de Pedro Felipe Monlau (1853). Una construcción entre los nuevos saberes científicos y la moral católica”, *Espacio, tiempo y forma. Serie V, Historia contemporánea*, no. 33, 2021, p. 97–128. We have developed this comparison fully in another, upcoming article.

6 Nicola Möbner, *Visual Representations in Science. Concept and Epistemology*, London, Routledge, 2018; Klaus Hentschel, *Visual Cultures in Science and Technology. A Comparative History*, Oxford, Oxford University Press, 2014; Brian J. Ford, *Images of Science. A History of Scientific Illustration*, Oxford, Oxford University Press, 1992.

7 Juan Pimentel, “¿Qué es la historia cultural de la ciencia?”, *Arbor. Ciencia, Pensamiento y Cultura*, vol. 186, no. 743, 2010, p. 417–424.

8 Roger Chartier, *El mundo como representación. Estudios sobre historia cultural*, Barcelona, Gedisa, 1992; Peter Burke, *Visto y no visto. El uso de la imagen como documento histórico*, Barcelona, Crítica, 2001.

9 Roger Chartier and Eduard J. Verger, “De la historia social de la cultura a la historia cultural de lo social”, *Historia Social*, no. 17, 1993, p. 96–103.

10 Noel Parry and José Parry, *The Rise of the Medical Profession. A Study of Collective Social Mobility*, London, Routledge, 1976; Maria Malatesta, *Professionisti e gentiluomini. Storia delle professioni nell’Europa contemporanea*, Torino, Einaudi, 2006; Jean-Paul Barrière and Hervé Leuwers, *La construction des professions juridiques et médicales. Europe occidentale, XVIIIe-XXe siècle*, Villeneuve d’Ascq, Presses Universitaires du Septentrion, 2020; Wolfgang Uwe Eckart and Robert Jütte, *Medizingeschichte. Eine Einführung*, Cologne/Weimar/Vienna, Böhlau, 2007.

11 Josep Danon (ed.), *La enseñanza de la medicina en la universidad española*, Fundación Uriach, 1998–2001; Josep Lluís Barona (ed.), *La Facultad de Medicina de Valencia. Cinco siglos de historia*, Valencia, Universitat de València, 2021.

12 José María López Piñero, “Las ciencias médicas en la España del siglo XIX”, *Ayer*, no. 7, 1992, p. 193–240; Darina Martykánová and Víctor M. Núñez-García, “Luces de España: las ciencias útiles durante el Trienio Constitucional”, *Ayer*, no. 127, 2022, p. 107–134.

13 On the official acknowledgement of physicians without university studies, see, for instance: “Estado de la profesión médica en Ultramar”, *El Siglo Médico*, 8 Jan. 1860, p. 23–25.

14 On charlatanry, see Alexander Kohn, *False Prophets. Fraud and Error in Science and Medicine*, Oxford, Basil Blackwell, 1986; Roy Porter, *Quacks: Fakers and Charlatans in English Medicine*, London, Tempus, 2000; Nicole Edelman, “Médecins et charlatans au XIXe siècle en France”, *Tribune de la santé*, vol. 55, no. 2, 2017, p. 21–27. For Spain, see Víctor M. Núñez-García and Darina Martykánová, “Charlatanes versus médicos honorables: El discurso profesional sobre la virtud y la buena praxis (1820-1860)”, *Dynamis*, vol. 41, no. 2, 2021, p. 391–414. For the Ottoman Empire, see Ceren Gülser Ilikan Rasimoğlu, “Introduction of the Modern Physician and the Debate on Medical Professionalism in the 19th Century Ottoman Empire”, *Dynamis*, vol. 41, no. 2, 2021, p. 473–502. For Austria, see, for example, Barbora Rambousková, “The Doctor and his Patients. Intergenerational dispute concerning the ideal physician in the Czech Lands (1840s–1890s)”, *Dynamis*, vol. 41, no. 2, 2021, p. 443–471.

15 Ute Frevert, *Krankheit als politisches Problem 1770-1880. Soziale Unterschichten in Preußen zwischen medizinischer Polizei und staatlicher Sozialversicherung*, Göttingen, Vandenhoeck & Rupprecht, 1984.

