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"Empathy, Patients' Needs, and Therapeutic Innovation in the Medical Literature of Early Viceregal Mexico"

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The *Tractado breue de anothomia y chirurgia* (1579) may be an unusual starting point for a discussion of innovation in the context of the history of science and medicine in early modern Latin America. Following Francisco Bravo's *Opera Medicinalia* (1570) and Alonso López de Hinojosos's *Svmma y recopilacion de chirurgia* (1578), Agustín Farfán's text misses out on watershed status in the history books, as neither the first medical book proper to be printed in the New World nor the first one to appear in a European vernacular language. Initially sparse in its discussion of indigenous medicine, the text has not generated as much interest among modern scholars as the work of contemporaries such as Francisco Hernández and Juan de Cárdenas, whose *Primera parte de los problemas y secretos marauillosos de las Indias* appeared a decade later, in 1591. And yet, when considered in the context of the first century of New World imprints, Farfán's project stands out as one of the few texts on secular subject matter from that group to have gone into multiple editions.¹

While only a handful of copies survive today, the *Tractado* seems to have been a bestseller, published no fewer than three times in Mexico City between 1579 and 1610 and continuing to be a source referenced well into the seventeenth century.² If it is true that medicine constitutes not just "a varied form of cultural practice and production" in the early modern Hispanic world but also "a significant matrix for the intersection of a wide range of cultural phenomena (political, literary, religious, or otherwise)," as has recently been argued,³ then the comparative analysis of the *Tractado*'s transformation from one in-demand version to another that was at least as successful, given the need for a third printing, makes a compelling case for treating it as a gateway to the sensibilities of the period readers with whom it resonated.⁴

Around forty-six years old when the first edition was published, Farfán announced in the first sentence of the preface to his *Tractado breue de anothomia y chirurgia, y de algvnas enfermedades, que mas comunmente suelen hauer en esta Nueva España* (1579) that he had been practicing "the science of medicine and surgery" for twenty-seven years already while

¹ López de Hinojosos's surgical treatise is another example of this phenomenon, with his *Svmma* appearing in a second, expanded edition in 1595.

² Each of the editions of the *Tractado* currently accounted for was handled by a different printer: Antonio Ricardo in 1579, Pedro Ocharte in 1592, and Jerónimo Balli in 1610, six years after the author's death. There are mentions dating as far back as the nineteenth century of yet another edition of the text from 1604, but it is possible this is an instance of an unchecked, repeated error, as there have been no confirmed sightings of such an edition on the part of modern scholars. Farfán is also mentioned in later medical texts such as Francisco Ximénez's *Qvatro Libros* (1615), which was presented as a translation of Francisco Hernández's work on the flora and fauna of New Spain but drew on earlier Mexican imprints such as the *Tractado* as well, even if Ximénez did not always acknowledge that he did so.

³ Slater, Pardo-Tomás, and Maríaluz López-Terrada, introduction, 2.

⁴ Pardo-Tomás also notes as odd that the *Tractado* has not garnered more attention in the context of early modern cultural studies, given the work's editorial success at the time. He also highlights an important element to consider when assessing its popularity, which is the role played by the Augustinians in promoting the text's dissemination even after the author's death, given their support for the 1610 edition. See Pardo-Tomás, "Pluralismo médico," 764, 766–767.

also proudly declaring himself “a graduate of this illustrious University of Mexico,”⁵ an institution that had just begun to offer medicine as a subject. Based on a comparison of archival documents, Germán Somolinos d’Ardois concludes that Farfán’s decision to move to New Spain with his wife and daughter in 1557 was probably the result of having relatives who had already settled there. He would go on to have two more children once in Mexico but was a widower by 1568, when he joined the Augustinians, taking his vows a year later and changing his name from Pedro García to Agustín.⁶

