

Incommensurable Epistemologies? The Atlantic Geography of Healing in the Early Modern Caribbean

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There were only a few blocks to travel, but either the secrecy of the affair, or perhaps the age of their passenger, required the litter bearers to be expeditious while they scurried with their load through the streets of Cartagena de Indias in 1649. Hidden inside the litter, Paula de Eguiluz, seventy-two years of age, squeezed her old bones under the sweltering sun of a hot Caribbean day. These were transportation conditions that could have been expected for a visit to Cartagena's bishop, Don Fray Cristóbal Pérez de Lazarraga, especially considering the nature of the meeting. De Eguiluz had been treating the prelate for multiple health ailments throughout several months, sometimes staying at the bishop's palace for up to twenty days in a row. This she did with the full knowledge and permission of the head inquisitor, Don Juan Pereira. In fact, according to a report the Inquisition general inspector sent to Madrid, it was common for de Eguiluz to leave her accommodations in order to provide treatments to not only the bishop but also many other Cartagenos, including the inquisitors themselves, while clothed in sumptuous dresses. Pedro de Medina Rico, the visiting inspector from Madrid, thought that, even in this city where he had already witnessed all sorts of unorthodox arrangements, this was rather excessive. After all, Paula de Eguiluz was a penitent of the Holy Office serving a life sentence for witchcraft in the Inquisition jail. She was also a black slave.¹

¹ The *visitador general* (general visitor) of the Inquisition Pedro de Medina Rico reported about Paula de Eguiluz's activities to Madrid. Archivo Histórico Nacional de España, Madrid, Spain (hereafter AHN), Inquisición, 1013, fols. 360r–61r.

The case of Paula de Eguluz and Bishop Pérez de Lazarraga is, at least on record, an exceptional one. There are not many documented examples of members of the seventeenth-century Spanish ecclesiastical aristocracy resorting to unlicensed black ritual practitioners.² And yet it would be a mistake to imagine this situation as an aberration, an anomaly in an otherwise highly structured and stratified health-care market. True, most clients of black ritual practitioners in Atlantic locales such as Cartagena de Indias (modern-day Colombia) were of African descent. This was, after all, a matter of demographics: At least 70 percent of the population in the region was of African origin.³ However, available evidence shows that black ritual practitioners provided health-care services to denizens of all social extractions in towns and cities around the Caribbean basin during the seventeenth century.

During the last decade, historians have increasingly acknowledged the multiethnicity of medical encounters and the emergence of a *medicina mestiza* (mixed-race medicine) and science in Atlantic locales during the sixteenth, seventeenth, and eighteenth centuries.⁴ We also now know better than to think that the transformations concerning the ways knowledge was produced during the early modern era were products of an exclusively European project or that its only contributors were European. Despite the progress made by scholars intent on integrating “North” and “South” Atlantic histories of medicine and science, as well as those working on the emergence of globalized networks of information and goods, Africans and people of African descent still appear as belonging to a different and, in most cases, confrontational analytical realm in discussions of early modern epistemological changes. Even the most sophisticated works situating Africa and people of African descent at the center of an Atlantic history—such as that of James Sweet—do not engage with the all-important question of African Atlantic actors’ roles in the epistemological transformations of the time. That is, the stories of medical systems and of corporeal imaginaries (the ways the body was imagined) in the Atlantic continue to be studied, by and large, in a compartmentalized fashion. In no other area is this more evident than in an African diasporic historiography perennially immersed in debates about the verification of African origins and black identity and how societal cultural-religious artifacts functioned as tools of resistance or accommodation in the midst of the slave trade era.⁵

2 See, for instance, Juan Méndez Nieto (1627), *Discursos medicinales* (Salamanca: Universidad de Salamanca, Junta de Castilla y León, 1989), 370–71. AHN, Inquisición, 1620, exp.10; AHN, Inquisición, 1023; AHN, Inquisición, 1620, exp. 7.

3 See Alejandro de la Fuente, “Población y crecimiento en Cuba (siglos XVI y XVII): Un estudio regional,” *European Review of Latin American and Caribbean Studies* 55 (1993): 62–63; Cartagena’s governor, Garci Giron de Loaya, reported that the city and its province had more than twenty thousand black slaves in 1622. Archivo General de Indias, Seville, Spain (hereafter AGI), Santa Fé 38, fol. 176. Other estimates can be found in Richard Konezke, *Colección de documentos para la historia de la formación social de hispanoamérica, 1493–1810* (Madrid: Consejo Superior de Investigaciones Científicas, 1958), vol. 2, tomo 1, 179–80 (doc. 117).

4 See, among others, Timothy D. Walker, “Acquisition and Circulation of Medical Knowledge within the Early Modern Portuguese Colonial Empire,” in Daniela Bleichmar, Paula De Vos, Kristin Huffine, and Kevin Sheehan, eds., *Science in the Spanish and Portuguese Empires, 1500–1800* (Stanford, CA: Stanford University Press, 2009), 247–70; Junia Ferreira Furtado, “Tropical Empiricism: Making Medical Knowledge in Colonial Brazil,” in James Delbourgo and Nicholas Dew, eds., *Science and Empire in the Atlantic World* (New York: Routledge, 2008), 127–52; and Pablo F. Gómez, “Bodies of Encounter: Health, Disease, and Death in the Early Modern African Spanish Caribbean” (PhD diss., Vanderbilt University, 2010).

