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**Cover:** Science: Rosalind Franklin's Photograph 51 shows the X-ray diffraction pattern of DNA, revealing its helical structure. Courtesy of King's College London Archives. Technology: Richard Trevithick's *London Steam Carriage* caught the attention of public and press in 1803. Medicine: William Hogarth's satirical engraving *The Company of Undertakers* sends up the 18th-century medical profession.

# Seeing the countryside through medical eyes: social service reports in the making of a sickly nation

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**This article explores sanitary reports sent by early generations of social service year medical students who wrote about their first encounters with rural diseases and the people who suffered them. By exploring what was reported we see how, instead of questioning the roots of rural illness, poverty, and the hunger that they witnessed, young doctors often unwittingly reinforced urban prejudices and concerns that blamed indigenous Mexicans for their own poverty and diseased status. Because sanitary reports were authored by medical students, they were often perceived as 'scientific' evidence of the living conditions and unhealthy choices of rural Mexicans. The author argues that as in the case of travel narratives, medical students' written assessments influenced how the rest of society came to understand rural Mexico.**

On a rainy August morning two health promoters met in the small community of Rio Santiago, Oaxaca to carry out a planned smallpox vaccination campaign. As they passed an indigenous community a man peered out from his door and called for help. When the two women entered the humble home they saw his newborn daughter, a mere two-hours old, on the floor near her mother's feet. The mother lay alive but in agony on the dirt floor, the placenta still firmly in her body and the umbilical cord uncut. Yet the infant was alive and, apparently, healthy. Someone, most likely the father, had wrapped the tiny body with what was at hand – “a very dirty blanket.”<sup>1</sup> The vaccinators used cotton balls and warm water to cleanse blood off the newborn's body and eventually wrapped her in the same “rags” that they found in the home. While they tidied up the child, the mother pleaded with the visitors for help, but, according to the health promoters, only a doctor could tend to her needs. But as in most rural Mexican towns, the physician was hours away. The health workers encouraged the husband to go in search of a physician and, having done what they could, they left, leaving the ailing mother and newborn on the floor where they had found them.

This single report serves to illustrate the complexity of providing quality healthcare in rural areas of Mexico. While the priorities (and presence) of a Mexican state interested in health are evident in the form of a vaccination campaign, at the same time the existence of health promoters did not necessarily translate into overall care.

Many health promoters were ill-equipped and untrained to treat basic medical needs and real emergencies in the community. The report also spells out the lack of infrastructure, lack of readily available medication, and, more frustratingly, the lack of trained doctors in the rural hinterland. But this document is especially striking because the events took place in August 1968, mere months before Mexico, recognized as a model developing nation, hosted the XIX Olympiad.

Indeed, this seemingly anachronistic account seemed more in tune with the perils of a more impoverished nation than a country on the threshold of global attention. While health conditions in the countryside were an obvious stain on the narrative of progress and industrial triumph upheld by politicians, this was not, however, a new story. The health of Mexico's rural citizens had long been cause for political concern, especially for scholars and policy makers who linked economic prosperity with healthy bodies.<sup>2</sup> While Mexican authorities were well aware of the serious public health problems in rural areas – including malaria, dengue fever, river blindness, and a long list of gastrointestinal maladies – there were no reliable, national health statistics on the countryside in the mid-1930s. In fact, faced with this lack of information ethnographer and advisor to President Lázaro Cárdenas, Miguel Othón de Mendizábal relied on mortality rates to try to gauge the types of illnesses and their rate in the countryside.<sup>3</sup> Official numbers estimated that on average there was one physician per 21,000 rural Mexicans.<sup>4</sup> To remedy both the lack of physicians and the lack of reliable health statistics, policy makers turned to the nation's medical schools. From 1936 the government relied on medical students to go to the borders of the nation and report back on the state of the nation's health.

This article looks at what the first generations of young doctors wrote about during their first encounter with rural diseases and the people who suffered them. By exploring what was reported we see how, instead of questioning the roots of rural illness, poverty, and the hunger that they witnessed, young doctors often unwittingly reinforced urban prejudices and concerns that blamed indigenous Mexicans for their own poverty and diseased status. Because reports were authored by medical students, they were

<sup>2</sup> Among others Miguel Othón de Mendizábal. *Obras Completas*, Tomo V y VI (Mexico City: Talleres Gráficos de la Nación, 1946); Miguel Bustamante, “Condiciones de la salud en México,” *Salud pública de México* I, no. 2 (October–December 1959): 37–43; Alfonso Pruneda, *La Medicina Social* (Mexico City: Cooperativas “Artes Gráficas del Estado,” 1942).

<sup>3</sup> See Mendizábal, *Obras Completas*, Tomo VI: 526.

<sup>4</sup> González, Luis. *Historia de La Revolución Mexicana: 1934-1940*. Mexico: El Colegio de México, 1981: 279.

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<sup>1</sup> Comisión Nacional Para el Desarrollo de los Pueblos Indígenas, Huatla, Caja 17, Salubridad, Informe de Actividades, August 1968.

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often perceived as 'scientific' evidence of the living conditions and unhealthy choices of rural Mexicans. Most young doctors, however, were unfamiliar with the nation's cultural diversity, dozens of languages, or the social networks that were deeply intertwined with political and economic life in small villages. Doctors, however, wrote extensively about all of the above.

Analysis of the medical discourse and the accompanying social commentary found in these reports reveals the implicit economic and political reach of the medical students' task. Indeed students' focus on certain diseases and social conditions show how physicians were framing the narrative of rural ills and, willingly or not, cementing those images in the national imagination. Reading these sanitary reports one can trace how young doctors became familiar with the causes of disease in, say, the sierra and the tropical zones while following a narrative style that portrayed the narrator as a detached, often bewildered chronicler of the lifestyle of countryside dwellers. While the reports vary in depth, knowledge, level of empathy, and medical competence they invariably portray the countryside as a space that lacked hygiene, where vectors of disease originated, morals were loose, and human waste was habitually improperly disposed. These medical assessments ultimately influenced how public health and economic development projects were implemented in rural areas because young doctors were also, allegedly, impartial outsiders who could, in the guise of sanitary control, report back on regional power relations and a region's economic potential.<sup>5</sup> In other words, Mexicans learned "to see" the countryside through the eyes of medical students. But to get to that point we must first turn briefly to the origins and goals of the social service year.