Although written in Spanish and, according to its author, offering a “modo de curar claro, e inteligible. Para que todos los que quisieren y tuvieran necesidad se aprovechen de ella [cirugía]”⁷ (a clear and accessible method. So that anyone who wishes or has need [of surgical knowledge] can benefit from it), the first edition of the *Tractado*, nonetheless, is not exactly a book for the everyday person. Viceroy Martín Enríquez’s approving statement explained that the material had been vetted by “personas graves y doctas en la facultad” (important and serious authorities on the subject), as is borne out from the endorsing signatures. Bravo calls it a work of “much erudition and study.”⁸ The sentiment is echoed by Juan de la Fuente, the first professor to teach medicine at the University of Mexico and another of the authorities called upon to review the book; Fuente deems it “very erudite.” “It has nothing that would go against Catholic doctrine,” declares Fray Alonso de la Vera Cruz, the first professor to teach philosophy at the university. The elegant sonnet written in praise of the author by Francisco de Solís, son of one of the original conquistadores of Mexico, provides further evidence of Farfán being rather well positioned among New Spain’s elite.⁹ The first version of the *Tractado* did have features that enhanced its accessibility beyond its choice of language; a well-organized table of contents runs the length of two full folios,¹⁰ and an extremely detailed alphabetized introductory table, at nine and a half folios, is searchable by illness, remedy, or body part. Despite these tools, a minimal level of expertise would have been required to make sense of the information and put it to good use.

Farfán’s discussion, particularly in the first half of the book, is strongly invested in a nuanced critique of academic sources. Findings by Galen, Ibn Sīnā, Al-Zahrawī, Hippocrates, Rhazes,

⁵ Farfán, *Tractado breue de anothomia y chirurgia*, 1r, title page. This quotation is from an unnumbered folio that precedes the first numbered folio. Citing a document showing his involvement alongside Juan de la Fuente in the examination of a medical student at the University of Seville in the 1550s, Somolinos d’Ardois thought Farfán was a graduate of the University of Seville who had then spent time at the University of Alcalá (“Relación alfabética,” 220). Farfán alludes in passing to his years in Alcalá (162v, 1579), but he does not explicitly state that he obtained a degree there. Juan Comas addresses the inconsistencies in the author’s biography (including the possibility that it was a different Farfán who arrived in New Spain in 1557), among them his assertion of being a graduate of the University of Mexico. Comas notes that medicine would not be taught at that institution officially until 1579, the year of the *Tractado*’s publication (Comas, “La influencia indígena,” 108). This would support the view that Farfán was assessed by way of an exam since he was awarded the degree in 1567 and briefly served as protomédico in 1568 (Somolinos d’Ardois, “Relación alfabética,” 221–222).

⁶ Somolinos d’Ardois, “Relación alfabética,” 220–222.

⁷ Farfán, *Tractado breue de anothomia y chirurgia*, 1r. Quotes from period sources have been adapted for modern Spanish grammar and syntax.

⁸ The endorsements quoted here from Bravo and others are from unnumbered folios that precede the first numbered folio in Farfán, *Tractado breue de anothomia y chirurgia* (1579).

⁹ Fray Alonso de la Vera Cruz was a leading intellectual figure in New Spain and the author of some of the earliest books on philosophy printed in the Americas, including the *Dialectica resolutio cum textu Aristotelis* (1554). It is almost certain that the author of the sonnet was one of Francisco de Solís’s fourteen sons. Solís senior had been a companion of Cortés and held several major encomiendas south of the city. The parentage is supported by the poet’s need to clarify that he is “Solís Mexicano,” seeing as Francisco was the name of his father and his grandfather (Himmerich y Valencia, *Encomenderos of New Spain*, 244).

¹⁰ The book is divided into six sections: human anatomy (25 chapters); abscesses, inflammation, and tumors (20 chapters); tumors occurring specifically in the head, nose, mouth, testicles, breasts, and joints (12 chapters); fresh wounds (24 chapters), ulcers, and “bubas” (taken to be syphilis by most scholars today) (22 chapters); and illnesses “common in the land,” the majority of which entail gastrointestinal problems (13 chapters).

Giovanni da Vigo, Guy de Chauliac, Arnau de Vilanova, and others are meticulously explained or contested and continuously compared with the author's own experience as a practitioner. In addition, the *Tractado* includes three medical illustrations, a feature that thus far has not been remarked upon by historians of medicine or scholars of early modern visual culture. A small character of a cross is used twice in this manner, first on folio 22r to illustrate the placement of overlapping abdominal muscles and again in folio 151v, where it is shown alongside an uppercase tau, this time to explain the proper shape of an incision to expose the brain. The third instance is that of a tiny image of two juxtaposed half moons facing in opposite directions embedded within a section in which the author shows surgeons how nerves linking the brain and the eyes connect to one another (figure 4.1).¹¹ This level of detail on incisions and intraocular structures assumes a degree of medical knowledge and surgical dexterity that is unlikely to have been of much use to a reader who was not an expert medical practitioner.