5 Sweet places Africa at the center of Atlantic history and highlights how African actors, even under the duress of slavery, used the power of health practices to channel their own political and social aspirations and challenge not only the system of slavery but also the rising ideologies of capitalism, scientism, and racism. James Sweet, *Domingos Alvares, African Healing, and the Intellectual History of the Atlantic World* (Chapel Hill: University of North Carolina Press, 2011). Examples of “verificationist” literature abound. See, among others, Adriana Maya Restrepo, *Brujería y reconstrucción de identidades entre los Africanos y sus descendientes en la Nueva Granada, siglo XVII* (Bogotá: Ministerio de Cultura, 2005);

This historiographical position is at odds with the openness of the early modern Caribbean healing marketplace and the fruitful intermingling between different medical systems that occurred in Atlantic locales at the time.⁶ The partition of the study of health-care practices in fields with discrete methodological traditions, such as the history of medicine and science and the history of black religiosity and the African diaspora, has camouflaged the rich, open, and surprisingly accommodative world of health practice and production of body knowledge in the early modern period. Medical historians interested in the examination of particular “ways of knowledge” have examined popular medical practices as peripherally related to the solidification of rightful medical histories.⁷ In this, they have been faithful to their sources. African and black Caribbean health practices appear in early modern medical accounts as “primitive,” “superstitious” rituals, and the foils to “enlightened” medical developments.⁸ At the same time, black diasporic literature continues to be, in one way or another, entangled in a battle over the verification of the presence of African tropes in material culture, rites, literature, and cultural production related to black ritual healing practices.⁹

As a step toward integrating these disparate histories, this essay showcases the central role black Atlantic healers and their culture played in shaping the Atlantic world of knowledge production about the body and the natural world during the seventeenth century. Through the kaleidoscopic model of the seventeenth-century Spanish Caribbean, the essay examines how historiographical traditions deeply ingrained in the rise of the fields of medical history and black Atlantic studies have created distorting, and seemingly unconnected, narratives around medicine and corporeality. The essay argues that black understandings about health, disease, and healing practices were not only widely circulated and adopted by Caribbean communities but also integral to the development of the novel type of incorporative Atlantic healing culture that appeared in the seventeenth century, one that increasingly put new knowledge acquired through firsthand experience ahead of the traditional scholastic Galenic-Hippocratic models that relied heavily on the opinions of old authorities.

James Sweet, *Recreating Africa: Culture, Kinship, and Religion in the African-Portuguese World, 1441–1770* (Chapel Hill: University of North Carolina Press, 2003); Jason R. Young, *Rituals of Resistance: African Atlantic Religion in Kongo and the Lowcountry South in the Era of Slavery* (Baton Rouge: Louisiana State University Press, 2007); Robert A. Voeks, *Sacred Leaves of Candomble: African Magic, Medicine, and Religion in Brazil* (Austin: University of Texas Press, 1997); and Karol K. Weaver, *Medical Revolutionaries: The Enslaved Healers of Eighteenth-Century Saint Domingue* (Urbana: University of Illinois Press, 2006).

- 6 See, among others, Pablo F. Gómez, “The Circulation of Bodily Knowledge in the Seventeenth-Century Spanish Caribbean,” *Social History of Medicine* 26, no. 3 (2013): 383–402; Londa Schiebinger, *Plants and Empire: Colonial Bioprospecting in the Atlantic World* (Cambridge, MA: Harvard University Press, 2004); and Benjamin Schmidt, “‘Imperfect Chaos’: Tropical Medicine and Exotic Natural History, c. 1700,” in Ole Peter Grell and Andrew Cunningham, eds., *Medicine and Religion in Enlightenment Europe* (Aldershot, UK: Ashgate, 2007), 145–72.
- 7 David Gentilcore provides an accurate critique of this compartmentalization. David Gentilcore, “Was There a ‘Popular Medicine’ in Early Modern Europe?,” *Folklore* 115, no. 2 (2004): 160–66. See also, among others, Roy Porter, “The People’s Health in Georgian England,” in Tim Harris, ed., *Popular Culture in England, c. 1500–1800* (London: Macmillan, 1995), 124–42; Matthew Ramsey, *Professional and Popular Medicine in France, 1770–1830: The Social World of Medical Practice* (Cambridge: Cambridge University Press, 1988); and Timothy D. Walker, *Doctors, Folk Medicine, and the Inquisition: The Repression of Magical Healing in Portugal during the Enlightenment* (Leiden, the Netherlands: Brill, 2005).
- 8 For example, among many others, Paul Erdmann Isert and Selena Axelrod Winsnes, *Letters on West Africa and the Slave Trade: Paul Erdmann Isert’s Journey to Guinea and the Caribbean Islands in Columbia (1788)* (Legon, Accra: Sub-Saharan, 2007); or Joseph Corry, *Observations upon the Windward Coast of Africa, the Religion, Character, Customs, &c., of the Natives; with a System upon Which They May Be Civilised* (London: Printed for G. and W. Nicol, 1807).
- 9 For a clever examination of this type of theoretical problems, see, among other essays, Stephan Palmié, “Ecué’s Atlantic: An Essay in Methodology,” in Stephan Palmié, ed., *Africas of the Americas: Beyond the Search for Origins in the Study of Afro-Atlantic Religions* (Leiden, the Netherlands: Brill, 2008).