Rural ailments were often specific to location but officials declared early in the century that any health efforts to eradicate illness in the countryside were ineffectual if there were no trained professionals to carry out health goals. In 1936, Mexico's population was an estimated 18.5 million and the leading causes of death were linked to gastrointestinal problems most commonly associated with lack of clean water.<sup>6</sup> Influenza and other bronchial-related diseases and malaria were also frequent causes of death.<sup>7</sup> Twenty years later, in 1957, the all-encompassing category of "gastrointestinal" problems continued to be a leading cause of death among Mexicans.<sup>8</sup> Hygiene education could potentially lower these rates but the question remained, who would treat those who fell ill? The insistent problem of a shortage of physicians had been a source of political apprehension for decades. In January 1933 the federal government issued an "urgent decree" requesting the following information from

each municipality: names of towns without a licensed doctor; towns where there was no doctor but there had been one at some point; towns that could potentially share a physician with a neighboring municipality; and, most important, the total sum that each town could contribute toward bringing a doctor to their community. Because the Ministry of Health, which administered the poll, did not believe that it could fill the extreme demand, only towns with more than 2000 inhabitants could submit a response.<sup>9</sup> Noting that there were not enough physicians for needed coverage, policy-makers suggested that the country should turn to medical schools to help cover the shortage.<sup>10</sup> A few years later medical services in rural areas were put into practice as "a complement to land reform actions implemented by Agrarian Reform."<sup>11</sup> And so, under the auspices of President Lázaro Cárdenas, a new program designed to introduce medical students to rural communities was created in 1936. The obligatory program was part of a larger discussion about the need for students and professionals to give back to society, in particular the country's workers and peasants. This focus on the "socialization of the professions" was so successful that in 1944 the social service program became law and as part of Article 5 of the Mexican constitution expanded to all health professions. The original program declared that sixth-year medical students, or *pasantes* (for they had passed all exams) would receive a multi-page questionnaire as a guide on what they must observe, analyze, and report back on what they surveyed while they were practicing medicine. The creation of the program reflected the communal spirit of the time and, according to physician, policy-maker, and diplomat Miguel Bustamante it also echoed the new form of practicing medicine, one in which the entire community benefited. Bustamante explained that the social role played by public health was obvious since it sought to help a collective and not an individual body and, crucially, "medicine no longer sought to simply heal but to preserve health" and prevent illness.<sup>12</sup> The *pasantes* would be involved in all stages of healthcare: healing, preserving, and preventing disease. But first they would need to *understand* the lands that lay beyond their medical schools. In effect, young doctors learned how to conceive the national territory by using a survey that demanded they inquire about specific ailments, natural resources, and other matters of general interest, some only tangentially related to health.

Medical students were responsible for submitting three monthly reports: a statement on social medicine, a "condensed" description of their activities, and a more general report about sanitation in the locale. Superiors requested that all students provide key information, such as: basic geography, brief history of the town, flora, fauna, demography, roster of transmitted diseases, and hygienic conditions, among several other queries. The above was a daunting list and students submitted reports that included

<sup>5</sup> This was especially important as local strongmen often manipulated or hid information from the government in order to retain power in their region. For example, Benjamin Smith, "Inventing Tradition at Gunpoint: Culture, Caciquismo and State Formation in the Región Mixe, Oaxaca (1930-1959) *Bulletin of Latin American Research*, vol. 27, no. 2, pp. 215-234, 2008.

<sup>6</sup> Miguel Bustamante, "Condiciones de la salud en México," *Salud pública de México* I, no. 2 (October-December 1959): 37, 43.

<sup>7</sup> See, for example, Cueto, Marcos. *Cold War, Deadly Fevers: Malaria Eradication in Mexico, 1955-1975* (Washington, D.C. and Baltimore: The Woodrow Wilson Center Press and Johns Hopkins University Press, 2007); Anne-Emanuelle Birn, *Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico* (Rochester: University of Rochester Press, 2006).

<sup>8</sup> Bustamante, "Condiciones": 44-58.

<sup>9</sup> SSA: Fondo: Salubridad Pública Sección: Servicio Jurídico Legajo: 34, Exp. 10, 1933.

<sup>10</sup> Gabriela Soto Laveaga, "Bringing the Revolution to Medical Schools: Social Service Year and a Rural Health Emphasis in 1930s Mexico," *Mexican Studies/Estudios Mexicanos*, in press.

<sup>11</sup> SSA, Section: Subsecretaría de Asistencia, vol. 167, exp. 3, 1973-1981.

<sup>12</sup> Miguel Bustamante, "El Servicio Médico Social de la Universidad," *Revista Mexicana de Sociología*, vol. 2, no. 2 (1940): 11.

an odd collection of facts from types of armadillos, names of rivers, mountain ranges, total latrine counts, quality of roads, train depots, movie theaters, markets, etc. In addition, vague generalizations abounded such as "the climate of Villa de Fuente is extreme to the point that they have highs and lows in temperature"<sup>13</sup> or, as another student reported, homes in Santa Rosalía are made of wood "some are well made and others are not."<sup>14</sup>

Although the reports became standard for medical training experience and the basis for medical students' theses, for many medical students traveling to rural Mexico was very much like entering a foreign landscape and reports often resembled amateur travel writing. This latter point was problematic because the information lacked, as in the climate example above, the nuance of objectivity and an in-depth understanding of the locale, the people, and their history. These reports, in essence, reflect a long-standing tradition of inaccurate travel reports generated in relation to the people of the Americas. Though inaccurate portrayals of local people by passing visitors were as common as traveling to the next town, the people of the Americas have been a favored topic of travelers.<sup>15</sup>

One of the most well known accounts, and a pertinent comparison to this case, is the eighteenth century report of Charles Marie de La Condamine confirming the existence of Amazons, the tribe of powerful women, and explaining the habits of local people along the length of the river. La Condamine, a member of the 1735 Franco-Spanish expedition to South America sent to study the curvature of the world, was an influential and prolific writer about the flora, fauna, and the habits of people he encountered. But as with other transient observers La Condamine often stretched the truth for dramatic effect or simply did not witness what he claimed to have seen. La Condamine relied heavily on his contemporaries' perception of locals and, precariously, on his own preconceived notions of the inhabitants of foreign lands.<sup>16</sup>

Indeed, the explorer explicitly wrote to his readerships' expectations for he included detailed maps of the fictional land of fierce female warriors that fueled Europeans' imagination. The allusion to La Condamine in relation to the medical students is not by chance. Medical students were also writing for a specific audience – their medical supervisors at the UNAM and, more broadly, to politicians and policy-makers in Mexico. For example, in the final section of a report authored by Alberto Hernandez, stationed in Villa

de Fuente, Coahuila in 1944, he proposed "concrete solutions for the immediate revival of Villa Fuente's agricultural, commercial and economic" well being.<sup>17</sup> While not an expert in any of those areas Hernandez wrote with the conviction that his valuable suggestions would be taken into account. In another instance a young doctor, Marcial Ríos, noted how there was "no sanitary organization" in the entire region of Suchil, Durango and the closest access to health care was more than 50 km away. While Ríos detailed local healing practices, especially the sweat bath or temazcal, as rife with ignorance and "clearly torture," the young doctor admonished the Mexican state for a lack of interest in the area and made a correlation between the high morbidity and mortality rate and the village's seemingly forgotten status. Clearly somewhat of an entrepreneur, Ríos and five locals built a center for "Maternity, Surgery and Emergencies" but worried that when he left there would be no one capable to replace him since "midwives are innumerable but they practice without a single notion of obstetrics."<sup>18</sup> In his final analysis Ríos wrote insistently on the need for federal funds to be channeled to this area. The young doctor's pleas were a constant echo of demands made to develop the countryside since the social service program was inaugurated in 1936.