There are signs already in the first edition that Farfán was concerned that the specialized nature of his writing would not achieve his often-stated goal of making the book useful to a wider readership. He apologetically writes,

No es posible menos sino que en algunos capítulos habemos de ser algo largos, por requerirlo así la materia de lo que tratamos, y porque no se deje de decir en ellos lo que forzosamente conviene. Por esta causa lo he sido en los pasados, aunque mirándolo bien, todo ha sido menester, porque si abreviásemos, podría parecer oscura la materia.¹²

(It is unavoidable that in some chapters we have been somewhat lengthy because the matter being discussed thus requires it, and so as not to leave unsaid what must be mentioned. It is for this reason that I have been thus [prolix], although in retrospect, all has been necessary, because if we were to shorten it, the matter could remain unclear.)

But ultimately Farfán was unconvinced by his own justification for including exhaustive explanations and opted for a radical restructuring of the text in its second iteration. Whereas the 1579 version had been a quarto edition of 274 folios, the 1592 version, also a quarto edition, was roughly 20 per cent longer, at 353 folios. The section on basic human anatomy required for surgical practice, which had gone first in the original sequence, was placed last, with Farfán choosing to begin instead with a treatise on digestive problems based on the “common illnesses” section of the first edition. The more informal tone and self-referential style that had progressively emerged in the 1579 text became a core feature of Farfán's prose in the 1592 version:

De estos males de estómago no se quejan los viejos solos, y los no muy sanos, sino los mozos y los que parecen más robustos. Las causas de esta enfermedad son muchas, y la más común y mayor es el mal orden y mala regla que tenemos en el comer y beber, y si no me creyeren, díganme (por amor de Dios) ¿qué hombre hay, y yo el primero, que deje de comer lo que le sabe bien, aunque tenga experiencia que le hace mal? Ciertamente que son muy pocos. . . . ¿De qué nos quejamos? Pues, nos mata la

¹¹ Bravo's *Opera Medicinalia* (1570) features an image of the veins in the thorax copied from Vesalius's *Venesection Letter* (1539), which incorrectly reverses the direction of the vena cava, and also a botanical illustration of sarsaparilla. The second edition of López de Hinojosos's *Symma y recopilacion* (1595) would include an anatomical illustration of the intestines and the kidneys.

¹² Farfán, *Tractado breue de anothomia y chirurgia*, 67r-67v.

gula.¹³

(These stomach ailments afflict not just old and unhealthy men but also young ones and those who seem more robust. There are many causes for this sickness, and the most common is our disorder and lack of discipline in what we eat and drink, and if you do not believe me, tell me (for the love of God) what man, and I first among them, will refuse to eat what he fancies, despite having experienced its ill effects? Truly, very few. . . . Why do we complain? It is our own gluttony that kills us.)

The structural overhaul reorganized the material into five treatises: on stomach pain, menstrual irregularities, and problems such as pox, rashes, and colds (12 chapters); on syphilis, skin afflictions, headaches, different kinds of pain, alcoholism, and paralysis (15 chapters); on fevers (8 chapters); on wounds (fresh and old appearing together this time) in various parts of the body including the face (12 chapters); and lastly, on anatomy (13 chapters). As Farfán himself notes, “Aunque otra vez impresa [la obra], sale la segunda [edición] reformada y añadida que es casi de nuevo en todo”¹⁴ (Despite being another printing [of the work], the second edition is refashioned and expanded so as to be almost completely new).

Indeed, the rewriting is more extensive than first appears, not just adding material but also removing and condensing information to make space for new content. Medical authorities like Galen and Ibn Sīnā are still adduced, but the critique of finer points linked to their ideas is reduced or eliminated, as is the allusion to Farfán’s younger days in Spain studying medicine.¹⁵ Gone also are the two nonalphabetic cross symbols as well as the half moons, replaced with reversed parentheses and periods.¹⁶ In the text, rebranded the *Tractado brebe de Medicina*, y de todas las enfermedades, attention turns to a plethora of indigenous remedies. The increase in scale alone is startling, jumping from eleven mentions of Nahuatl medical products in the first edition to fifty in the second.¹⁷ Some sections are entirely new, such as the passages on the *cocolmeca* plant (used to treat a range of problems, from humoral obstructions to genital abscesses), ground armadillo tails (useful to treat earaches), and iguana bezoars known as *quacuetzpalintechutli* (used to treat pain and constipation).¹⁸ In other instances, an allusion to a particularly effective indigenous remedy replaces what in the first edition is a lengthy discussion on a less reliable cure of European origin, as in the treatment of hemorrhoids.