16 Ainhoa Gilarranz, “Disease, deformity and health terrors in 19th-century cartoons: a cultural history of science”, *Theatrum historiae*, no. 27, 2020, p. 46–53; Renate Burgess, “A Satire on The Influenza of 1803”, *Medical History*, no. 23, 1979, p. 469–473; George Cruikshank, “A cholera consultation. The central board of health”, 1832, London, The British Museum; Robert Cruikshank, “A cholera doctor”, 1832, New Haven, Yale University Library. In France, the famous cartoonist Honoré Daumier sometimes depicted his bourgeois charlatan character Robert Macaire as a physician. These illustrations, published in the context of the first wave of the cholera epidemic in Europe, represent a greedy physician more interested in profit than in healing his patients.

17 Violeta Ruiz, “Estanco terapéutico: Los límites de la autoridad del Cuerpo de médicos directores de baños, c. 1860s”, *Dynamis*, vol. 41, no. 2, 2021, p. 415–442.

18 For a longterm exploration of these dynamics, see Monserrat Cabré i Pairet and Teresa Ortiz-Gómez (eds.), “Mujeres y Salud: Prácticas y Saberes”, *Dynamis*, no. 19, 1999, p. 17–24; Darina Martykánová and Víctor M. Núñez-García, “Ciencia, patria y honor...”, art. cit., p. 45–75.



19 Dolores Ruiz-Berdún, “La primera enseñanza reglada de las matronas en España: el Real Colegio de Cirugía de San Carlos de Madrid”, *Llul. Revista de la Sociedad Española de Historia de las Ciencias y de las Técnicas*, vol. 36, no. 78, 2013, p. 387–410; María Luisa Calero-Delgado and Encarnación Bernal-Borrego, “La implantación de la enseñanza de matronas en la Universidad de Sevilla (1861)”, *Arenal. Revista de historia de las mujeres*, vol. 23, no. 2, 2016, p. 403–430.

20 Margarita Vilar-Rodríguez and Jerònia Pons-Pons (eds.), *Un siglo de hospitales entre lo público y lo privado (1886-1986)*, Madrid, Marcial Pons, 2018, p. 29–81.

21 Barbora Rambousková, “The Doctor and his Patients...”, art. cit.

22 Víctor M. Núñez-García and Darina Martykánová, “Charlatanes versus médicos honorables...”, art. cit.

23 “Variedades”, *Décadas médico-quirúrgicas*, vol. 1/2, 1820, p. 81–82.

24 Víctor M. Núñez-García and Darina Martykánová, “Charlatanes versus médicos honorables...”, art. cit. On the complex relationship between masculinity and seduction in modern Spain, see José Javier Díaz Freire, “El Don Juan de Unamuno como crítica de la masculinidad en el primer tercio del siglo XX”, in Nerea Aresti, Karin Peters, Julia Brühne (eds.), *¿La España invertida? Masculinidad y nación a comienzos del siglo XX*, Granada, Comares, 2016, p. 3–28; Nerea Aresti, “La peligrosa naturaleza de Don Juan. Sexualidad masculina y orden social en la España de entreguerras”, *Cuadernos de historia contemporánea*, no. 40, 2018, p. 13–31.

25 José Francisco Pedralbes, “Exposición de mérito y premio de la medicina comparado con el de las demás ciencias, y otros ramos del Estado, en el año 1820. Por el doctor don José Francisco Pedralbes, médico de Cámara honorario de S.M.”, *Décadas médico-quirúrgicas*, vol. 1/2, 1820, p. 71. On the prestige of a fighting hero in early nineteenth-century Spain, see Xavier Andreu Miralles, “Tambores de guerra y lágrimas de emoción. Nación y masculinidad en el primer republicanismo”, in Aurora Bosch Sánchez and Ismael Saz (eds.), *Izquierdas y derechas ante el espejo: culturas políticas en conflicto*, Valencia, Tirant humanidades, 2016, p. 91–118.

26 *El Siglo médico*, 30 July 1854.

27 “Marfugas del cólera”, *La Esquilla de la Torratxa*, 23 Aug. 1884.

28 Miguel Martorell, “Camelot en 1900: el código del honor y el ideal de perfecto caballero”, in Darina Martykánová and Marie Walin (eds.), *Ser hombre. Las masculinidades en la España del siglo XIX*, Sevilla, Universidad de Sevilla, 2023, p. 229–256; Víctor M. Núñez-García, “A Physician and a Gentleman: Individual Dimension of the Collective Pursuit of Social Standing”, in Raquel Sánchez and David Martínez-Vilches (eds.), *Respectable Professionals. The Origins of the Liberal Professions in Nineteenth-Century Spain*, Berlin, Peter Lang, 2022, p. 133–158.

