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RURAL HEALTH AND STATE CONSTRUCTION IN POST-REVOLUTIONARY MEXICO: THE NICOLAITA PROJECT FOR RURAL MEDICAL SERVICES*

I.

In the nineteen twenties a group of graduates from the Colegio de San Nicolás and the Universidad Michoacana in Morelia, the capital city of the state of Michoacán, drafted a program for the economic and social development of the countryside that, in the next decade, influenced federal policies and ideas about health care. This article examines the ideas and efforts of two Morelian physicians, Jesús Díaz Barriga (1891-1971) and Enrique Arreguín Vélez (1907-1989) who, during the 1920s and early 1930s, developed an incipient system of rural health in Michoacán. In 1935 they organized the First Congreso of Rural Hygiene, an event which they hoped would launch a state-managed system of rural health, and eventually the socialization of medicine in Mexico.

The conference succeeded in highlighting the need to bring modern medicine to the countryside; it also opened a national debate about the character of professional services in post-revolutionary Mexico. The debate revealed the ways in which the left and right foresaw professional services in a modern society, as well as the tensions between provincial and federal policymakers contending to turn their own agendas into national policy. Yet the discussions also made clear that beyond ideological and geographical differences intellectual elites across the country shared basic preconceptions about the inclusion of rural dwellers and indigenous groups in a modern society. These preconceptions also affected the professional role that male doctors hoped to assign to their female colleagues.

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The intellectuals from Morelia had come to power as a result of the 1910-1917 Revolution, which started in December of 1910 when Francisco I. Madero called for a rebellion against the regime of Porfirio Díaz (1876-1910). Landless peasants, industrial workers, and petite bourgeois joined the struggle. After ten years of open warfare and heightened popular mobilization, the central state of Porfirian at times had ceased to exist while military-men and local power-holders dominated the regions of a fragmented nation.¹ By 1920 federal authorities were striving to reconstruct the central state's institutions as well as its administrative and political procedures. To succeed in this difficult task they also needed to forge a national discourse that would appeal to the organized and armed popular sectors which had entered the political arena.²

The issuing of the 1917 Constitution represented a major step in the construction of a shared sense of national identity. The Constitution promised land redistribution, workers' rights, and anti-clerical educational policies. It also created an interventionist state that would look after economic growth, implement and enforce land, labor, and educational reform, and guarantee the good health of every citizen. However, in the midst of financial hardships, international pressure, and internal divisions, the national administrations fell short of enacting the Constitution's principles.³

In the mid 1920s President Plutarco Elías Calles (1924-1928) made health concerns a part of his attempt to centralize political power and bring about economic development.⁴ Regarding the peasants as backward and ignorant, hygienists in Mexico City began to work to impose their own European-inspired views on sanitary and health practices across the nation.⁵ These tendencies became even more pronounced under the influence of the

1. John Womack, "The Mexican Revolution, 1910-1920," in *Mexico Since Independence*, ed. Leslie Bethell (Cambridge University Press, 1991), pp. 125-200; Alan Knight, "Peasant and caudillo in revolutionary Mexico, 1910-17," in *Caudillo and Peasant in the Mexican Revolution*, D. A. Brading (Cambridge University Press, 1980), pp. 17-59.

2. Gilbert M. Joseph and Daniel Nugent, "Popular Culture and State Formation in Revolutionary Mexico," in *Everyday Forms of State Formation: Revolution and the Negotiation of Rule in Modern Mexico*, Gilbert M. Joseph and Daniel Nugent (Durham and London: Duke University Press, 1994), pp. 3-23; William Roseberry, "Hegemony and the Language of Contention," in *Everyday Forms of State Formation*, pp. 355-366; Mary Kay Vaughan, *Cultural Politics in Revolution: Teachers, Peasants, and Schools in Mexico (1930-1940)* (Tucson: The University of Arizona Press, 1997), chapters one and two.

3. Nora Hamilton, *The Limits of State Autonomy: Post-Revolutionary Mexico* (Princeton, New Jersey: Princeton University Press, 1982); James Angus McLeod, *Public Health, Social Assistance and the Consolidation of the Mexican State: 1888-1940* (Ph.D. diss., Tulane University, 1990); Mary Kay Vaughan, *Cultural Politics in Revolution*.

4. James Angus McLeod, *Public Health*, chapter five.

5. For an examination of the educated sectors' attitude towards their rural compatriots see Mary Kay Vaughan, *The State, Education, and Social Class in Mexico 1880-1928* (Dekalb, Ill.: Northern Illinois University Press, 1982), pp. 98-91; Mary Kay Vaughan, *Cultural Politics in Revolution*, pp. 32-36.

Rockefeller Foundation, which by the late 1920s enjoyed great influence within the Departamento de Salubridad Pública. However, early health policies focused on urban areas and, in an effort to guarantee the well being of the economy, on the export-related regions. A few demonstration programs were implemented to show the benefits of modern medicine, but they still left most of the rural dwellers with no modern medical services.⁶

The central state's disregard for the peasants' health mirrored the Callista general policies, which after 1925, favored foreign investors, Mexican capitalists, and landowners.⁷ By the early 1930s, however, a political turnabout brought the Mexican state back to the populist policies outlined in the 1917 Constitution.⁸ These changes also affected the prevailing notions of rural health. While the peasants' refusal to put down their arms forced the state to listen to their claims, reform-oriented professionals such as Jesús Díaz Barriga and Enrique Arreguín Vélez, came to portray rural health as a social good to be distributed in an egalitarian manner.