On the surface, the ease with which Farfán refers to Francisco Hernández’s work, leaving no doubt that he was familiar with his colleague’s research, could explain the new interest in indigenous medicine as merely the next chapter in an ongoing, closed conversation between European medical voices. But Farfán’s ability to supplement Hernández, clarifying more than once that the plants his colleague was familiar with also went by other Nahuatl names and including terms not used by Hernández, suggests that Farfán’s knowledge of the subject was

¹³ Farfán, *Tractado brebe de Medicina*, 2r.

¹⁴ Farfán, *Tractado brebe de Medicina*. This quotation is from the unnumbered folio that precedes the first numbered folio.

¹⁵ Farfán mentions participating in demonstrations of surgical techniques in Alcalá de Henares in the first edition of the *Tractado*.

¹⁶ The structure is represented as “.)(.” in the 1592 edition and changed yet again into a capital “X” in the 1610 edition.

¹⁷ In his “Nombres indígenas de plantas americanas,” Manuel Galeote makes this numerical observation in his linguistic analysis of the use of Hispanicized Nahuatl terminology related to plants in the *Tractado*. Galeote’s research findings helpfully chart where these mentions occur in both texts and provides contextual information clarifying meaning in relation to similar words found in period sources. 18. For a fuller discussion of Farfán’s use of indigenous medicine in the second edition of the *Tractado* specifically, see Comas, “La influencia indígena,” 109–124.

¹⁸ For a fuller discussion of Farfán’s use of indigenous medicine in the second edition of the *Tractado* specifically, see Comas, “La influencia indígena,” 109–124.

not limited to that of a reader. It would be plausible to explain the shift as the result of increased opportunities for direct contact between Farfán and indigenous practitioners unacknowledged in the text and from whom he would have learned about the medicinal properties of local products. These unnamed sources would stand in contrast to Hernández, who is given special attention and whom he credits with “having found many medicinal plants in this New Spain.”¹⁹ Yet, the frequency with which the commercial element enters into the second edition suggests a more commonplace mode of engagement by which access to indigenous medical knowledge could have occurred through multiple channels.

Despite the silence of earlier Mexican imprints on local remedies, by 1592 the absence of a favorable valuation of their efficacy in print perhaps had more to do with the social stratification of early colonial Mexico during the last third of the sixteenth century and the reluctance on the part of Spanish settlers to engage with indigenous spaces more broadly than with an unfavorable assessment of indigenous medicine on scientific grounds. It is telling that the inclusion of local products referred to in Nahuatl in the 1592 *Tractado* is often immediately followed by a mention of the indigenous marketplace: the “xicamilla que venden en los tianguis” (the croton weed that is sold in the *tianguis*), the *matlatin* flower, “que venden en los tianguis” (which is sold in the *tianguis*), the *etzpatli* (Jesuits’ Tea) “y la hay en los tianguis” (and they have it in the *tianguis*), or in the case of remedies that called for both fresh and dried versions of an ingredient, like the cure for severe headaches that required both *picietl* (tobacco leaves) and “polvos de estornudar” (snuff), Farfán reassuringly tells his readers, “todo se vende en los tianguis” (everything is for sale in the *tianguis*).²⁰