It also proposes a model to reconcile the seemingly unrelated historiographies and epistemologies of medical history and black healing practices in the Caribbean. The implications of such reevaluation go beyond a reframing of corporeal imaginaries and have implications for the study of African diasporic and Caribbean cultural early modern histories.

In African, European, and American societies of all origins, health, disease, and death were intimately related to social, economic, religious, and cultural phenomena. The importance of this attempt to retheorize encounters around bodily matters lies in the deep connections they held with virtually every aspect of early modern societies' functioning. Like the body, the Caribbean—a place of encounters, contingency, and cultural mobility—serves as a model through which different aspects of an Atlantic culture burgeoning in both the Old World and the New became amplified. In essence, the nebulous Atlantic of so many histories of this epoch becomes materialized in places like Cartagena, Havana, or San Juan. In these black Atlantic metropolises a culture of pragmatic, empirically based healing practices came about as a result of the intellectual engagement between healers hailing from all over the Atlantic. The Caribbean served as a nexus for the shaping of localized forms of knowledge as well as a geographical space in which Atlantic actors, most of them of African descent, shaped with their own conceptual tools the type of cultural bodily tropes that would come to exemplify Western understandings of knowledge.

The Bishop and the Witch

By the time of their encounters in the bishop's palace, the circumstances of Paula de Eguiluz—known in the streets of Cartagena de Indias as “Alegría” (“Happiness”)—and Bishop Pérez de Lazarraga could hardly have been more different. De Eguiluz, by then seventy-two years old, had been in and out of the Inquisition prison for two decades, since she had first caught the attention of the authorities in Las Minas del Cobre in eastern Cuba before being deported to Cartagena to face trial. The daughter of West African slaves (with a Bañon father and a Languara mother), de Eguiluz had been a slave herself for most of her life in different Caribbean towns, including Santo Domingo (where she was born), San Juan de Puerto Rico, Santiago de Cuba, and Havana. She had been tried twice for witchcraft and barely escaped burning at the stake. The leader of a multiethnic group of ritual practitioners in the 1620s, she was condemned to work in the San Sebastian Hospital of the city for several years before being incarcerated again for *brujería* (witchcraft).¹⁰

In contrast, Bishop Pérez de Lazarraga was born in one of Madrid's most exclusive neighborhoods, San Martín. After studying in some of Spain's elite schools, he obtained a degree in theology and moral philosophy from the University of Salamanca. Following his graduation, Pérez de Lazarraga became an *examinador* (examiner and expert) of the Supreme Council of the Inquisition in Madrid and professor of several colleges and universities before traveling to the Indies to take up his post in Cartagena. A wealthy man, he occupied one of the most sought after posts in the New

10 AHN, Inquisición, 1620, exp. 7, 10; AHN, Inquisición, 1021, fols. 314r–15v.

World and could have afforded any type of medical treatment available.¹¹ Why, then, did he choose Paula de Eguiluz? In what type of cultural and intellectual space did he and de Eguiluz meet? How do we explain the continuing trust that Bishop Pérez de Lazarraga placed in Paula's ministrations?

Most medical history models would frame Bishop Pérez de Lazarraga's explanations about health and disease within traditional Galenic/Hippocratic ideas. His ideas about bodily matters, as well as those of the university-trained doctors who were supposed to be in charge of curing him, would have remained firmly anchored in church-approved classic scholastic models. In Northern European colonial spaces, or so the story goes, these corporeal ideas could have also drawn from theories in vogue in Europe, such as Paracelsianism.¹² Encounters between Atlantic actors concerning the body frequently conjure up for historians a racial paradigm wherein a white, European, medical, and "proto-scientific" world that was visible, dominant, and amply circulated is juxtaposed with a popular realm, which in the Caribbean necessarily meant a black one. Historians mention encounters between white-elite members of Atlantic society and ritual specialists of African origin as proof of the penetration of black religiosity in Atlantic societies.¹³ The dissociation of European medical practice and popular medicine from the traditional history of biomedicine follows closely the association of "otherness" with black and Native American practices.¹⁴ In this paradigmatic understanding, the popular healing sphere, while vibrant, was only peripherally related to the solidification of "canonical" medical and scientific histories.¹⁵

Far from living and working in this dislocated scenario, de Eguiluz was one of the preeminent health-care practitioners in one of the largest slave entrepôts in the New World, and her story is full of references to her interactions with African, European, and Native American ritual specialists in Cuba, Puerto Rico, and Cartagena. Like her, hundreds of black healers, many of them from West and West Central Africa, were particularly successful health practitioners all around the circum-Caribbean.¹⁶ They practiced in the open and not only in secluded spaces on plantations or in the countryside in maroon settlements. There is clear evidence that they were avid learners of medical practices of all origins. They not only exchanged knowledge with other black ritual specialists

11 AGI, Escribanía, 573A; Juan Flórez de Ocariz, *Libro primero [y segundo] de las genealogias del Nvevo Reyno de Granada* (Madrid: Ioseph Fernandez de Buendia, 1674).