In 1928 General Lázaro Cárdenas, the newly elected governor of Michoacán, implemented a program that catered to the needs of workers and peasants while channeling the political participation of popular sectors through formal organizations. This agenda, which brought popular participation under governmental control, aimed at the economic and social development of the countryside while keeping faithful to the social promises of 1917.⁹ The activities and ideas that Díaz Barriga and Arreguín had developed during the previous years proved helpful for General Cárdenas' goals,

6. James McLeod, *Public Health*. See also Anne-Emanuelle Birn, "A Revolution in Rural Health? The Struggle over Local Health Units in Mexico, 1928-1940" *Journal of the History of Medicine* 35 (January 1998), pp. 43-76; Anne-Emanuelle Birn, "Las unidades sanitarias: la Fundación Rockefeller versus el modelo Cárdenas en México," in *Salud, cultura y sociedad en América Latina*, ed. Marcos Cueto (Lima, Perú: Instituto de Estudios Peruanos y Organización Panamericana de la Salud, 1997); Anne-Emanuelle Birn, *Local Health and Foreign Wealth: The Rockefeller Foundation's Public Health Program in Mexico, 1924-1951* (Ph.D. diss., John Hopkins University, 1993); Marcos Cueto, "Introduction" and "Visions of Science and Development: The Rockefeller Foundation's Latin American Surveys of the 1920s," in *Missionaries of Science*, ed. Marcos Cueto (Bloomington: Indiana University Press, 1994); Armando Solorzano, "The Rockefeller Foundation in Revolutionary Mexico: Yellow Fever in Yucatán and Veracruz," in *Missionaries of Science*.

7. Jean Meyer, "Revolution and reconstruction in the 1920s," in *Mexico Since Independence*, Bethell, pp. 201-240; Nora Hamilton, *The Limits of State Autonomy*; James Angus McLeod, *Public Health*.

8. Jean Meyer, "Revolution and reconstruction in the 1920s," pp. 227-240. Students of the Mexican Revolution debate whether peasant mobilization during the fighting years and their immediate aftermath was an autonomous movement or was the consequence of local strongmen's manipulation. For a summary of this debate see Gibert M. Joseph and Daniel Nugent, "Popular Culture and State Formation in Revolutionary Mexico," pp. 5-12.

9. Eitan Ginzberg, "Abriendo nuevos surcos: ideología, política y labor social de Lázaro Cárdenas en Michoacán, 1928-1932," *Historia Mexicana* XLVIII:3 (Enero-Marzo, 1999), pp. 567-634.

and these doctors became his close collaborators. At a time when relations between the revolutionary administration and the University of Mexico were very tense, Doctors Díaz Barriga and Arreguín continued to serve as General Cárdenas' advisers after he was elected as president in 1934.

As they became associated with the Cardenista regime the Morelian doctors participated in the project of building a centralized state capable of controlling the country's regions as well as its citizens' private habits and beliefs. In this sense the efforts of Díaz Barriga and Arreguín can be read as another block in what Mary Kay Vaughan has described as the process of state construction through populist strategies.¹⁰ This interpretation, however, does not convey the entire picture. As Vaughan and other students of the relations between popular culture and state formation have demonstrated, popular sectors in Mexico succeeded in bringing their own voices into the post-revolutionary hegemonic discourse. In so doing they contributed to the development of a vocabulary of consent that set the ground for a "dialogue between state and society."¹¹

The Morelian doctors were not part of the popular sectors but rather represented the provincial educated middle-classes. They shared the elitism of the hygienists at the Departamento de Salubridad Pública in Mexico City and sought to impose their own conceptions of health and sanitation upon the peasants. Díaz Barriga and Arreguín Vélez were also committed to bringing about an equitable distribution of material and intellectual resources, including medical services and expertise. Thus, their activities represented an effort to bring the Mexican state closer to the social promises of 1917.

II.

Between 1910 and 1917 military commanders relied on the writing and speaking abilities of various intellectuals. Yet, as Alan Knight has argued, during those years middle class intellectuals played a secondary role. The educated elite gained major political influence only after 1915, when the Constitutionalists' victory over other revolutionary factions created the need to justify the state's rule on ideological grounds rather than on sheer military force.¹²

10. Mary Kay Vaughan, *Cultural Politics in revolution*.

11. Gilbert Joseph and Daniel Nugent, "Popular Culture and State Formation in Revolutionary Mexico"; Alan Knight, "Los intelectuales en la Revolución," *Historia Mexicana de Sociología* LI:2 (México, D.F., Abril-Junio de 1989), pp. 25-66; Mary Kay Vaughan, *Cultural Politics in Revolution*.

12. James D. Cockroft, *Precursores intelectuales de la Revolución Mexicana* (México City: Siglo XXI, 1971); Alan Knight, "Los intelectuales en la Revolución."

In Morelia the graduates from San Nicolás participated in the reconstruction of their state's institutions. They were no more than a couple of dozen *licenciados*, doctors, professors, and students. Nonetheless in the following years many of them attained national and in a few cases even international importance. The intellectuals' activity and power largely depended on their alliances with friendly military men in office. Nonetheless as Díaz Barriga's activities between 1921 and 1932 demonstrate, the educated revolutionary elite used their positions in the state bureaucracy and at educational institutions to draft new policies and instill their students with notions of economic and social development and revolutionary commitment.