In fact, medical students were not the only ones avidly reporting on the economic, structural and environmental conditions of rural Mexico and making concrete suggestions. When the program began President Lázaro Cárdenas' land expropriation was in full swing and personnel from various official programs were also measuring and surveying, not the people, but the land. As a foreigner noted, "(r)egional Agronomists, the Regional Veterinary Officers, members of the state agricultural councils and the zone agents of the agricultural banks" were all operating in rural zones seemingly "without any coordination." There were, to that observer's eye so many officials and experts in some rural areas that "a good deal of confusion must inevitably be created in the minds of the rural people as to whose advice they should actually follow." In addition to national officials there was international interest in rural development and indigenous people among a cadre of foreign, notably American, academics. For example, at almost exactly the same time that the social service year was sending its first generation of medical students into the field, a group of northern American students from Yale were making observations "to problems similar in essence to those existing in Cyprus, particularly in the direction of agriculture, education and rural extension work generally." The representative of the Yale group observed that the "top-heavy organization" of, in this case, the Ministry of Agriculture, could be "lightened by having a much larger proportion of the staff actually stationed out in the rural areas instead of having so many highly paid officials in Mexico." Despite these critiques, efforts in public health elicited some back-handed praise as B.J. Weston from Yale wrote, "I was particularly impressed by the close attention given to health at many

<sup>13</sup> Alberto L. Valdes Hernández, *Informe General que Contiene el Catastro Sanitario con la Expresión de la Realidad Socio-Geográfica de Villa de Fuente* (Mexico City: UNAM, 1945). Valdes Hernández does eventually list the various climatic changes in the region as an addendum to his report.

<sup>14</sup> Adrián Fernando Rodríguez Reus, *Informe Sanitario de Santa Rosalía, BC* (Mexico City: UNAM), 1949: 13.

<sup>15</sup> Some of the most well known include: Hernan Cortes, *Letters from Mexico* (Translated and edited by A.R. Pagden, New York: Grossman Publishers, 1971) *Anonymous Conqueror (a companion of Cortes) Narrative of Some Things of New Spain: and the Great City of Temestitan* (New York: Kraus Reprint Co., 1969); Thomas Gage, *Thomas Gage's Travels in the new world* (Westport: Greenwood Press, 1981); Basil Ringrose, *Bucaniers of America: the second volume containing the dangerous voyage and bold attempts of Captain Bartholomew Sharp...* (London: Printed for William Croke. 1685); Jorge Juan and Antonio de Ulloa, "Discourse and political reflections on the kingdoms of Peru, their governments, special regimes..." (Norman: University of Oklahoma Press, 1978); JK Turner, *Barbarous Mexico* (Chicago: C.H.Kerr & Company, 1914, c1910).

<sup>16</sup> Neil Safier, *Measuring the New World: Enlightenment Science and South America*. Chicago: University of Chicago Press: 71.

<sup>17</sup> Alberto L. Valdes Hernández, *Informe General que Contiene el Catastro Sanitario con la Expresión de la Realidad Socio-Geográfica de Villa de Fuente* (Mexico City: UNAM, 1945). Found in the UT, Austin Library collection.

<sup>18</sup> Marcial Osmán Ríos Ramírez, *Informe Sanitario de Suchil, Durango: Higiene Sexual* (Mexico City: UNAM, 1950): 25, 32.

of the schools and colleges visited during the course of the trip." He added, to the certain excitement of Mexican policy makers, "it now seems to be generally recognized and (what is more important) accepted as a vital and necessary factor by those in authority, that health is the basis upon which economic, intellectual, and social development must be built." He noted, however, that these "new ideas" are for naught if they are "pooh-poohed" by parents and work in the schools is not translated to "the community as a whole."<sup>19</sup> American visitors and Mexican scholars seemed to agree that rural Mexicans needed repeated instruction and, crucially, the presence of a government representative in the area to insure that proper behavior was followed.

So what was it about rural Mexico that so fascinated urban policy makers and thinkers? The answer may be in modern Mexico itself. Mexicans would surely have invented the poor, indigenous, illiterate rural dweller if he did not already exist. For, the people of the countryside were the mirror that showed the failings of Mexico's past but also its potential. Although Mexico was predominantly rural in the late 1930s for those in urban or semi-urban towns the countryside was still populated by stereotypes. A *pasante* from Nuevo Urecho was quick to describe how "these men with white underwear, huaraches, and palm sombrero" have few problems since they only "eat, sleep and work four days a week." One cannot expect them, he continued, to value education because the "harvest of muscles" in the fields yields more than the cultivation of the mind. Moreover, peasant fathers, the medical student claimed, feel more pride when "they see their child under the weight of a bundle of wood instead of a book in the hand."<sup>20</sup> By demarcating a difference between the loftier goals of urban dwellers and rural Mexicans it was easier to argue that the latter needed to be transformed (Figures 1–3).

Few preconceptions, however, held as strongly as those pertaining to health. Mexico's rural inhabitants were characterized as lax in their hygiene, clueless of proper bathroom etiquette, louse-ridden, carriers of disease, and, of course, trusting in the 'dubious' healing practices of traditional healers. All of this amounted to clear evidence of rural Mexicans' need for improvement in the eyes of the medical profession and national government. Miguel Bustamante, the renowned physician and scholar, acknowledged that the population was now scrutinized as one would previously inspect the economic value of the nation's "agricultural wealth, mines or industry."<sup>21</sup> Young doctors were perfect for the part of scribes of the other Mexico's ills – only doctors could diagnose and cure the problem. But first doctors needed to understand the places where they had been sent. With little more than a survey, a subsidized train ticket, some medications, notebooks, and a few years of classroom knowledge sixth-year students set off for their designated towns.<sup>22</sup>

<sup>19</sup> Yale Manuscripts and Archives Library, Department of Race Relations Southern Tour 1937, Yp18, 937w.

<sup>20</sup> Oscar Moctezuma, Informe de Servicio Social, Nuevo Urecho, Michoacán. Facultad de Medicina, Universidad Nacional de México. Archivo de la Escuela de Medicina, Leg.247, 1936. Exp. 1, Folios 1-18.

<sup>21</sup> Bustamante, "El Servicio Médico Social", 11.

<sup>22</sup> Bustamante, Miguel. *Servicio Médico Social de los Pasantes de Medicina*. No date located in Bustamante-Vasconcelos Archive. Folder: Servicio Médico Social (610) 370, Bus. Ser.