12 Paracelsianism was a set of practices based on the principles enunciated by sixteenth-century Swiss health practitioner and alchemist Theophrastus Philippus Aureolus Bombastus von Hohenheim, also known as Paracelsus. See, for example, Willem de Blécour and Cornelia Osborne, eds., *Cultural Approaches to the History of Medicine: Mediating Medicine in Early Modern and Modern Europe* (Hampshire, UK: Palgrave Macmillan, 2004); Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon, 1997); and Carlos Lopez Beltran, "Hippocratic Bodies: Temperament and Castas in Spanish America (1570–1820)," *Journal of Spanish Cultural Studies* 8, no. 2 (2007): 253–89.

13 See, for instance, Linda Newson, "Medical Practice in Early Colonial Spanish America: A Prospectus," *Bulletin of Latin American Research* 25, no. 3 (2006): 367–91; Vincent Brown, *The Reaper's Garden: Death and Power in the World of Atlantic Slavery* (Cambridge, MA: Harvard University Press, 2008); Niklas Thode, *For the Health of the Enslaved: Slaves, Medicine, and Power in the Danish West Indies, 1803–1848* (Copenhagen: Museum Tusulanum Press, University of Copenhagen, 2012); Jesús Fuentes Guerra, *La nganga africana: Un tratado de magia blanca y medicina tradicional* (Cienfuegos, Cuba: Mecenás Cienfuegos, 2000); and Sweet, *Domingos Alvares*.

14 Johannes Fabian, *Time and the Other: How Anthropology Makes Its Object* (New York: Columbia University Press, 1983); Michel de Certeau, *Heterologies: Discourse on the Other*, trans. Brian Massumi (Minneapolis: University of Minnesota Press, 1986).

15 See David Gentilecore, *Medical Charlatanism in Early Modern Italy* (Oxford: Oxford University Press, 2006); and Timothy D. Walker, "The Role and Practices of the Curandero and Saludador in Early Modern Portugal," *Manguinhos: História Ciências Saúde* 11, supp. 1 (2004): 223–37.

16 See Gómez, "Bodies of Encounter," 153–54.

from all over the Atlantic but also used and adopted Native American and European concepts and medical procedures. In Cartagena de Indias or Havana, a multitude of black healers, many of them slaves, were extremely successful in a strongly competitive and interconnected marketplace that included surgeons, physicians, barbers, *curanderos*, midwives, and other types of practitioners.¹⁷ Against this backdrop of professional and ethnic plurality in the Spanish Caribbean, then, what can we extrapolate from Bishop Pérez de Lazarraga's actions?

One important question that remains unanswered in the record is the nature of Pérez de Lazarraga's disease. Illnesses of a sexual nature or leprosy (known as *mal de San Antón*, among other names) certainly carried social stigma, and some others were associated with supernatural origins in Caribbean spaces (e.g., particularly visible skin diseases and neurological afflictions). The appearance of such diseases seemed to present a set of circumstances in which patients preferred to engage with discreet, unorthodox medical practitioners such as de Eguiluz. There is no evidence, however, to pinpoint with certainty if patients suffering from these specific types of diseases were more prone to use the services of black ritual practitioners. What the record does provide is ample proof of the variety of ailments people like de Eguiluz treated. Ulcers, heart disease, stroke, hemorrhoids, stomach aches, epidemics of yellow fever, and smallpox—health practitioners of African origin were engaged in the treatment of the entire range of old and new diseases that befell the inhabitants of the early modern Caribbean.

At the same time, it is not possible to deduce what were the precise imaginaries around which Pérez de Lazarraga framed his disease and treatments. It is obvious, nevertheless, that the bishop was not following traditional Galenic/Hippocratic models for taking care of his body. This was not a rarity in the early modern Atlantic. However, his choice of healer and healing methods is certainly striking, particularly because of the bishop's social position. Pérez de Lazarraga's ideas about what methods were truthful and efficacious in relationship to therapeutics and bodily matters certainly do not correspond to those of the university-trained doctors supposedly in charge of curing him. Neither are they anchored in church-approved classical scholastic models. His choice of therapeutics therefore provides a striking example of the penetration of the models for producing and consuming medical information that became increasingly important with the awakening of Atlantic nodes of knowledge production and interaction in spaces like Cartagena.¹⁸

Scholars of the North Atlantic have used models that follow European colonial political and religious boundaries for examining ideas about bodies and the natural world in Atlantic locales.¹⁹ In them, people of European descent were dismissive of anything that smelled of “unscientific” and irrational explanations for the wonders of the world, something that, according to this narrative, was less true in the more “superstitious” Iberian locales. Northern and Southern European intellectual

17 See Gómez, “Circulation of Bodily Knowledge.”

18 Harold Cook, *Matters of Exchange: Commerce, Medicine, and Science in the Dutch Golden Age* (New Haven, CT: Yale University Press, 2007), 19.