Jesús Díaz Barriga joined Michoacán's Health Council in 1919 and became its head two years later. He was the Dean of the Medical School from 1921 to 1923, and in 1926 was appointed as the Rector of the Universidad Michoacana, a position he held until 1932. Between 1928 and 1932, when General Cárdenas was Michoacán's governor, Barriga was the delegate of the Departamento de Salubridad in Morelia. Aware that one of the main obstacles to modernizing rural health services was the shortage of professionals in the countryside, Barriga organized the students at the Medical School into the so-called Youth Brigades [*Brigadas de la Juventud*].¹³

These groups of students volunteered their services in isolated regions. They conducted inoculation campaigns when epidemics broke out, made anti-rabies procedures available to rural dwellers, and helped prevent the spread of contagious diseases. Doctor Barriga's brigades followed the same methods as the brigades organized by the national Departamento de Salubridad Pública, which favored European and American-inspired ideas and ridiculed the peasants' traditional hygienic and curative practices. Similarly to other hygienists across the nation Jesús Díaz Barriga and his students considered "scientific medicine"—an expression they used to refer to preventive and curative strategies based on the discovery of bacteria as the agents carrying illnesses—a prerequisite for improving Mexico's health conditions. They regarded country dwellers as ignorant and lazy and aimed to encourage them to adopt middle-class norms of hygiene, behavior, and work.¹⁴ In

13. Brígido Ayala, "Semblanza del doctor Jesús Díaz Barriga," in *Jesús Díaz Barriga, su pensamiento sobre la educación socialista y la nutrición popular*, Centro de Estudios de la Cultura Nicolaita (Morelia, Michoacán: Universidad Michoacana de San Nicolás de Hidalgo, 1981), p. 11.

14. Enrique Arreguín Vélez, "Mis recuerdos del Maestro Don Chucho Díaz Barriga," in *Jesús Díaz Barriga, su pensamiento sobre la educación socialista y la nutrición popular*, Centro de Estudios de la Cultura Nicolaita (Morelia, Michoacán: Universidad Michoacana de San Nicolás de Hidalgo, 1981), pp. 15-19; Enrique Arreguín Vélez, *Juan José Alcocer*, handwritten biography, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán; Jesús Díaz Barriga to Donato Guevara, September 26, 1933, Archivo Histórico de la Ciudad de Morelia, Box 79, Folder 38.

this sense his project coincides with the overall cultural program described by Mary Kay Vaughan which aimed at “domesticating the popular space.”¹⁵

However, important differences gradually came to separate Barriga’s project from the programs implemented at the national level. Instead of focusing on populations of at least 2,500, as these programs did, the Nicolaita brigades attempted to spread modern medicine into the more isolated regions in the country, working for the dwellers of even the smallest hamlets.¹⁶ Furthermore, Barriga went beyond his colleagues’ attempts to impose middle-class patterns of behavior upon the peasantry, and argued that it was necessary for the professionals themselves to change their attitude and ideology. Díaz Barriga regarded the brigades’ work as a crusade and sought to instill his students with a spirit of social reform. As his disciples remembered it years later, Díaz Barriga described this experience as a demonstration of how to merge scientific principles with the need to serve what he called “the popular cause.”¹⁷

Students at San Nicolás came not only from the urban middle classes of Morelia and other towns in Michoacán, but also from the rural regions in the state.¹⁸ Their social background made the students aware of living and working circumstances in the countryside, an awareness that Barriga saw as beneficial for the training of ideologically committed rural doctors. The fact that Isaac Arriaga (1890-1921), an agrarista leader and the founder of the Socialist Party of Michoacán, had also been a distinguished student and teacher at their school reinforced the case of Nicolaita support for agrarian reform.¹⁹

Because of their social and ideological background, Doctor Díaz Barriga believed that Nicolaita physicians were better prepared than their colleagues

15. Enrique Arreguín Vélez, “Problemas del ejercicio de la medicina en México,” in *Aspectos del pensamiento michoacano*, Gobierno del Estado de Michoacán (Morelia, Michoacán, 1943); Mary Kay Vaughan, *Cultural Politics in Revolution*, p. 37. See also Alan Knight, “Los intelectuales en la Revolución.”

16. Nathan L. Whetten, “Salud y mortalidad en el México rural,” in *La atención rural en México, 1930-1980*, Héctor Hernández Llamas (México, D.F.: Instituto Mexicano del Seguro Social, 1984), pp. 147-181. On the brigades of the Departamento de Salubridad and the Rockefeller Foundation see Anne-Emanuelle Birn, “A Revolution in Rural Health? The Struggle over Local Health Units in Mexico, 1928-1940”; Anne-Emanuelle Birn, “Las unidades sanitarias: la Fundación Rockefeller versus el modelo Cárdenas en México”; Anne-Emanuelle Birn, *Local Health and Foreign Wealth: The Rockefeller Foundation’s Public Health Program in Mexico, 1924-1951*.

17. Brígido Ayala, “Semblanza del doctor Jesús Díaz Barriga,” pp. 11-14. See also Enrique Arreguín Vélez, “Mis recuerdos del Maestro Don Chucho Díaz Barriga.”