29 J. Calvo Martín, “El Médico”, *Los españoles pintados por sí mismos*, Madrid, Biblioteca ilustrada de Gaspar y Roig, 1851, p. 143.

30 Nerea Aresti, “El ángel del hogar y sus demonios: ciencia, religión y género en la España del siglo XIX”, *Historia Contemporánea*, no. 21, 2000, p. 363–394.

31 For instance, Spanish medical journal *Décadas médico-quirúrgicas* praised the contribution to medicine of a Spanish woman of science Doña Oliva de Sabuco, see *Décadas médico-quirúrgicas*, 1820, vol. 1/2, p. 27–28. A few decades later, *El Siglo Médico* mentioned approvingly a colleague who named his daughters after renowned women—Hildegarda, Trótola and Oliva, “médicas”, according to the author—who had distinguished themselves in the medical field. “Capricho de un médico”, *El Siglo Médico*, no. 143, 28 Sep. 1856, p. 320.

32 Dr. Pedro Recio, “La Comadre”, *Los españoles pintados por sí mismos*, Madrid, Gaspar y Roig, 1851, p. 250.

33 On medical secret and charlatanry, see, for instance: *El Siglo Médico*, 31 May 1857, p. 231, p. 262–263, p. 268–269.

34 Robert A. Nye, “Honor Codes and Medical Ethics in Modern France”, *Bulletin of the History of Medicine*, vol. 69, no. 1, 1995, p. 91–111.

35 Darina Martykánová and Víctor M. Núñez-García, “Sacerdotes en el mercado, héroes del progreso: los médicos e ingenieros y las transformaciones de la masculinidad liberal (1820-1900)”, in Darina Martykánová and Marie Walin (eds.), *Ser hombre...*, op. cit., p. 173–200.

36 ‘Folletín. El coche del médico’, *El Genio Médico-Quirúrgico*, 22 Jan. 1880, p. 32–34.

37 These dynamics were transnational: see Edward Shorter, *Bedside Manners. The Troubled History of Doctors and Patients*, New York, Simon and Schuster, 1985; Anne Digby, *Making a Medical Living. Doctors and Patients in the English market for medicine (1720-1911)*,



Cambridge, Cambridge University Press, 1994; Vladan Hanulík, “Professional Dominance? Encounters between physicians and patients in the first half of 19th century under the Habsburg Monarchy”, *Dynamis*, vol. 41, no. 2, 2021, p. 323–355; Barbora Rambousková, “The Doctor and his Patients...”, art. cit.

38 Xavier Andreu Miralles, “Hacia una España viril. Las masculinidades patrióticas del liberalismo revolucionario”, in Darina Martykánová and Marie Walin (eds.), “*Ser hombre...*”, *op. cit.*, p. 99–120.

39 On male suffrage in nineteenth-century Spain: María Sierra, María Antonia Peña and Rafael Zurita, *Elegidos y elegibles: la representación parlamentaria en la cultura del liberalismo*, Madrid, Marcial Pons, 2010.

40 Darina Martykánová and Víctor M. Núñez-García, “Ciencia, patria y honor...”, art. cit., p. 45–75.

41 The priest figure became heavily questioned, but the loss of respectability was neither complete nor generalised. See, for instance: Francisco Vázquez-García, *Pater infamis: genealogía del cura pederasta en España (1880-1912)*, Madrid, Cátedra, 2020.

42 Jesús de Felipe, *Trabajadores, lenguaje y experiencia en la formación del movimiento obrero español*, Oviedo, Genuève Ediciones, 2012; Darina Martykánová, “La profession, la masculinité et le travail. La représentation sociale des ingénieurs en Espagne pendant la deuxième moitié du XIX^e siècle”, in Antoine Derouet, Simon Paye and Christelle Frapier (eds.), *Les ingénieurs. La production d'un groupe social*, Paris, Garnier Classiques, 2018, p. 79–102.

43 Gonzalo Álvarez Chillida, *El antisemitismo en España. La imagen del judío (1812-2002)*, Madrid, Marcial Pons, 2002.

44 Víctor M. Núñez-García, “A Physician and a Gentleman...”, art. cit.

45 Darina Martykánová and Víctor M. Núñez-García, “Sacerdotes en el mercado...”, art. cit. For similar dynamics in France, see M. Ramsey, “Medical Power and Popular Medicine: Illegal Healers in Nineteenth-Century France”, *Journal of Social History*, vol. 10, no. 4, 1977, p. 560–587.