In many ways, Farfán’s voice is similar to that of other period medical authors, and his claims are in keeping with emerging attitudes that stressed the importance of personal success with a given remedy in one’s practice over information drawn from academic sources. However, the way he positions himself in relation to his subject matter in the second edition importantly pushes past the by-then familiar trope of a discovery claim demanding reward and recognition for the judicious European endorsement of indigenous praxis. *Tianguis*, local market events, had been a fixture of Aztec societies in pre-Hispanic times and were fundamental to the survival of the community. In his lifetime, Farfán would have had access to three main such spaces: the Tianguis of Mexico, located south of the city; the Tianguis of Santiago Tlatelolco, which “lay adjacent to that *altepetl*’s *tecpan*, or palace of the indigenous government, and the monastery”; and the Tianguis of San Hipólito, which “sat at the western edge of the city, north of today’s Alameda park.”²¹ The Tianguis of Mexico, “enormous, packed with vendors and buyers,” as Barbara Mundy describes it, “was the commercial hub . . . [and] the mainstay of economic life of the city’s indigenous people.”²² While earlier projects on Aztec medicine such as the Badianus Codex and Hernández’s manuscripts include information about where to harvest plants or how to cultivate them, Farfan’s context is decidedly urban, reflecting a thriving local market economy where medicinal simples were not only routinely bought and sold but already marketed as medicines.²³

From an epistemological standpoint, the *Tractado* stands in contrast to narratives that continued to insist on framing an engagement with non-Western knowledge as interventionist

¹⁹ Farfán, *Tractado brebe de Medicina*, 206r. For an in-depth analysis of the reach of Hernández’s ideas in early modern botanical and medical texts more broadly, see López Piñero and Pardo Tomás, *La influencia de Francisco Hernández*.

²⁰ Farfán, *Tractado brebe de Medicina*, 210v, 211r, 211r, 219r.

²¹ Mundy, *Death of Aztec Tenochtitlan*, 85.

²² Mundy, *Death of Aztec Tenochtitlan*, 88.

²³ For a discussion that considers the significance of the Badianus Codex as a precursor to later medical sources, including print texts like Farfán’s, see Viesca Treviño, “El Códice de la Cruz-Badiano.”

and revelatory. “Cierto se debe a v.m. mucho, porque nos descubrió tan gran tesoro como éste” (Truly we owe your lordship a great deal, having revealed to us a treasure as great as this one), purportedly declared an admirer from Peru to Nicolás Monardes in a letter sent to Monardes in Seville thanking him for at last revealing the hidden usefulness of Andean bezoars to the people living in the region.²⁴ Monardes, whose *Historia medicinal* (1565) became one of the most widely read texts on American *materia medica* in Europe in its day, enjoying twenty-five printings in multiple languages in the sixteenth century alone, explicitly compares his contribution to that of a fellow Genoese, Columbus, in the very first sentence of that work. He goes on to claim that as “incredible” and profitable as was the unearthing of New World precious metals and stones, it paled in comparison to the true treasure trove of medicinal products to be had that “exceden mucho en valor & precio a todo lo susodicho” (far exceed in value and price everything else), as could be gleaned from his careful review of informants’ accounts and the experiments he had performed with imported ingredients “en muchas & diversas personas” (on many and diverse persons) while in Spain.²⁵

Meanwhile, Farfán’s insistence on the relevance of *tianguis* seems more invested in coaxing the Spaniards of Mexico, as they were known to refer to themselves at the time, to enter into indigenous spaces where highly effective medical treatments were readily known and for sale. In fact, the mention of alternate modes of treatment in the text is often justified with the argument that some of his readers lived far from metropolitan centers like Mexico City, privileged locations because of their access to European-trained practitioners like Farfán and their close proximity to large-scale and well-stocked indigenous marketplaces that brought together an offer of natural products not circumscribed to any one area.

The critical eye dictating the choice of what to include or replace in the second version of the *Tractado*, be it about indigenous medicines or European forms of treatment, endeavored to reflect readers’ needs, ceding far more textual space than before to the interaction with patients at the moment of diagnosis. Significant attention is devoted to follow-up care, an element that was not a defining trait in medieval surgical exempla in which the quick confirmation of a desired outcome was usually the end of the discussion. Rather than individual cases, the chapters are often presented as first-person reflections on how patients reacted to different medical treatments. The text partakes of what Michael Solomon calls the “contingent utility” of the vernacular recipe collection insofar as it “captured the imagination of the sickly reader by detailing how common and seemingly inert matter could acquire astonishing medical potency.”²⁶ But it also provided a different kind of reassurance by opening a space of intimacy and complicity between the university-endorsed, experienced author (who could write in Latin but chose not to) and the savvy reader who employed a variety of strategies to remain healthy and could be just as critical as Farfán of local medical practitioners.²⁷

The *Tractado* is set in opposition to both academic medicine on the one hand, through its choice of mundane subject matter and selective corrections of learned authorities, and quackery on the other, in its strong and repeated denunciations of untrained doctors passing for physicians in New Spain who profited from others’ misery for monetary gain, men whom

²⁴ In Monardes, *Herbolaria de Indias* [*Historia medicinal*], 197.