18. Manuel Martínez Báez, “Ignacio Chávez, nicolaita,” in *Ignacio Chávez*, Centro de Estudios sobre la Cultura Nicolaita (Morelia, Michoacán: Universidad Michoacana de San Nicolás de Hidalgo, 1993), pp. 11-23.

19. Apolinar Martínez Múgica, *Isaac Arriaga, revolucionario nicolaita* (Morelia, Michoacán, 1982); José Valdovinos Garza, *Tres capítulos de la política michoacana*. (México D.F.: Ediciones Casa de Michoacán, 1960).

from Mexico City to meet the rural needs of post-revolutionary Mexico. This argument matched the class-oriented rhetoric of the late 1920s and early 1930s. But it also served the interests of the provincial middle classes since Barriga wanted to staff local health agencies with provincial professionals. Employing provincials would guarantee that the state's needs would be attended by its own men while providing the local educated middle classes with jobs.

III.

During the second half of the 1920s, as national authorities in Mexico City strove to centralize political power, negotiate relations with foreign nations (especially with the United States), and promote economic development, they pushed aside the promises of social justice.²⁰ This trend did not change until a combination of national and international circumstances produced a new turn towards the left in the early 1930s. The broad peasant rebellion against Calles' secularizing policies, known as the Cristero War (1926-1929), had made clear that the post-revolutionary state needed to heed the peasantry's grievances. In addition, the murder of president-elect Alvaro Obregón in 1928, opened a political crisis that worsened one year later when the international depression led to increased popular discontent.²¹

General Lázaro Cárdenas, who firmly believed that reasserting the state's control of the civil society required honoring revolutionary promises, gradually emerged as the spokesman for the groups that supported social reform. Convinced that economic growth and social improvement required an orderly environment, he sought to bring workers, peasants, students, women, and intellectuals into formally organized leagues (*confederaciones*). This strategy helped to put these organizations under state control and provided the Cardenista regime in Michoacán (1928-1932) with its own base of support.²²

Nevertheless, since Cárdenas believed that social change would only come from the organized mobilization of the sectors that were to benefit from it, his strategies did not represent a mere manipulation of the popular movement. He was committed to enforcing social legislation, and above all, to implementing land reform. Between 1917 and 1928, one hundred twenty four pueblos in Michoacán received a total of 131,283 hectares while the Car-

20. Nora Hamilton, *The Limits of State Autonomy*, p. 87.

21. Jean Meyer, "Revolution and Reconstruction in the 1920s."

22. Eitan Ginzberg, "Abriendo nuevos surcos: ideología, política y labor social de Lázaro Cárdenas en Michoacán, 1928-1932." See also Nora Hamilton, *The Limits of State Autonomy*, chapters three and four.

denista administration distributed 141,663 hectares, among one hundred eighty one pueblos.²³ Most of this land was given as collectively owned property to the ejidos, which Cárdenas saw as the basis for the economic and social development of the countryside.²⁴

As national and international circumstances prompted a turn towards the left, Cárdenas' popularity increased. The economic crisis had fostered criticism of laissez-faire, and Franklin Roosevelt's New Deal policies gained support. The radical sectors, for their part, developed a deep admiration for the Soviet Union's success at rapid industrialization. These groups also regarded educational reform along the lines of socialist education as a means of transforming Mexican society based on the Soviet model.²⁵

The notion of socialist education included a broad variety of meanings, ranging from changing school curricula to follow the scientific method, to strictly enforcing lay education. For die-hard radicals like Narciso Bassols, the Secretary of the Education between 1931 and 1934, socialist education was a means of creating the basis for a future classless society in Mexico. Ideologue and union leader Vicente Lombardo Toledano articulated a similar notion, claiming that a pedagogical reform along Marxist lines would gradually introduce socialist relations in Mexico. He also argued that this reform should affect all levels of education, from grammar school to professional training.²⁶

The University of Mexico adamantly resisted any attempt to bring its programs under Marxist inspiration. In the conflict that ensued the University succeeded in establishing itself as an autonomous institution—the Universidad Autónoma de México or UNAM—and hence independent of the government's educational directives. But by doing so the UNAM also put itself at odds with the Secretaría de Educación Pública, the workers' movement, and presidential candidate Cárdenas. As hostile relations with the University of Mexico prevented him from relying on its graduates for academic expert-

23. Heriberto Moreno García, "Que haya tierra para todos," in *Historia General de Michoacán*, coordinated by Enrique Florescano, vol. 4 (Morelia, Michoacán: Instituto Michoacano de Cultura, 1989), pp. 157-180.

24. Nora Hamilton, *The Limits of State Autonomy*, pp. 162-177.

25. Nora Hamilton, *The Limits of State Autonomy*, pp. 119-124; Alan Knight, "The Rise and Fall of Cardenismo," in Leslie Bethell, *Mexico Since Independence*, pp. 241-320.