19 See, for instance, Joyce Chaplin, *Subject Matter: Technology, the Body, and Science on the Anglo-American Frontier, 1500–1676* (Cambridge, MA: Harvard University Press, 2001).

projects and colonial cultural milieux, however, resemble one another more than they differ.²⁰ In reality, black practitioners were firmly anchored at the center of health practices in British, Dutch, and French American colonies throughout the sixteenth, seventeenth, and eighteenth centuries. The imposition of triumphalist, nineteenth-century “hard sciences” teleology onto the historiography of seventeenth- and eighteenth-century Northern Europe and its colonies has obfuscated the complex and fruitful interactions taking place in the early modern intellectual and medical world.²¹ Encounters around medical practices appear in the histories of the early modern Atlantic as ones in which blacks were mere conduits for the discovery and exploitation of native and African knowledge intended to further the burgeoning intellectual project of the Enlightenment.²² Compounding this problematic historicism is the more generalized archival and scholarly partitioning of Caribbean history into British, Dutch, Spanish, and French realms, which hides what was at its core a fluid intellectual and cultural environment in which imperial maps imagined in Europe did not define actual movements of people or ideas.²³ In other words, historians persist in seeing the early modern Caribbean, and more generally the Atlantic basin, as the backdrop for fractious encounters of seemingly incommensurable intellectual traditions. I believe we have been paying little attention to how the competitive health marketplace of the early modern Atlantic and the ubiquitous presence of disease made the human body a primary locus for the deployment of multioriginated ideas about the nature of the world and the contestation of ideologies of imperial and cultural dominance.

Black Humors and Holy Shamans

Scholars of European medical history, as well as those who focus on the history of black healing practices, have argued during recent decades about the origins of practices and ideas for the treatment of bodily ailments; debates have also ensued over the importance of these practices to what historians conceptualize as struggles concerning “ways of knowledge” and their cultural and political representations in early modern societies.²⁴ As discussed above, however, there is evidence

20 For a reexamination of the rise of the Enlightenment in Iberian countries and its colonies, see, for example, María Portuondo, *Secret Science, Spanish Cosmography, and the New World* (Chicago: University of Chicago Press, 2010); Jorge Cañizares Esguerra, “New World, New Stars: Patriotic Astrology and the Invention of Indian and Creole Bodies in Colonial Spanish America, 1600–1650,” *American Historical Review* 104, no. 1 (1999): 33–68; Jorge Cañizares Esguerra, *Nature, Empire, and Nation: Explorations of the History of Science in the Iberian World* (Stanford, CA: Stanford University Press, 2006); Antonio Barrera Osorio, *Experiencing Nature: The Spanish American Empire and the Early Scientific Revolution* (Austin: University of Texas Press, 2006).

21 See John Pickstone, “Working Knowledges before and after circa 1800: Practices and Disciplines in the History of Science, Technology, and Medicine,” *Isis* 98, no. 3 (2007): 489–516; and Harold Cook, “The History of Medicine and the Scientific Revolution,” *Isis* 102, no. 1 (2011): 102–8.

22 See, for instance, Susan Scott Parish, “Diasporic African Sources of Enlightenment Knowledge,” in James Delbourgo and Nicholas Dew, eds., *Science and Empire in the Atlantic World* (New York: Routledge, 2008), 281–310; Kathleen Murphy, “Translating the Vernacular: Indigenous and African Knowledge in the Eighteenth-Century British Atlantic,” *Atlantic Studies* 8, no. 1 (2011): 29–48; and Judith A. Carney and Richard Nicholas Rosomoff, *In the Shadow of Slavery: Africa’s Botanical Legacy in the Atlantic World* (Berkeley: University of California Press, 2011).

23 For a reassessment of this problematic partitioning, see, for instance, Ernesto Bassi Arevalo, “Between Imperial Projects and National Dreams: Communication Networks, Geopolitical Imagination, and the Role of New Granada in the Configuration of a Greater Caribbean Space, 1780s–1810s” (PhD diss., University of California, Irvine, 2012).