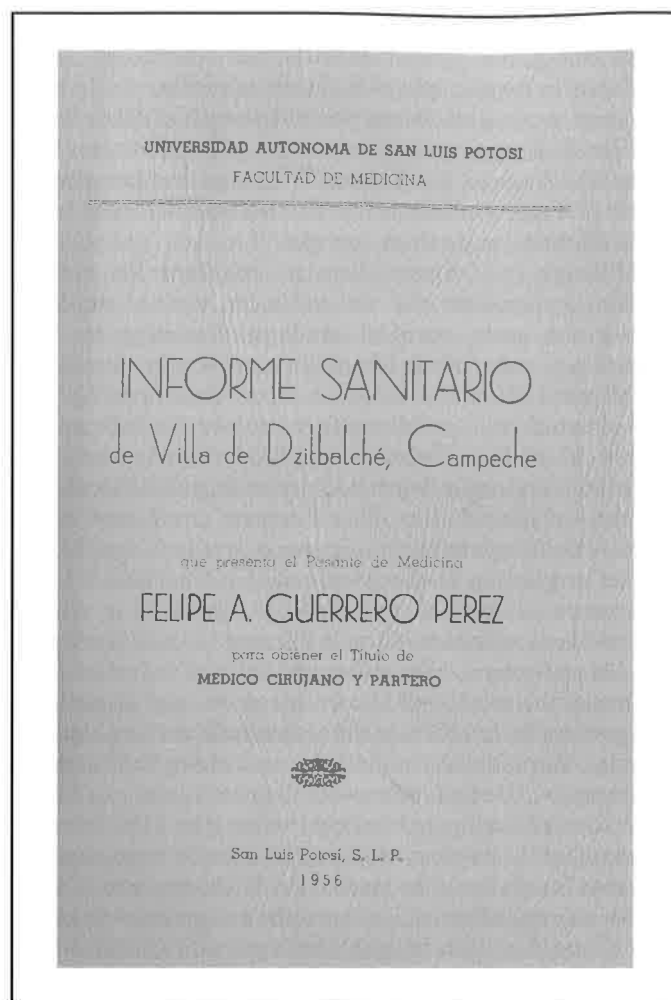


Figure 1. Sample cover of a sanitary report sent from a town in Campeche by a University of San Luis Potosí medical student in 1956.

As in most adventure narratives, some medical reports contain origin stories. For example, José Luis Chiang found that the villagers of Pinotepa in Oaxaca had emigrated from another settlement, Potuta, from which they were driven out by an epidemic that killed people in a matter of hours. According to the stories, "fingernails and lips took on a purple tinge and the infected vomited copious amounts of blood with such an intense stench that survivors had to flee the small village". The priests, with help from the goddess Ixtle, selected some of the town's most beautiful maidens from uninfected families and sent them ahead to settle elsewhere. Eventually the survivors followed. In fact, the name Pinotepa translates, according to the doctor, as the "place of maidens." While a goddess had allegedly helped found the town of Pinotepa, illnesses continued to fella the population in the twentieth century. In fact, Chiang noted that in 1946 malaria was a leading cause of death in the region though it was "difficult to differentiate between other febrile diseases" due to, in his assessment, "the small amount of culture" among the inhabitants.<sup>23</sup>

While some towns traced their history to the arrival of the Spaniards others boasted ties to some key historical

<sup>23</sup> José Luis Chiang, *Informe Sanitario del municipio de Pinotepa Nacional (Jamiltepec), Estado de Oaxaca* (Mexico City: UNAM, 1946).



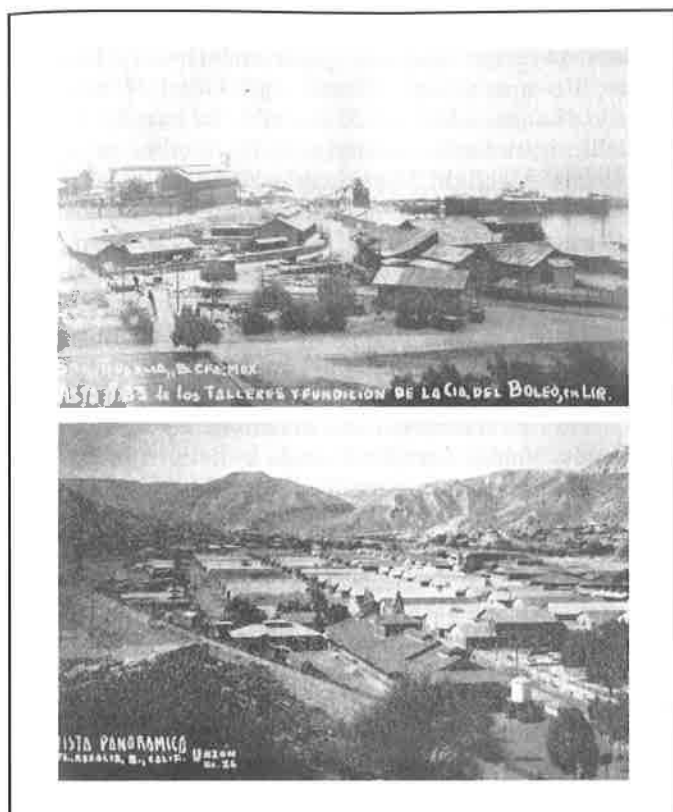


Figure 2. Medical students were reporting from all corners of an expanding nation – mining camps, border towns, rural communities, established towns and encampments.

figures, such as the village of Mazatlán, Guerrero which, when it was an hacienda, belonged to the independence fighter Nicolás Bravo.<sup>24</sup> Other origin stories spoke directly to the immediate and rapid transformation happening in the countryside.<sup>25</sup> For instance, the town of Villa Gonzalez in Tamaulipas was barely two decades old in 1947 but it appeared to be thriving. The location where the booming town sat was a former hacienda conveniently situated near a rail line. When the new highway connecting Monterrey to Tampico was built near the hacienda a barracks was also inaugurated and more people came to settle. The flow of people increased when “more peasants began to exploit” the former hacienda lands. But it was the arrival of the two companies, the Mexican Fiber Co. and “El Triangulo,” devoted to henequen production which altered the town landscape when more than 200 men arrived to work the land.<sup>26</sup> Towns, it seemed, were no longer being built in response to the dictates of goddesses but rather in response to the more powerful call of industry. Doctors, as witnesses of untrammelled development, captured the emergence of towns by signaling the diseases that often accompanied new arrivals. For example, a *pasante* reporting from “near irrigation field number 4” in Colonia Anahuac, Tamaulipas noted that ailing miners, too sick with bronchial problems to continue to work below ground had settled in the area,

<sup>24</sup> Enrique Hinojosa Dominguez, *Informe Sanitario sobre el Pueblo de Mazatlán, Guerrero y Estudio Sobre la Duración de la Inmunidad Antivariolosa en el Mismo* (Mexico City: UNAM, 1948).

<sup>25</sup> Hinojosa Dominguez, *Informe Sanitario*, 7.

<sup>26</sup> Manuel Guerra Estrop, *Informe Sanitario de Villa Gonzalez, Tamaulipas y Labores de Higiene Maternal e Infantil* (Mexico City: UNAM, 1947), 1.



“Escuela Rural Manuel Acuña en Villa de Fuente Coahuila, adonde reciben sus primeras letras los hijos de los Agricultores del lugar”.

Figure 3. Image of the one-room schoolhouse submitted with a 1945 report.

desperate but too sick to find work.<sup>27</sup> Most, he noted, were beyond medical help.