²⁵ Monardes, *Dos libros* [*Historia medicinal*], 4r, 3v-4r.

²⁶ Solomon, *Fictions of Well-Being*, 80.

²⁷ Mauricio Sánchez-Mencheró’s research on sixteenth-century correspondence written by travelers and settlers in New Spain as they discuss illness and their attempts to seek medical care supports this characterization (Sánchez-Mencheró, “From Where They Are Now”).

the author refers to as “matasanos” (slayers of the healthy) and “carniceros” (butchers).²⁸ Under the protective umbrella of Farfán’s Christian charity and humility in his role as an Augustinian friar professing to seek only the common good, the book is clear in his willingness to tackle problems for which patients may have been reluctant to publicly seek out medical care despite being commonplace afflictions. Farfán blurs the line between doctor and patient, discussing the importance of empathy to determine a sufferer’s level of discomfort and making himself a test subject for unremarkable ailments such as toothaches or constipation: “hombres fidedignos” (trustworthy men) had profited from the benefits of a product like the *quacuetzpalintechutli*, he writes, “y yo también” (and I too).²⁹

The kind of medicine that most interests Farfán, especially in the second edition of the *Tractado*, does not involve complicated medical cases related to anatomy or physiology. Unlike many of his contemporaries, including those with a lower degree of academic training like López de Hinojosos, there is no noticeable steering of the discussion toward issues that would have enhanced his professional prestige or brought him fame. Instead, the text makes space for miscellaneous and ordinary problems faced by people in his community. Unseemly facial scars, chronic pain, hemorrhoids, hair loss, foul breath, erectile dysfunction, that is, the private physical struggles that in genres like the picaresque novel had been fodder for entertainment, are taken seriously by Farfán, resulting in a form of medical writing that is as much social commentary as it is science.

Sixteenth-century readers of a work like *Lazarillo de Tormes* (1554) may have momentarily taken pity on its fictional *pícaro* protagonist when he recounts how his face had been “smashed in so hard with a clay jar that its pieces had gone into [his] face, tearing it in many parts, and breaking [his] teeth, without which [he is] still today,”³⁰ but the narrative still coaxed the reader into laughing alongside the frugal blind man who had cunningly figured out he was being cheated out of wine by his young guide and had punished him so severely. A text like the *Tractado* charts the movement from a Renaissance mindset into what increasingly comes into focus as the new set of sensibilities of the Hispanic Golden Age. It would ask readers to consider the social implications such physical damage would have had for a young man living thereafter with a face full of scars and ever-aching, toothless gums, at even greater risk than before of being ostracized in a society ever more invested in physical appearance and physiognomic readings.³¹

Farfán’s integrated approach to medical care speaks of a broader concern for health understood as well-being rather than merely bodily functions, offering a glimpse of the personal and intimate spheres then about to be explored with the arrival of the modern novel. “Dejando pues cuestiones de medicina, porque no escribo (como he dicho otras veces) para

²⁸ Farfán, *Tractado brebe de Medicina*, 82r, 82v.

²⁹ Farfán, *Tractado brebe de Medicina*, 238r.

³⁰ When the blind man figures out that Lázaro has made a hole in the wine jug so that some of the liquid could pour into his mouth when sitting between the man’s legs, his master retaliates by attacking the unsuspecting boy just as he prepared to drink. In Lázaro’s words, “[Fue] el jarrazo tan grande, que los pedazos dél se me metieron por la cara, rompiéndomela por muchas partes, y me quebró los dientes, sin los cuales hasta hoy día me quedé” (*Lazarillo de Tormes*, 33). The tale of how Lázaro came to have a scarred face and its link to his desire for wine becomes a humorous recurring topic of conversation between the blind man and other characters in the novel: “Luego contaba cuántas veces me había descablado y arpado la cara. . . . Y reían mucho los que me lavaban, con esto, aunque yo renegaba” (He would later tell the story of how many times he had knocked me over the head and torn my face. . . . And [the innkeepers] who tended to me would laugh a great deal with this, though I fumed) (*Lazarillo de Tormes*, 43).