24 See, among others, Steven Feierman, “Struggles for Control: The Social Roots of Health and Healing in Modern Africa,” *African Studies Review* 28, nos. 2–3 (1985): 73–147; David Westerlund, *African Indigenous Religions and Illness Causation: From Spiritual Beings to Living Humans* (Leiden, the Netherlands: Koninklijke Brill NV, 2006); Parish, “Diasporic African

to support the assertion that people of both European and African origin thought very little about the particular intellectual models on which the practices their healers would use to cure them were based. For all we know, Bishop Pérez de Lazarraga, like the hundreds of others who appear in the records, was not particularly concerned with Paula de Eguiluz's ideation about the natural world that she manipulated for curing him. What mattered to him was the effectiveness of her cures. In the end, de Eguiluz's power to heal him, or at least to make him feel that he was healed, was directly related to how much the bishop believed in her authority to manipulate the forces controlling his body. At the very least, we can assume that Bishop Pérez de Lazarraga thought de Eguiluz powerful enough to continue seeking her help even given the particularly problematic circumstances of their relationship. The flipped intellectual and social interaction between a learned, powerful European prelate and a black *bruja* provides a common example of the types of transactions dominating the cultural economy of healing in the early modern Caribbean. An everyday Caribbean epistemology of disease and body functioning was based on healers' attainment of a position of authority over corporeal matters; their ability to achieve therapeutic efficacy; their flexibility in terms of empirical adaptation; and their successful use of rhetorical flourishes to outwit competitors' arguments and claim social, intellectual, and cultural superiority.²⁵

Indeed, there is little evidence to suggest that the epistemological realm in which medical practices transpired during the early modern period was circumscribed by the type of intellectual frameworks in which scholars currently analyze both medical and black religious practices. Several readily apparent reasons related to particular developments within the historiographies of medicine and science and of the black Atlantic are responsible for the continued limited understanding of the role of ritual practitioners of African descent in the early modern world of healing. The initial development of both the history of medicine and science and the history of the Atlantic world as Northern, Eurocentric fields distorted the paradigms within which Caribbean medical historians conceptualize the role of black ritual practitioners. Scholars working on the history of medicine in the Western world have been critical of attempts to explore a systematized "popular epistemology" of medical knowledge.²⁶ These models have been used in the conceptualization of medical and healing practices in the New World. Equally problematic is the fact that early modern ideas concerning disease etiology, classification, and the shaping of healing rites and institutions are not comparable to biomedical ones. These types of side-by-side analyses presume that early modern and non-biomedical health realms are equivalent to the highly standardized, somehow isolationist, and structured system of modern biomedicine. They obscure the fact that in early modern societies,

Sources"; Murphy, "Translating the Vernacular"; Sweet, *Recreating Africa*; and Sharla M. Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002).

²⁵ See Cook, *Matters of Exchange*.

²⁶ See, for instance, Gentilcore, "Was There a 'Popular Medicine'?" For a standard treatment of unorthodox medical practices, see Stuart Clark, "Demons and Disease: The Disenchantment of the Sick," in Marijke Gijswijt-Hofstra, Hilary Marland, and Hans de Waardt, eds., *Illness and Healing Alternatives in Western Europe* (London: Routledge, 1997), 38–58, and, in the same volume, Matthew Ramsey, "Magical Healing, Witchcraft, and Elite Discourse in Eighteenth- and Nineteenth-Century France," 14–38; and Lauren Kassell, *Medicine and Magic in Elizabethan London—Simon Forman: Astrologer, Alchemist, and Physician* (Oxford: Clarendon, 2005).

and clearly in the early modern Caribbean, the realm of disease and health extended through “the social tissue as a whole.”²⁷

Historians of the African diaspora have portrayed New World black healing traditions as essentially connected to surviving African traditions. James Sweet, for example, links healing traditions in the black Atlantic to African notions for the creation of politically relevant tropes. Such tropes, according to Sweet, had contestational intellectual repercussions that black ritual specialists used to attack the “capitalist, scientific” Western models that excluded and condemned them to servitude.²⁸ At the same time, scholars working on a history of black healing practices in Africa have long recognized that “the pervasiveness of the political dimension in shaping and ordering health and healing requires that an honest portrayal of a therapeutic traditional should build into it the recognition of historical change.”²⁹ This is, healing traditions in Africa, paradoxically, are characterized not by their stability but by their ability to transform themselves and incorporate new knowledge as it answers to new social realities even in the face of apparent continuities.³⁰ These very same questions are posed in a similar fashion over long-standing debates about religion and culture in the black Atlantic.

If this is the case—that healing traditions of African origin are characterized by their adaptability—there is no reason to assume that the treatments offered by black ritual practitioners were somehow more intelligible to people of African descent than to Cartagena’s bishop. Why would, for instance, a recently disembarked Cocolí, Bran, or Biafada from West Africa somehow ascribe a higher degree of truth to the procedures of somebody such as de Eguiluz, as if something like a Pan-African ideation of human body functioning or objectivity actually existed? More pointedly, why should that ideation not have been readily accessible or believable to Bishop Pérez de Lazarraga? Yet, the rationale behind these kinds of arguments relies on equally problematic generalizations about European-originated medical traditions. If there is reason to doubt the fluidity of understandings between a Zape from West Africa and a Kimbanda from West Central Africa, why do we assume a commonality that draws together—under the guise of a “Western” European medical tradition—Caribbean inhabitants of locales such as Hispaniola, Puerto Rico, and Cartagena with denizens of European cities in Spain, Bavaria, or France, even if these European locales were the places of birth of thousands of *caribeños*?