Beyond the required history of the place and population, narratives of “medical” exploration focused heavily on the often “undesirable” traits and practices of rural Mexicans. For instance, a typical descriptive paragraph might contain versions of the following: “The majority of the town is illiterate, of an indolent and apathetic character, with little initiative; also observed are traits of frankness, disinterest, and hospitality.”<sup>28</sup> Writing from Romita, Guanajuato another young *pasante* simply stated that the “general appearance of the town is depressing.”<sup>29</sup> In the state of Guerrero Dr. Pablo Martinez Loyola tirelessly tried to convince mothers to boil milk before feeding their children and to cover the meat from marauding flies but he confessed in exasperation “my efforts here are useless.”<sup>30</sup> Echoes of frustration were common and as Velao de la Torre, the physician in Tamaulipas, summarized, “a single isolated person cannot be successful in this terrain because the problem is a lack of hygienic knowledge that goes beyond what one can do during social service.”<sup>31</sup>

The persistence in narrative style, as observed thirty years later in this article’s introductory vignette, speaks to the acceptance of derogatory language and dismissive attitude about other ways of living that often riddled sanitary reports. But the harsh words and above sentiments also reveal the exasperation of young men and some women often sent with little more than a box of medicine to the borders of the nation. While billed as a learning experience and a patriotic duty social service could be culturally

<sup>27</sup> Antonio Velao de la Torre, *Informe Sanitario de la Colonia Anahuac, municipio de Matamoros Tamps, con un estudio de la susceptibilidad a la difteria* (Mexico City: UNAM, 1948).

<sup>28</sup> The *pasante* notes that the predominant religion is Catholicism because “it is the only one practiced in the area.” Hinojosa Dominguez, *Informe Sanitario*, 7.

<sup>29</sup> Jorge Balcazar Padilla, *Informe Sanitario del Municipio de Romita, Gto. Y Valorización del Regimen Alimenticio de Doscientos Treinta Escolares* (Mexico City: UNAM, 1950).

<sup>30</sup> Pablo O. Martinez Loyola, *Informe Sanitario sobre la Población de Guerrero, Coahuila y Presentación de Algunos Casos Clínicos de Enfermedades Regionales* (Mexico City: UNAM, 1950), 32.

<sup>31</sup> Velao de la Torre, *Informe Sanitario*, 17.

grueling. For example, it was common for the first generation of medical students to be the only outsiders living in the town. Second, their supervisors at the School of Medicine at UNAM would likely be unfamiliar with the rural landscape and the endemic ailments for which city doctors had rarely been trained. Third, the lack of roads, phones, telegraph, and mail services made communication with the social service headquarters and loved ones exceedingly difficult. As Roberto Canga wrote in 1949, the contact between the *pasante* and authorities "had to be more intimate so that the labor of the *pasante* can be more effective."<sup>32</sup> Yet, despite the lack of stable means of communication, students were required to send bi-monthly reports to their supervisors in which they detailed the shortage of modern amenities such as lack of electricity and running water that made the most basic tenets of hygiene difficult to attain.

Furthermore, most medical students were not fluent in local languages nor had they received cultural sensitivity training. And, lastly, the nation was in a state of flux and, as other scholars have noted, some local authorities resented and contested the arrival of any government representative, especially if these, as in the case of medical students, offered tangible evidence of a welfare state. Students recorded evidence of a state that was expanding its social services in areas formerly controlled by non-state agents. For example in Santa Rosalía en Baja California a young physician noted that most children received free breakfasts as part of a recent plan instituted by the governor.<sup>33</sup> The doctor claimed that the drastic decrease in ailments among the poorest students was due to this much-needed nutritional boost. That same student, Dr. Adrián Rodríguez, noted that until his arrival the only health clinic was owned and operated by BOLEO, a local mining company that provided electricity, health, education, housing, and food for its employees. Clearly information such as the above, which recorded the penetration of the state into areas formerly controlled by competing authorities, held value beyond public health.

Despite all of the above, and though many students saw the social service year as merely an additional requirement before receiving their diploma, there was, however, a heavy dose of patriotism in their actions. As a member of the initial generation of students reported about the countryside, "it is there where the Patria wants its soldiers of health and life to be."<sup>34</sup> Indeed, many felt that providing public health was a constant battle, especially against local healers who, as one observed, "have extreme audacity" when 'diagnosing' local people. Only "federal authorities had the ability" to do away with questionable "influences" in the countryside and doctors would be the nation's foot soldiers.<sup>35</sup> More than 'soldiers of health' these young doctors were attempting a grander social transformation so that "our people can live like *decent folk*. . . and we can hope for a bright future for Mexico."<sup>36</sup> Changing the *indecente* to

worthy citizens was a monumental chore that raised issues of class, poverty, race, and social exclusion. It would be easier, it seems, to begin this transformation by targeting specific diseases which could arguably be cured.

Medical students selected which illnesses or health problems to highlight. For example, Esteban Valdes Lamadrid writing from Baja California in 1949 opted to focus on prostitution and syphilis in Ensenada despite having signaled that tuberculosis was the leading infectious disease in town. Valdes Lamadrid acknowledged that previously brothels existed in the port but after these were shut down nearly one hundred women began working as *entretenedoras* (entertainers) in cabarets and migrating between port towns like Manzanillo and Mazatlan in search of work. Curiously, Valdes Lamadrid made a distinction between prostitutes: those who periodically had health exams, followed the advice of doctors, and who were "careful with their appearance and with their sexual hygiene" and those who "did not follow the basic rules of hygiene." In the young doctor's eyes the latter were "degenerate women, real human wrecks," who were few in number and were already singled out by the health and police authorities, as well as potential clients, as "assured carriers of venereal diseases."<sup>37</sup> While we learn nothing more about this subset of allegedly well-known women it is clear that even in a disreputable occupation one could find a degree of social salvation with proper hygiene.<sup>38</sup> A few years earlier, in the opposite corner of the nation, in Juchitan, Oaxaca, Dr. Roberto Robles Canga noticed the severe problem caused by venereal diseases by women who refused to label themselves as prostitutes.<sup>39</sup> As he explained, by refusing the label, these women were under no obligation to register with the Sanitary Office for regular check-ups. Also, the young doctor noted, that the proximity of growing towns allowed women to practice their trade clandestinely and without having to report to the major authorities who, clearly, lacked the manpower to patrol the flow of prostitution to new towns. While prostitution was a constant concern it was, however, tuberculosis, which dominated the reports.

When addressing the high index of tuberculosis in the "Northern Territory" Valdes Lamadrid digressed to comment on possible factors leading to that index. He believed that the high cost of living, "possibly the highest in the country" made basic food items "prohibitive for the majority" who relied on cheaper canned goods which "with certainty did not have the same nutritional value as fresh food."<sup>40</sup> The young doctor believed that tuberculosis patients, who required fresh fruit and vegetables to aid their fragile constitutions, were at an unfair disadvantage in the expensive north. While peculiar, this observation also illustrates how quickly traditional habits, such as eating, were changing as more Mexicans traveled the new roads to the "north" and left behind subsistence farming. Valdes Lamadrid also described how it was customary for

<sup>32</sup> Roberto Robles Canga, *Informe Sanitario del Municipio de Juchitán, Oaxaca* (Mexico City: UNAM, 1946).