46 José Francisco Pedralbes, “Exposición de mérito y premio de la medicina comparado con el de las demás ciencias, y otros ramos del Estado, en el año 1820”, art. cit.

47 Patricio Rodríguez y Sulss, “Puerto Rico. Un paseo por esta isla”, *El Siglo Médico*, 26 Jun. 1859, p. 223.

48 This discourse is analysed, for instance, in Guillermo Lusa, “Contra los titanes de la rutina. La cuestión de la formación matemática de los ingenieros industriales (1851–1910)”, in Santiago Garma, Dominique Flament, Víctor Navarro Brotons (eds.), *Contra los titanes de la rutina*, Madrid, CSIC, 1994, p. 335–366.

49 For a similar dynamic concerning yellow fever, including the rivalry with metropolitan physicians and the integration of local male and female healers, see Pierre Nobi, “Officiers de santé et soignantes créoles face à la fièvre jaune. Co-construction de savoirs médicaux dans le cadre de l'expédition de Saint-Domingue (1802–1803) », *Histoire, médecine et santé*, no. 10, 2016, p. 45–61; “Rediscovering America, Rediscovering Yellow Fever. Alexander von Humboldt's Study of the Vómito Negro of Veracruz in the Context of the Circulation of Medical and State Knowledge in the Atlantic World (1790s–1820s)”, paper on the Circulation of State Knowledge in Europe and Latin America. Alexander von Humboldt Konferenz, Berlin, 4–6 December 2019.

50 “Estado de la profesión médica en Ultramar”, *El Siglo Médico*, 8 Jan. 1860, p. 23–25.

51 Barbora Rambousková, “The Doctor and his Patients...”, art. cit.

52 “[...] when the next day I went to visit him for the second time, one of the family received me to inform me that they would not bother me anymore, as they had called for another physician. ‘But wasn't I supposed to come back?’ I asked. ‘Yeah! But as you did not prescribe [...]’ So I will always prescribe, and I will bear myself with the self-regard of all the devils; they want to be impressed, so I will impress them: they do not want to understand the physician, so they won't understand me.” In J. M. Cárdenas y Rodríguez, “El médico de campo”, *Los cubanos pintados por sí mismos*, Habana, Imprenta de Barcina, 1852, p. 175.

53 On the attitudes towards the Chinese: Edgar Wickberg, *The Chinese in Phillipine life (1850–1898)*, Manila, Ateneo de Manila University Press, 2000. On the tensions concerning pharmacy: Sandro Jiménez Mínguez, “¿Condenar o profesionalizar? La regulación de la práctica farmacéutica china en Filipinas, 1886–1890”, in María Dolores Elizalde Pérez-Gruoso, *Nacionalismo versus colonialismo: problemas en la construcción nacional de Filipinas, India y Vietnam*, Barcelona, Bellaterra D. L., 2013, p. 111–147.



54 Ildelfonso Bedoya, “Necesidades médicas de Puerto Rico”, *El Siglo Médico*, 11 Sep. 1859, p. 311.

55 In fact, *El Siglo Médico* informed its readers about the state of the medical profession in China in 1858, quoting the work of a Dr. Huc. The article fully acknowledged Chinese physicians as fellow medical professionals (*facultativos de profesión*), pitied their professional troubles—allegedly even more serious than those of their Spanish colleagues—and empathised with their struggle for social and financial acknowledgement. Raimundo Sanfrutos, “Los médicos chinos”, *El Siglo Médico*, 22 Aug. 1858, p. 272.







56 Colonial physicians, Spanish and American, also strove to counterbalance the higher prestige of European schools by the argument that in Havana, medical students studied local diseases.

57 J. M. Cárdenas y Rodríguez, “El médico de campo”, *Los cubanos pintados por sí mismos*, Habana, Imprenta de Barcina, 1852, p. 175.

58 For Cuba, “carriage, a robust horse and a well-nourished driver”. In J. Agustín Millán, “El Médico”, *Los cubanos pintados por sí mismos*, Habana, Imprenta de Barcina, 1852, p. 185.

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	URL	http://journals.openedition.org/hms/docannexe/image/8053/img-1.jpg
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