The recognition of Caribbean cities and their hinterlands as being only virtually under the control of European powers makes clear the nebulous contours of an unbounded and fluid historical space, one representative of the state of affairs in most of the early modern Atlantic. The medical practices of early modern Caribbean health specialists fit squarely within what John Pickstone

27 Nicole Sindzingre and Andras Zempléni, “Causality of Disease among the Senufo,” in Steven Feierman and John M. Janzen, eds., *The Social Basis of Health and Healing in Africa* (Berkeley: University of California Press, 1992).

28 Sweet, *Domingos Alvares*.

29 Steve Feierman, “Therapeutic Traditions of Africa: An Historical Perspective,” in Feierman and Janzen, *Social Basis*, 165.

30 See David L. Schoenbrun, “Conjuring the Modern in Africa: Durability and Rupture in Histories of Public Healing between the Great Lakes of East Africa,” *American Historical Review* 111, no. 5 (2006): 1403–39.

called intellectual practices that “dealt with *meanings* by read[ing] ‘cases’ in terms of formal or informal ‘philosophies.’”³¹

Practical Commonalities

A fruitful approach to the study of early modern Caribbean healing practices lays in recognizing the modeling power of the interactions between patients and healers. Rites and knowledge as practiced and performed in early modern Caribbean locales were specific iterations of practices that dealt with particular aspects of early modern corporeal epistemologies. Healing systems around the early modern Caribbean, at their core, dealt with how effectively individuals, and increasingly corporative professional groups, managed the following aspects of their theoretical and performative apparatuses: body politics, rhetoric, and empiric adaptations. Body politics are sets of hierarchy-creating norms derived from particular traditions but recognizable in the healing spaces of the Caribbean that practitioners used to claim “power” over bodies’ management; such claims transcended corporeal management and included interventions in religious, social, or environmental realms. Rhetoric refers to competitive strategies used in public speeches, circulated medical texts, or during the crafting of material culture to advance arguments about the validity of particular health models and the effectiveness of healing treatments. Finally, empiric adaptations are pragmatic tactics that allowed health practitioners to frame successful empirical experiences within the epistemology of the healing traditions over which they claim expertise. That is, in the cultural economy of the early modern Caribbean, health practitioners, independent of their origin, competed in a field ruled by common strategies.

If the shaping of the epistemologies of healing practices occurred at the level of the interactions between patients and healers, then the fact that most of the population in the early modern Caribbean locales was of African origin assumes primary importance. The Caribbean was not, of course, a uniquely and easily traceable “black” world of circumscribed groups of Africans and people of African descent interacting with each other from within their own reimagined cultural territories. The “healing map” of the early modern Caribbean was not divided among bounded ethnic groups; in actuality, many maps of health traditions coexisted within each local region at any given point in time. Moreover, the distribution of health traditions had deep roots in Atlantic locales both in the Old and New Worlds. As Steven Feierman, among others, has explored in his study of disease and healing in sub-Saharan Africa, there are central implications regarding how such maps of health beliefs named and framed the particularities of healing and health disorders.³² Indeed, rites related to health and disease were, in many cases, directly aimed at solving issues associated with societal ills. Epidemics, droughts, or unexplained deaths meant social disequilibrium. Power over healing carried, therefore, enormous weight in shaping and interpreting larger social and cultural affairs. Concepts like misfortune or evil, while controlled on an individual basis by healers, were in the end

31 Pickstone, “Working Knowledges,” 494.

32 See, for example, Steven Feierman, “Explanation and Uncertainty in the Medical World of Ghaambo,” *Bulletin of the History of Medicine* 74, no. 2 (2000): 317–44.

matters of political significance. That is, the power to name the origin of an illness gave the practitioner the authority to say which elements in life “lead to suffering.” It is here that scholars such as Vincent Brown have found political implications for the actions of black ritual specialists like Paula de Eguiluz.³³ But this was not all. The most crucial aspect of the healer’s labor—the one on which her livelihood and perhaps even existence depended—lay in how effective her practices were.

Early modern healers needed to have access to a position of (at the very least, momentary) political, social, or religious ascendancy in order for their rites to be considered effective and truthful. Paradoxically, the professionalization of Western medical practice and medical knowledge during the early modern period conspired against the emergence of definitive authority. This is because early modern societies did not codify health ideas in one coherent epistemology of the body, or nosological system, as it related to the cultural and societal fabric of myriad multiethnic, multicultural Atlantic societies. Attempts on the part of institutions such as the Medical Protomedicato (the royal body charged with the supervision, examination, and licensing of health practitioners) to impose uniform beliefs on these societies only threw into greater relief the differences between the various coexistent medical systems. This was especially relevant in Caribbean locales. Caribbean health practitioners recognized that patients, their relatives, and their communities did not hold unique, or even particularly coherent, views concerning the nature of illness or health. The common recognizable tropes on which they relied depended in many cases on misreadings and misunderstanding of rites and words—which were essential for healers to be perceived as actors with authority in the theaters of the flesh that were Caribbean healing spaces.³⁴ This is not to say that different systems did not vie for supremacy. The political dimension of the creation of authority around bodily matters naturally meant that categories such as witchcraft and sorcery could rightly be considered as labels and means of exercising social control in the authoritative battle over body politics. As Timothy Walker shows for early modern Portugal, in the Spanish Caribbean the Holy Office functioned effectively as a control mechanism for body politics on the part of ritual practitioners outside the medical establishment.³⁵ Not surprisingly, university-trained doctors frequently denounced black practitioners in front of the Inquisition in the Spanish Caribbean. As West-Central African ritual practitioner Domingo Congo said in 1651, “The doctors of Caracas are my enemies because I cure the patients they cannot.”³⁶