<sup>33</sup> Rodríguez Reus, *Informe Sanitario*, 19.

<sup>34</sup> Manuel Velasco Suarez, "El Servicio Social de la Facultad de Medicina: Breve comentario," *Revista Mexicana de Sociología*, Vol. 1, no. 2 (May-June, 1939): 127-141.

<sup>35</sup> Amando Kirsch Giuliani, *Informe Sanitario de Zanapa, Veracruz* (Mexico City: UNAM, 1949), 43.

<sup>36</sup> Italics are mine. Velasco Suarez, "El Servicio Social", 133.

<sup>37</sup> Valdes Lamadrid, Esteban. *Informe Sanitario de la Delegación de Ensenada, Territorio Norte de la Baja California* (Mexico City: UNAM, 1949), 23.

<sup>38</sup> Bliss, Katherine. "The Science of Redemption: Syphilis, Sexual Promiscuity, and Reformism in Revolutionary Mexico City" in *Hispanic American Historical Review* 79 (1) (Feb., 1999): 1-40.

<sup>39</sup> Robles Canga, *Informe Sanitario*.

<sup>40</sup> Valdes Lamadrid, *Informe Sanitario* 1949, 22.

locals to begin to refer to diseases using their English names, and while this is likely given the relative proximity to the border, he did not provide examples. Returning to the question of tuberculosis Roberto Canga noted that it would be challenging to stop its spread in southern Mexico as well. Reporting from Juchitán, Oaxaca, where it was rampant, inhabitants believed that the disease spread "when one accidentally saw someone having sex." The only cure was to place the afflicted person on a mule and, while whacking them with reeds, the patient had to shout out the names of the people he had stumbled upon and hence expel the tuberculosis.<sup>41</sup> But the inability to control the disease – with reeds or, later, antibiotics – had immediate and noticeable consequences for the nation. One physician noted that the "grave incidence of this ailment" when the town's 18-year olds were sent to him for the required medical check-up before the military-draft lottery.<sup>42</sup> "A good number of them," the doctor continued, had advanced tuberculosis and two clearly had tuberculosis Miliar, a form of the disease that attacks all organs and were thus too sick to join the ranks. Reports such as these seemed to confirm that if health was not made an imperative then even the young, healthy, and male could become too sickly to aid the country.

Other reports reveal clear evidence of a changing nation. While some towns seemed to be locked in a Porfirian time capsule others, as we saw, were on the fast track to transformation. In Villa Gonzalez, Tamaulipas Manuel Guerra Estrop noticed that the train station was "greatly changed" as there was increased activity in passengers and cargo.<sup>43</sup> A key difference, he remarked, was that most agricultural products headed to the United States with the remaining produce shipped to Tampico or neighboring Nuevo Leon. Despite this improvement in transport he did not have kind words for transportation in the state in general. Especially disappointing was the highway from Tampico to Ciudad Manta, which, though having been inaugurated a mere fifteen years earlier, was in "a deplorable state" due to the area's geography and, especially, the "bad quality of construction material that had been employed." He expressed hope that the "current Government is starting to worry about this mode of communication." These medical students were indeed surveyors of the nation providing information for a government that was overseeing a broad transformation of Mexico. Seen in this light, demands for better modes of transportation and communication were was not such an odd request, especially since many surveys came from the forefront of development where the nation was, quite literally, being built (Figure 3).

Yet connections with the outside world did not always bring good health practices. In fact, in the opinion of many visiting doctors, railways and roads often generated high levels of alcohol abuse. In 1950 one doctor reported from a camp located on "km. 290 in the construction of the south-eastern railroad." The camp with 850 workers and their families was roughly the size of a small neighboring village, Salto de Agua, with approximately 1200 inhabitants.

The new rail line went from Coatzacoalcos, Veracruz to the Yucatán and was of "transcendental importance since it would transport products" from rich lands to the rest of the nation. Neither the camp nor the adjoining village had previously been visited by census takers or public health officials, so the student took care to describe the financial situation as well as the unhygienic conditions of the encampment. As can be expected there were alcohol issues in the workers' camp where, according to the medical students, workers spent a full "three quarters of a salary" on getting drunk. While both the camp and the village had schoolhouses, albeit of differing construction materials, there were few indigenous children in either school. More disturbingly, the young doctor allegedly observed indigenous, school-aged children frequently using "tobacco and occasionally drinking."<sup>44</sup> Alcohol was also a severe problem in Romita, Guanajuato where another doctor observed seventeen cantinas for a population of 8500 that had neither a hospital or health clinic.<sup>45</sup> In 1947 the pasante stationed in Villa Gonzalez, Tamaulipas informed his superiors that the living standard was quite low but this, he claimed, was not due to the low wages paid by the local henequen companies nor the newer PEMEX (Mexican Petroleum company) exploration unit, but by the abuse of alcohol. As he recounted, instead of worrying about bettering their lives workers "waste almost their entire salary, Saturday to Saturday, in cantinas and other sites of vice in town."<sup>46</sup> The abuse was so rampant that these men worried little about taking "food or clothing to their children and wives." Unafraid to generalize, Dr. Manuel Guerra Estrop declared that most of these women were usually "devoted mothers" who in addition to their own domestic work had to take on other jobs to pay for the household's needs, despite constantly being insulted by their "drunken husbands."

Sanitation was crucial so the reports are, unsurprisingly, filled with descriptions of various outhouses, open-air toilets or lack of them, and makeshift sewage systems in the countryside. For instance, Valdes Lamadrid noticed that though 25% of homes had septic tanks with "English toilets" in Ensenada in 1949, the rest of the population had what he called "a box," small tollbooth-style constructions with occasional screens on the doors.<sup>47</sup> Since there was no sewage system in the town and septic tanks sometimes did not work there was, however, a "bad odor" when these malfunctioned. In Chiapas in 1950 Agustín Villanueva Gasca noticed how some "made their needs" in the open air, on the grounds of a home's patio. In lieu of latrines, holes were dug in the ground where the lack of cover attracted swarms of flies, who then propagated germs.<sup>48</sup> In Jamiltepec, Oaxaca an observer noticed how chickens and pigs entered the badly constructed latrines and "destroyed" the human waste, which was left, often, on

<sup>44</sup> Villanueva Gasca, Agustín, *Informe Sanitario*: 10, 13.

<sup>45</sup> Jorge Balcazar Padilla, *Informe Sanitario del Municipio de Romita, Gto. Y Valorización del Régimen Alimenticio de Doscientos Treinta Escolares* (Mexico City: UNAM, 1950), 21.

<sup>46</sup> Guerra Estrop, *Informe Sanitario*, 11.

<sup>47</sup> Valdes Lamadrid, *Informe Sanitario*, 29.