³¹ On the subject of how facial scars could be interpreted as evidence of criminal behavior, thus affecting legal proceedings, see Skinner, “Marking the Face,” 199.

médicos”³² (Leaving behind, thus, questions of medicine, given that, as I have expressed before, I do not write for doctors), the *Tractado* stands out in the context of early modern New World writing as a work that compassionately takes responsibility for the “griefs and groans” of others,³³ insisting on the importance of empathy for their suffering and of organizing information for the common good as central considerations in the advancement of scientific knowledge.

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³² Farfán, *Tractado brebe de Medicina*, 33v.

³³ The famous play on words in the opening lines of Miguel de Cervantes’s *El ingenioso hidalgo Don Quixote de la Mancha*, with “duelos y quebrantos” being also the name of a modest dish made of eggs and remnants of animal parts.

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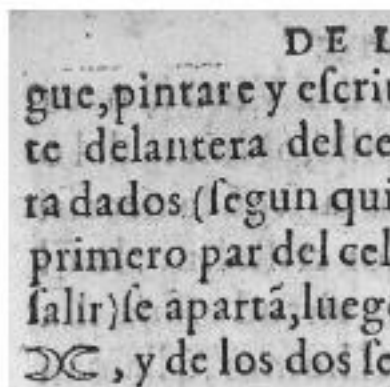
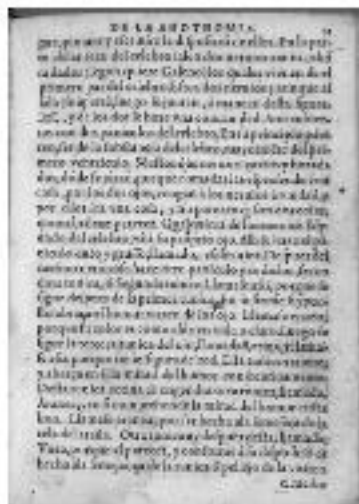
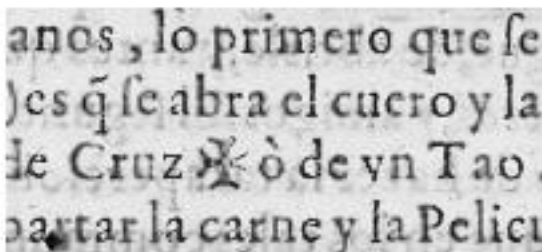
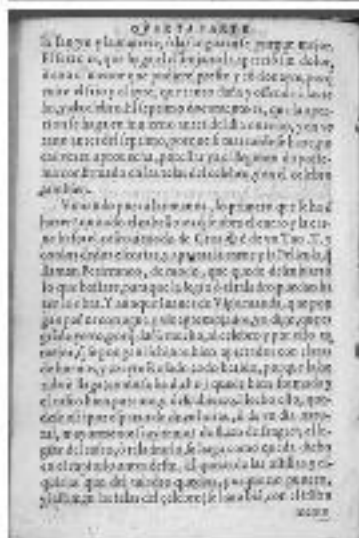
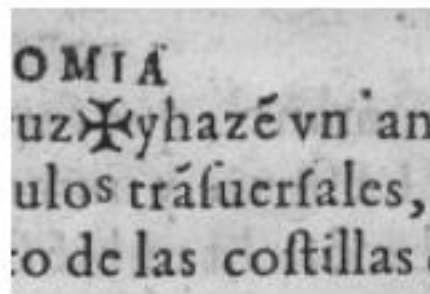
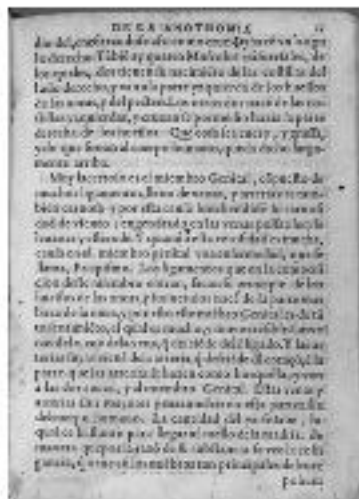


Figure 4.1. Medical illustrations in Agustín Farfán's *Tractado breve de anothomia y chirurgia, y de algunas enfermedades* (1579, Mexico), folios 22r (top), 151v (center), and 14r (bottom). Courtesy of The Huntington Library, San Marino, California.