While practitioners jockeyed for position in terms of body politics, early modern Caribbean patients did not seem to ascribe singularly or consistently to any particular medical system. The idea that there was such a thing as a medical system is part and parcel of the “cultural yardsticks” imposed on the historiography by biomedical parameters. For early modern people, medicine and health belonged to a particularly unstable cultural category in which explanations were contestable.

33 See Jan Vansina, and Claudine Vansina, *Paths in the Rainforests: Toward a History of Political Tradition in Equatorial Africa* (Madison: University of Wisconsin Press, 1990), 249–51; see also Brown, *Reaper’s Garden*.

34 See Wyatt MacGaffey, “Dialogues of the Deaf: Europeans on the Atlantic Coast of Africa,” in Stuart B. Schwartz, ed., *Implicit Understandings: Observing, Reporting, and Reflecting on the Encounters between Europeans and Other Peoples in the Early Modern Era* (Cambridge: Cambridge University Press, 1994), 249–67.

35 Walker, *Doctors*.

36 AHN, Inquisición, 1022, fol. 349v.

For health practitioners interested in accessing a position of power within normativity around the body, it was paramount to develop an explanatory framework that resonated with as many members of the community as possible. Causal connections between social events and disease formed a powerful and emotionally charged means of explanation and argumentation. In this, they functioned as rhetoric.

In early modern Caribbean society, one simply could not neglect the prescription of a respected *brujo*, surgeon, or priest because of the precariousness of early modern existence: ignoring the advice of an authority could mean catching a *calentura quartana* (intermittent fever) or watching one's child die. The success of a healing practice and the acceptance of its relative truth rested in large part on both the cultural assumptions about power over the body and the strategies practitioners used to position their epistemological apparatuses vis-à-vis those of their competitors. In a society endowed with a large African cultural legacy, this implied social, religious, or political authority. Matters of efficacy and truth were forged at the center of a large intellectual encounter involving diverse models of disease causality and therapeutics. Available sources from the early modern Caribbean reveal that the choices people made about their health were less important for the patients, and less controversial, than it would appear from debates over healing models recorded in contemporary medical literature. The discussion about whether to consult a *nganga*, a *bruja*, or a licensed physician was not specifically medical for the sufferer. Practitioners' ability to make the patient and community at large feel the validity and moral or pragmatic superiority of their procedures, cures, and arguments explaining causality and therapeutics proved essential. The empirical practices of both university-trained physicians and *babalawos* took place in the same realm. The public spaces of healing in the Caribbean were open territory for cultural appropriations. In light of this, it is clear that black ritual practitioners were not standard-bearers of "African" or "black" Atlantic traditions but rather active and successful interpreters of their societies and of the world in which they lived.³⁷

In the early modern Caribbean, specific therapeutic models for disease involving social, religious, and cultural ascendancy assumed heightened importance for the effectiveness of healers' therapeutic methods. Increased success, at the same time, reinforced one's positioning within the hierarchy of healers, concomitantly increasing the effectiveness of one's procedures. African actors such as Mateo Arara, Domingo Congo, and Pedro Angola figure among the most effective, popular, and powerful healers in early modern Caribbean cities.³⁸ This fact strongly suggests that black ritual specialists, most prominently African *bozales*, were able to maneuver and position themselves at the apex of descriptive models concerning the phenomenology of health events. For Caribbean health practitioners, this necessarily included exploring and experimenting with new therapeutic alternatives and incorporating them into their own explanatory frameworks.

37 Black health specialists living in European cities also rapidly adapted to their new environments by avidly incorporating European therapeutic elements. See, for example, Daniela Buono Calainho, *Metrópole das Mandingas: Religiosidade negra e Inquisição portuguesa no antigo regime* (Rio de Janeiro: Garamond, 2008).

38 Gómez, "Bodies of Encounter," 152–54.

The empiric urgency of Caribbean healing spaces leveled the field on which healers from all origins competed. An analysis of health practices and beliefs in the region allows us to recognize the profoundly revolutionary qualities of the evolution of Atlantic markets and cultures throughout the early modern era. It also encourages us to reimagine societal dynamics and cultural maps. Most important, it forces us to reevaluate the apparent incommensurability of black versus European systems for dealing with bodily matters. In Africa, Europe, and the Americas, health-care practitioners became essential figures in the shaping of societal, cultural, political, and religious structures and boundaries. This was, after all, a world in which it was hard to decide who to have by one's side during a sleepless night of pain and sorrow. A *brujo*, a physician, a *babalawo*? All of them? For all of their denunciations, even the holders of European religious orthodoxy such as Bishop Pérez de Lazarraga made clear with their actions what they could not write in their books or letters.

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