26. Victoria Lerner *La educación socialista* (México, D.F.: Colegio de México, 1979). For socialist education at the University of Mexico see Donald Mabry, *The Mexican University and the State: Students conflicts, 1910-1971* (College Station: Texas A&M University Press, 1982), pp. 110-138; Mary Kay Vaughan, *Cultural Politics in Revolution*, chapter two studies the radicalization of the Secretaría de Educación Pública during the late 1920s and early 1930s.

ise, Lázaro Cárdenas chose other groups of intellectuals, including the Nicolaitas, to be important advisers and administrators during his presidency (1934-1940).²⁷

By 1930 Doctor Díaz Barriga had trained a small but devoted group of young professionals who were academically prepared and politically motivated to work among the campesinos. He and his students also experimented with the creation of ejidal clinics, linking the development of rural medical services to General Cárdenas' project for land redistribution and the economic and social modernization of the countryside.²⁸ In doing so they developed an innovative project for rural health. To be sure, this project was based on elitist preconceptions about peasantry and aimed at defending the interests of provincial middle classes as much as the health of the campesinos. Nevertheless, it also sought to make the extension of modern medicine to the countryside part of the revolutionary program for social reform and wealth redistribution. In this way it contributed to the construction of an inclusive post-revolutionary state.

The ideas implicit in Díaz Barriga's program were fully developed by his student, Enrique Arreguín Vélez, who combined his maestro's experiences with the radicals' notion of socialist education. At first and along with his colleagues across Mexico, Arreguín attributed high mortality and morbidity rates in the countryside to the peasants' alleged ignorance and the prevalence of empirical healers. However by the early 1930s he was convinced that a reversal of health conditions in the countryside depended not only on changing the peasants' practices and beliefs, but also on reorganizing the system by which professionals offered their services in the countryside. Arreguín argued that poor health conditions in rural areas were a consequence of the lack of medical and sanitary services produced under capitalism. Improving the health of the peasantry depended on making medical services available in isolated areas, a transformation that could only be achieved by replacing private professional practice with state-managed services. He described this program as the socialization of rural medicine.²⁹

27. Donald Mabry, *The Mexican University and the State*, pp. 110-138. For a summary of the role of the Nicolaitas as part of the generation of socialist intellectuals see Sebastián Mayo, *La educación socialista en México* (Rosario, Argentina: Editorial Bear, 1964), chapters six and seven.

28. Ana María Kapelusz-Poppi, "Physician Activists and the Development of Rural Health in Post-Revolutionary Mexico," *Radical History Review* (Spring 2001), p. 80.

29. See Enrique Arreguín Vélez, "Ponencia ante el Primer Congreso Nacional de Universidades organizado por el Consejo Estudiantil Nicolaita and la Unión Socialista Universitaria de Michoacán de la UMSNH" (Morelia, Michoacán, 1933); Enrique Arreguín Vélez, "El Charlatanismo en la profesión médica," Trabajo presentado a la Sociedad de Médicos y Estudiantes de Medicina de Michoacán, (Morelia, Michoacán, Noviembre de 1933); and by the same author, "Algunas consideraciones sobre el

Arreguín believed that physicians should not be paid by their individual clients, a trend that encouraged doctors to cluster around wealthier areas in the cities, but rather by the state. Such a policy would give political authorities the right to allocate the professionals to various regions and thus increase the number of doctors working in the countryside. Only in this way, Arreguín explained, would it be possible to end the exploitation of the powerless campesinos at the hands of professionals seeking their own economic advancement. By the same token, the system would acclimatize rural dwellers to the idea of resorting to university-trained professionals rather than to empirical health practitioners. The implicit consequence of the program was that the empirical doctors would gradually disappear as people preferred the help of modern physicians.³⁰

IV.

As key promoters of the Primer Congreso de Higiene Rural, held in Morelia between November 3 and 12, 1935, doctors Barriga and Arreguín hoped that it would launch a state-managed system of rural health on a national level, a system that they regarded as a step towards the socialization of medicine in Mexico. November of 1935 seemed to them to be the right time for such a radical project. Popular support for the President and his populist rhetoric had reached a climax as a result of his clash with Plutarco Elías Calles, who tried and failed to keep his role as the strongman behind the scenes.³¹ During this confrontation in June, General Cárdenas had reconfigured his cabinet to bring in his own men. Jesús Díaz Barriga became the Secretario General of the Departamento de Salubridad Pública, right below its new head, General José Siurob, a socialist physician and a military man who had served with the Constitutionalists since 1913.³²

General José Siurob opened the Primer Congreso and Doctor Jesús Díaz Barriga, in his position as the Health Department's General Secretary and President Cárdenas' personal representative, opened the sessions. As the rector of the Universidad Michoacana, Doctor Enrique Arreguín Vélez organized and acted as host.³³ Arreguín was the secretary of the Morelian branch

problema del ejercicio de la medicina," *Revista de la Unión de Estudiantes Universitarios Michoacanos* (Morelia, Michoacán, February 1936). All these papers are in Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán.