<sup>48</sup> Villanueva Gasca, *Informe Sanitario del Campamento y Población en el Km. 290 en la construcción del FF. CC. del Sureste y Estudio del Paludismo* (Mexico City: UNAM, 1950), 18.

<sup>41</sup> Robles Canga, *Informe Sanitario*, 24.

<sup>42</sup> Guerra Estrop, *Informe Sanitario*, 18.

<sup>43</sup> Guerra Estrop, *Informe Sanitario*, 10.



the bare ground.<sup>49</sup> With no sewage or flushing toilets to be found anywhere in Juchitán another doctor observed that locals would simply “dig a hole, defecate” and then walk away.<sup>50</sup> This fascination with human waste was neither new nor unique to Mexican medical students. In his intriguing essay “Excremental Colonialism”, Warwick Anderson, described how human waste in the Philippines had to be rendered “invisible and odorless” by and for the invading American troops.<sup>51</sup> In other words if the most intimate of bodily functions could be controlled, so could the bodies of those producing the waste. The emphasis on excrement and how Filipinos dealt with, created, or used their bodily waste revealed more, Anderson argued, about American obsessions with personal hygiene and human excrement than it did about the colonized Filipino they were trying to educate. Similarly, when paired with a nation-building project, public health in Mexico took on a social engineering edge and often, as in the case of the Philippines, revealed more about the anxieties of Mexican political leaders than the health of a locale.

The lack of twentieth-century basic needs – i.e. flushing toilets, sewage, plumbing – was significant enough to note because from this evidence one could extrapolate, as one student did, that “the cultural milieu in this region is rudimentary since there are no noticeable displays of superior artistic or scientific” accomplishments.<sup>52</sup> There were other urban necessities which could serve as a gauge for development since medical students listed types of religion practiced in the community, including the number of churches and their denominations, any theaters or other cultural offerings, if the town had a prison, the condition of the schools and number of students, slaughterhouses, markets and style of homes and the material used to build them. The reports, however, always returned to an ethnographic description of how medicine was practiced inappropriately, especially by midwives.

Information on the practice of maternal health and midwives, as seen through the eyes of western-trained physicians were, not surprisingly, “completely primitive and on occasion truly dreadful.”<sup>53</sup> The description of a Oaxacan midwife as “dirty, with long, black fingernails, and occasionally drunk,” births on dirt floors, and “no care of the newborn” clearly contrasted with what urban physicians had been taught in medical schools. In the 1950s midwives “still refused to use gloves” and despite urging the use of hygienic precautions in some instances a young doctor had “to seek the authorities to force them [midwives] to follow the teachings of medicine.”<sup>54</sup> It is here, in the birth practice, that the clear difference between urban and rural and the tension between traditional and modern Mexico are most apparent. Pasantes were witnessing what they believed was the reason for the high level of infant mortality in rural Mexico: midwives. While they described humble, drafty hovels and lack of food and clothing they did not

make explicit links to economic disparity; instead observations of unclean living or sleeping conditions were accompanied by editorializing that expressed concern about the future of Mexicans.

If rural babies survived a midwife-assisted birth then schools became crucial places where Mexican children would most certainly learn about hygiene and doctors recorded the value of children in reports. As a female pasante extolled, “let’s not forget that a nation’s prosperity is linked to the health of its children and the future of the Nation is in the hands of the children who are the foundation of the country.”<sup>55</sup>

According to Velasco Suarez, who published a summary of his experience in 1939, the “absolute ignorance about hygiene and public health” was the leading problem for doctors during their social service year. But doctors identified problems in education as a whole. The meager salaries of rural teachers “did not satisfy even the basic life necessities” and so schoolteachers sought, to the detriment of students’ education, other sources of income.<sup>56</sup> But imparting and tending to health were clearly acceptable teachers’ duties. “Teachers are not ignorant about hygiene education,” a doctor from Baja California reported, “but they lack training and periodic orientation.”<sup>57</sup> Young physicians also reported if teachers succeeded or failed in their public health activities noting, for example, that teachers failed to perform routine medical checkups in Coahuila where children were allowed to attend school despite having chicken pox or measles. But even more distressing to the young observer, teachers themselves taught when they were ill, “exposing their students to contagion.”<sup>58</sup> The teaching of hygiene as the vital weapon in rural health was a repeated theme, and some physicians began to make the critical observation that education alone would not be enough to better the lives of the most unfortunate Mexicans. As Thalia Perezgasga, stationed in Mexico City, informed her superiors, there was no illness or epidemic that could resist hygienic education as long as the Government did not “raise the economic level of our poorest class.”<sup>59</sup> Indeed, more than lack of education or even lack of medical centers it was social “misery” to which Pérezgasga attributed high rates of parasites in young children. In her case study of 205 students, seventy-one percent tested positive for parasites. Given these rates of infection it should not be surprising that nearly every report mentions how the lack of potable water was a critical vector of mortality and morbidity (Figure 3).<sup>60</sup> Curiously, it was the benefits and style of city living which were the measure against which water delivery was compared in

<sup>49</sup> Camacho Vidal, Gustavo. *Informe Sanitario y Determinacion de la Parasitosis Intestinal de la Villa de Jamiltepec, Oaxaca* (Mexico City: UNAM, 1948), 21.

<sup>50</sup> Robles Canga, *Informe Sanitario*, 25.

<sup>51</sup> Warwick Anderson, “Excremental Colonialism: Public Health and the Poetics of Pollution,” in *Critical Inquiry*, 21, 3, Spring 1995: 640-669.

<sup>52</sup> Valdes Hernandez, *Informe General*, 22.

<sup>53</sup> Camacho Vidal, *Informe Sanitario*, 25.

<sup>54</sup> Hernandez Camacho, *Informe Sanitario*, 23.

<sup>55</sup> Thalia Perezgasga Robledo, *Informe Sanitario Sobre el Medio Escolar en la Ciudad de Mexico, Enfermedades Más Frecuentes y Estudio Sobre la Parasitosis Intestinal Escolar en 205 Casos* (Mexico City: UNAM, 1949).

<sup>56</sup> Consuelo Hernandez Camacho, *Informe Sanitario del Municipio de Tepetitla, estado de Mexico y estudio sobre sexo, edad en la cirrosis* (Mexico City: UNAM, 1950), 15.

<sup>57</sup> Rodriguez Reus, Adrián Fernando. *Informe Sanitario de Santa Rosalia, BC* (Mexico City: UNAM, 1949), 19.

<sup>58</sup> Martinez Loyola, Pablo. *Informe Sanitario sobre la Poblacion de Guerrero, Coahuila y Presentación de Algunos Casos Clínicos de Enfermedades Regionales* (Mexico City: UNAM, 1950), 27.

<sup>59</sup> Pérezgasga Robledo, *Informe Sanitario*, 58.