30. Enrique Arreguín Vélez, "Ponencia ante el Primer Congreso"; "El charlatanismo"; and "Algunas consideraciones sobre"

31. Hamilton, *The Limits of State Autonomy*, pp. 125-127.

32. James Angus McLeod, *Public Health*, pp. 164.

33. Doctor Enrique Arreguín to Doctor Jesús Díaz Barriga, 17 de octubre de 1935, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán.

of the Bloque Nacional de Médicos Revolucionarios. This organization had been created during the Primer Congreso de Universitarios Mexicanos (held in Mexico City in September of 1933) with the goal of bringing Mexican professionals to work towards the revolutionary transformation of Mexican society. As the spokesman of the Bloque's radical goals Arreguín pledged to revitalize the program of social reform and raise the professionals' commitment towards improving the peasants' living and working conditions. To make sure that nobody missed the nationalist and socialist inspiration of the conference, the musical entertainment at the Congreso included typical dances of the region, such as jarapes and danzas tarascas, and the "International."³⁴

Physicians, surgeons, engineers, lawyers, veterinarians, teachers, midwives, nurses, and workers were invited to attend the meeting and voice their opinions and requests. A large number of professionals participated in the Congress which, its organizers agreed, was a great success.³⁵ Yet an analysis of the contents of the papers demonstrates that there was no consensus on how to address the problems they confronted. In fact, the variety of presentations at Morelia mirrored the complexity that debates on professionalization had reached by that time in Mexico.

The differences among the participants were clear from the start. The director of the Hospital Civil in Morelia, Doctor Alberto Oviedo Mota, who as a local politician had long opposed the idea of social reform and land redistribution, greeted the meeting in the name of the Government of the State of Michoacán. His welcome speech revealed his disregard for Barriga's and Arreguín's concerns for social justice. He argued that one of the main goals of the conference was to improve health conditions in the countryside by eliminating anti-modern traditions and limiting the right to practice exclusively to academically trained physicians. Building upon President

34. "Boletín del Primer Congreso Nacional de Higiene Rural," (México, D.F., 1935), p. 6; Morelia Michoacán: Archivo Histórico de la Universidad Michoacana de San Nicolás de Hidalgo; Secretaría de Educación Pública, Departamento de Psicopedagogía e Higiene, *Semana de Higiene en cooperación al Primer Congreso de Higiene Rural: Servicio médico-social y actividades psicopedagógicas*; Archivo Histórico de la Universidad Michoacana de San Nicolás de Hidalgo, Morelia, Michoacán; Sebastián Mayo, *La educación socialista en México*, p. 80.

35. Bloque Nacional de Médicos Revolucionarios, *Convocatoria al Primer Congreso Nacional de Higiene Rural* (México, D.F., 1935), Morelia, Michoacán: Archivo Histórico Universidad de la Michoacana de San Nicolás de Hidalgo; *Diario del Primer Congreso Nacional de Higiene Rural*, 4 de noviembre de 1935, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: Colegio de Michoacán; "Programa Especial del Primer Congreso Nacional de Higiene Rural para el Jueves 7 de noviembre de 1935," Rockefeller Archive Center, Pocantico Hills, N.Y. Collection RFA, Record Group 2-1935. Series 323, Box 119, Folder 906. Enrique Arreguín Vélez, "Trabajo presentado por el Consejo Estudiantil Michoacano y la Unión Socialista Universitaria de Michoacán." Primer Congreso Nacional de Universidades, Septiembre, 1933, Archivo Personal Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán.

Cárdenas' support for unionization, he claimed that these goals could be achieved by asking organized workers to support physicians against *fanatismo religioso* (religious fanaticism) and against the health providers he dubbed "charlatans."³⁶ However he made no mention of the need for rural doctors to display a crusaders' spirit or work towards a classless society.

Despite the difference in their ideological commitment to social reform, conference participants agreed that health conditions in the countryside were bleak. The papers also made clear that this situation affected the large majority of the Mexican population, emphasizing that, according to the 1930 census roughly 11 million people, or 65 percent of all Mexicans, lived in settlements with less than 2,500 inhabitants. These included the people in haciendas, congregaciones, pueblos, and rancherías, the smaller populations left aside by the health strategies of the central government.³⁷

Presentations at Morelia indicated that the modernization efforts undertaken since the early 1920s had changed the very definition of rural dwelling as communication advances brought small villages closer. The industrialization of agrarian production had introduced skilled personnel to the countryside, while land redistribution brought about demographic movements. These transformations had also raised the demand for better housing, clothing, and dietary conditions among the peasantry.³⁸ These changes represented new challenges for policymakers trying to improve living conditions in the countryside. Some conferees suggested looking to the Soviet Union for inspiration where, they argued, politicians and technocrats were implementing well-planned programs.³⁹

Conference papers also showed that, although there were areas where development appeared to have made early inroads, the Revolution had left wide areas of the country untouched. In many regions health and living conditions remained very dismal.⁴⁰ Most of these areas, participants noted, were

36. *Diario del Primer Congreso Nacional de Higiene Rural*, 4 de noviembre de 1935; Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán; El Colegio de Michoacán.

37. Doctor Ricardo Granillo, "Datos demográfico-rurales de la República Mexicana." *Primer Congreso de Higiene Rural*, 3 al 12 de Noviembre de 1935, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán; El Colegio de Michoacán.

38. Ingeniero Eduardo Canseco, "Ingeniería rural." *Primer Congreso de Higiene Rural*, 3-12 Noviembre 1935, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán; El Colegio de Michoacán.

39. Ingeniero Luis G. Alcerrecá, "Planeación de núcleos de población rural," *Primer Congreso de Higiene Rural*, 3-12 Noviembre 1935, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán; El Colegio de Michoacán.

40. Homero González, "Dotación de aguas potables a poblaciones rurales." *Primer Congreso de Higiene Rural*, 3-12 Noviembre 1935, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán; El Colegio de Michoacán.

inhabited by Indian groups, who made up about 33 percent of the total population. Despite President Cárdenas' and Jesús Díaz Barriga's interest in including the indigenous groups in the Mexican nation,⁴¹ the conferees claimed that the Indians "did not participate in any of the economic and social activities of the nation," and therefore could not be transformed into efficient workers.⁴²

Physicians attending the conference described the more common ailments in the countryside. In addressing possible solutions, they explained that the health problems of adults and children should be targeted in different ways. Ailments of the digestive and respiratory system were most pervasive among children while infectious and parasite-born diseases, especially yellow fever and dysentery, particularly affected the adult population. Other frequent diseases were tuberculosis and leprosy; mental and skin problems were common as well. In small villages, they argued, venereal diseases were particularly harmful because they spread very fast among the entire population.⁴³

Overall the conference concluded that the Revolution had fallen short of improving living conditions in the countryside. Mortality and morbidity rates were very high and laws enforcing a minimum salary and healthy working conditions, participants claimed, were just a myth. The situation was particularly severe in the hot lands [*tierra caliente*] where seasonal production offered employment only during four or five months of the year. Dwellings here lacked the minimum requisites for sanitary living standards, frequently lacking even clean water.⁴⁴

The conferees argued that extreme poverty and ignorance produced tragic results and they portrayed campesinos as the victims of a system that kept them physically weak and socially powerless. By either ignoring or putting

41. Brígido Ayala, "Semblanza del doctor Jesús Díaz Barriga," pp. 11-12. Eitan Ginzberg, "Abriendo nuevos surcos."

42. Deidad Oyden, "La Educación del Niño Campesino," Primer Congreso de Higiene Rural and Doctor J. Jesús Sanguino, "La práctica de la medicina en las regiones remotas de Michoacán," 3 al 12 de Noviembre de 1935, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán.

43. J. Jesús Gómez Sanguino, "La práctica médica"; Doctor Rafael Amezcua Secada, "Dermatitis frecuentes en el medio rural"; Luis Aguilar Moya, "Contribución al estudio de la educación higiénica en medios rurales," Primer Congreso de Higiene Rural, 3 al 12 de Noviembre de 1935, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán.

44. Charles A. Bailey to Doctor Ferrel, México City, January 11, 1936, Rockefeller Archive Center. Pocantico Hills, N.Y. Collection RFA, Record Group 1.1, Series 323, Box 20, Folder 162; Doctor Severino Herrera, "Aprovisionamiento de agua potable en medios rurales," Primer Congreso de Higiene Rural, 3 al 12 de noviembre de 1935, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán.

down the medical strategies that country dwellers had used over the centuries, participants belittled their culture and represented peasants as helpless creatures.⁴⁵ These conclusions reflected the goals of reformers who believed that modernizing strategies could improve social and health conditions. Doctor Fermín Viniegra, the head of the Congreso's section entitled "Obstetric Practice Among Peasants," was one of the few who tried to offer a more balanced appraisal of the situation. Viniegra argued that it was best to introduce only minimal changes since traditional practices in the countryside were well suited to the rural environment and the resources available. He indicated that by imposing scientific procedures outsiders disrupted these practices, frequently with harmful consequences.⁴⁶

Doctor Viniegra called for the limited intervention of physicians through the organization of Mothers' Committees [*Juntas de Madres*] in each rural community. The main goal of these *juntas* was to guarantee a minimum medical service. The *juntas* would make sure that basic sanitary elements, such as cotton, gauze, alcohol, and an antiseptic solution for the newborns' eyes were available.⁴⁷ Most presenters however, rejected Viniegra's claims and insisted on the link between establishing modern medical practices in the countryside and Mexico's economic and social development. Physicians, engineers, and nurses agreed that only educated groups like themselves were skilled enough to effectively lead the modernization of the countryside.

Professionals at the congreso contended that only the central state had the means to bring about an effective transformation of the rural regions. They envisioned federal authorities raising salaries and enforcing hygienic codes; they also believed that the state should pay for the technicians who study and implement the changes, provide the required machinery, and make housing material available at a low cost. Since professionals were reluctant to work in isolated, and more often than not, unsanitary areas, the state would guarantee that modern health services were available across the nation.⁴⁸

45. Doctor José E. Contreras C., "Algunos usos y costumbres tradicionales que aún predominan entre la población rural de una región extensa del sureste acerca de la higiene del embarazo, el parto y del puerperio y en lo tocante a la crianza del recién nacido," Primer Congreso de Higiene Rural, 3 al 12 de noviembre de 1935, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán.

46. Fermín Viniegra, "El parto en el medio rural," Primer Congreso de Higiene Rural, 3 al 12 de noviembre de 1935, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán.

47. Fermín Viniegra, "El parto en el medio rural."

48. Doctor Pablo Alejandro Lonngi, "Ponencia sobre la creación de direcciones médico-escolares y de orientación social en las entidades de la república." Primer Congreso de Higiene Rural, 3 al 12 de noviembre de 1935, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán; J. Jesús Gómez Sanguino, "La práctica médica."

All conferees were distressed at the scarcity of professionals in remote regions. Radicals, however, believed that bringing an equitable distribution of modern medical services across the country required the complete reorganization of the profession under a system they characterized as a social service [*servicio social*.] Doctor Arreguín was the ideologue behind this project that merged Díaz Barriga's notions of professional responsibility with the program for socialist education articulated at the national arena by radicals such as Narciso Bassols and Vicente Lombardo Toledano. There was no single interpretation of what the social service meant, but in its most radical version it included bringing all medical services in rural areas under state control.