<sup>60</sup> In 1939 Velasco Suarez, cited above, also noted in his Commentary about Social Service how nearly every report in the first few years of the social service year focused on the lack of potable water as one of the leading sources of disease.

the countryside. This includes, of course, the relationship of people with their water in terms of the way they accessed and used it. As a pasante explained, his community was attempting to organize the water supply by "putting it in pipes, making it hygienic and transforming it into chemically pure water."<sup>61</sup> Up until then the community used an "antiquated system" of wells that did not take into consideration the "microbial consequences" of having open air water storage or having them too close to outhouses. What the author did not note, however, was there were usually few funds for complex sewage systems in rural Mexico.

While indigenous people are constantly described as "incivilizados" there were references to other ethnic groups that speak to how easily it was to mix racial beliefs with alleged medical knowledge.<sup>62</sup> For example, when describing malaria, a medical student explained that black skin was more resistant to the disease because "of natural immunity, happiness, or the roughness of the skin and strong body odor" that seemed to protect Afro-Mexicans from disease.<sup>63</sup> While some highlighted ethnicity as a crucial marker in health, others seemed more confused by racial definitions. In the town of San Pedro Atocpan in the outskirts of Mexico City Carmen Tavares asserted that though the town had been founded in 1532 by "Aztecs," in the twentieth century "there are no indigenous in San Pedro, all of them are mestizos." Curiously though, nearly all the population spoke "Nahoa [sic] between themselves and some have no knowledge of Spanish."<sup>64</sup> This observation prompts one to ask: How did urban dwellers define indigenous? A few pages later Tavares states that there were also no illiterates in the town because in 1943 a campaign against illiteracy was successful in identifying the forty-six people who did not know how to read or write. If true, this statement is remarkable for it speaks of the incredible coordination of state efforts. Despite this success she acknowledged that some people did not speak Spanish. In other words she seemed to measure illiteracy by the ability to speak Spanish, which raises the question: How, then, was literacy measured? Pasantes who had a fixed set of racial categories were often left confused when encountering speakers of indigenous languages and high levels of literacy. While faith was only occasionally mentioned, some doctors tended to conflate religious belief and fervor with ethnic identity. As one doctor observed in the population of Jamiltepec, Oaxaca was predominantly Mixtec and Catholic, and "the Indians are enthusiasts of their faith and their saints, more than people who are moderately civilized."<sup>65</sup>

It is in the summaries, however, where one can read the verdict that young doctors gave to Mexico. As when one praised the northern Mexico port where he was stationed

but thought that, despite its charms, "Ensenada was an unknown and ignored corner of the republic" it was a privileged space because "the financial situation, ... the diversity of the population, and the spirit of hard work" created an ideal place that "could serve as an example of what is meant by 'peace and progress.'"<sup>66</sup> In this way, Ensenada represented what a modern Mexico should be: a place filled with hardworking Mexicans, diverse, and financially stable. But not all of Mexico looked like the much-praised Ensenada. Doctors treated Mexicans who worked in coal mines, petroleum or sugarcane fields, in agriculture, tiny towns, and growing semi-urban areas. In each they discovered the diversity of foods, fauna, cultures, languages and environments yet these differences were often distilled into clinical descriptions that noted only the disease and dirt and left out what lay beneath. Seeing the countryside through the lens of health and disease often highlighted what was left to accomplish instead of focusing on what the nation had already achieved.

### Conclusion

As other scholars have noted there is usually a gap between the ideal image of the nation and "the actual performance of the nation in the lives of its subjects."<sup>67</sup> It is in that gap – between the ideal image of the nation and how it really performs on the ground – that "the dissemination of nationalism occurs."<sup>68</sup> Thus construction of a national identity takes place in the in-between places where people and ideas meet. By 1979 a total of 66,526 medical students had participated in medical social service. An official report noted, however, that in the late 1970s half of Mexico's rural communities still lacked ready access to medical attention. The report further stated that while some medical students had performed "extraordinary service" during their social service period they were an exception to the rule since "these services were not of a lasting significance to rural areas."<sup>69</sup> Yet medical students' descriptions did have a lasting effect. By describing rural Mexicans using medical imagery, doctors in the 1930s, 1940s and 1950s increased the perceptual distance between rural inhabitants and their allegedly more hygienic urban counterparts. Based on diagnoses derived from their brief stays, medical students created an imagined duality between an unhealthy countryside incapable of embracing modern healing techniques and cleaner urban setting. Using medical language and medical crises to document the poverty of the countryside helped to designate and categorize the biological inferiority of certain groups.

For the first time the nation's uncharted inequality was quantifiable and measurable. Medical students reported back on the seemingly fantastical tales linked to the spread of diseases – such as lack of toilets or potable water, precarious births, inadequate housing, rooms

<sup>61</sup> Valdes Hernandez, Alberto L. *Informe General que Contiene el Catastro Sanitario con la Expresión de la Realidad Socio-Geográfica de Villa de Fuente, mpio Piedras Negras, Coahuila* (Mexico City: UNAM, 1945), 35.

<sup>62</sup> Agustín Villanueva Gasca, *Informe Sanitario del Campamento y Población en el Km. 290 en la construcción del FF. CC. del Sureste y Estudio del Paludismo* (Mexico City: UNAM, 1950).

<sup>63</sup> Villanueva Gasca, *Informe Sanitario*, 25.

<sup>64</sup> Carmen Tavares Karpeles, *Informe Sanitario de San Pedro Atocpan, D.F.* (Mexico City: UNAM, 1951).

<sup>65</sup> Camacho Vidal, Gustavo. *Informe Sanitario y Determinación de la Parasitosis Intestinal de la Villa de Jamiltepec, Oaxaca* (Mexico City: UNAM, 1948), 11.

<sup>66</sup> Valdes Lamadrid, *Informe Sanitario*, 47.

<sup>67</sup> See Bruce Erickson "fucking close to water": Queering the Production of the Nation, in *Queer Ecologies: Sex, Nature, Politics, Desire*. Catriona Mortimer-Sandilands, et al. Bloomington and Indianapolis: Indiana University Press, 2010: 311. Erickson was referencing Homi Bhabha, *The Location of Culture*. New York: Routledge, 1994.

<sup>68</sup> Erickson, "fucking close," 311.

<sup>69</sup> Secretaría de Salubridad y Asistencia Archive, Section: Subsecretaria de Asistencia, vol. 167, exp.3, 1973–1981.

shared with animals, lack of refrigeration for meat, sewage systems, and preventable diseases – and made them a statistical reality. In doing so, young medical students used medicine to conceive of the modern, Mexican body, and shaped the language and terms that were used to describe the inhabitants, flora, the fauna, and the places of rural Mexico. Just as La Condamine had sailed down the Amazon in the eighteenth century selectively recording his impressions for the waiting audience in Europe, social service year reports allowed urban Mexicans to see a new world. Whereas poverty and disease could not be

ignored, what medical reports made visible was the depth and the extent of the problem. In other words, medical students, like explorers from other times, recorded impressions, the descriptions of cultural practices, ways of healing, and birthing that persisted virtually unchanged, as the opening vignette attests, for more than three decades. It was through these reports that other Mexicans learned to see the countryside. In other words, in twentieth century Mexico it was not only foreigners but domestic doctors who were defining rural Mexicans and creating images of the state in the gaps left by industrialization and development.