In a presentation given early in 1936 Arreguín summarized his idea of social service, emphasizing its dependence on state control as well as its relation to what he described as the "socialization of public health."

. . . the transformation of medical services into . . . a social service. . . means the socialization of the medical profession. . . . The Congreso de Higiene Rural concluded that the most viable way for the socialization of the medical services is what could be called their "*estatización*." In this way the state would be in charge of medical services and the professionals who provide them will become state agents.⁴⁹

This system would require doctors to volunteer their services in remote regions on a periodic basis. Nicolaita lawyer Alberto Bremauntz, the chair of the National Congressional Committee working on the reform of Constitutional Article 3 on socialist education, had already drafted a project for "the obligation for all professionals, both Mexicans and foreigners, to offer free services to the working classes."⁵⁰ The idea of a compulsory professional service was popular among progressive Latin American intellectuals, who since the early 1920s had argued that because professional studies in their countries were free, graduates owed something to the community. Vicente Lombardo Toledano had placed this idea in a more radical context during the First Conference of Mexican scholars held in Mexico City in 1933. Here he claimed that it was necessary for students and professionals to devote their efforts to ending capitalist exploitation, an endeavor that might even require forcing them ". . . to spend a year in national service."⁵¹

49. Enrique Arreguín Vélez y Alfonso Moragrega a la Honorable Asamblea del Bloque Nacional de Médicos Revolucionarios, 23 de enero de 1936, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán.

50. "Posición e intervención de las juventudes socialistas de México respecto a la educación socialista," Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán; Sebastián Mayo, *La educación socialista en México*.

51. Donald Mabry, *The Mexican University and the State*, p. 111.

At the Congreso de Higiene Rural, Enrique Arreguín Vélez explained that, in order to implement a truly revolutionary servicio social, professionals needed to abandon the restrictions that nineteenth-century liberalism had put upon state intervention. He claimed that there was a conflict between the bourgeois, and hence regressive, notion of liberty, and the need of the post-revolutionary Mexican state to develop the welfare of the entire community. Doctors Díaz Barriga and Arreguín Vélez had tackled the conflict between state control of professional services and liberal principles a few years earlier, and in his presentation in Morelia, Arreguín returned to their main ideas.⁵²

According to their interpretation, there were two notions of freedom. One idea had been instrumental in freeing the masses from feudal domination in the eighteenth and nineteenth century, but in subsequent years the bourgeoisie appropriated it for their own interests, leading to personal greed, economic chaos, social disruption, and imperialist wars. Mexico needed to base its development on a second concept of liberty, which restricted human freedom in favor of the well being of the entire community and civilization's ultimate advancement. This interpretation provided philosophical justification for the state to decide where and when physicians needed to work.

Doctor Arreguín Vélez believed his second notion of freedom was the only way to avoid the waste and inefficiency that free professional allotment and hiring created. It was the system used in Russia, but also, Arreguín added, the strategy implemented by Western nations during the First World War. In times of peril, even capitalist nations resorted to state planning over individual choice.⁵³ Doctor Arreguín expected most doctors across the country to support the idea of the state-managed medical services because it would furnish them a steady source of employment. The numerous requests for jobs that he and Díaz Barriga received from their colleagues had made him aware of the hardships endured by professionals competing for urban clients; he was also familiar with their struggle in dragging patients away from the cheaper and very often, more popular empirical practitioners.⁵⁴

The conferees at Morelia agreed that providing rural dwellers with professional health services was a prerequisite for Mexico's economic growth and social modernization. They also talked about the need for state inter-

52. Jesús Díaz Barriga y Enrique Arreguín Vélez, *La educación socialista*, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán.

53. Enrique Arreguín Vélez, "Ejercicio de la medicina en los medios rurales," Primer Congreso de Higiene Rural, 3 al 12 de noviembre de 1935, in *Enrique Arreguín Vélez. Su pensamiento y acción en la ciencia y la cultura*, Mario Aurelio Espitia (Morelia, Michoacán: Universidad Michoacana de San Nicolás de Hidalgo, 1968), pp. 26-38.

54. Enrique Arreguín Vélez, "Algunas consideraciones sobre el problema."

vention in health matters and for professionals to be sensitive to their compatriots' needs. Yet most of them would not accept the argument that studying in a public institution obligated professionals to give something back to society. Neither did conferees agree on the idea that making the state responsible for medical services gave the state the right to determine when and where they were to practice. Well-established doctors distrusted a system of state control implemented by the policymakers who had systematically characterized well-to-do physicians as exploiters of workers.⁵⁵

Doctors Arreguín Vélez and Díaz Barriga believed they could get the medical community to accept their project in spite of these disagreements because the program would make medical care the monopoly of academically-trained practitioners. The conferees at Morelia frequently repeated this goal, hoping that the convention would help to eliminate once and for all the competition from those practicing without a degree. Provincial doctors had an additional agenda. By controlling who practiced in their region, they expected to limit the competition of the graduates from the University in Mexico City, many of whom moved to provincial towns where they could take advantage of the higher prestige of their *alma mater*.⁵⁶

To become effective, the ideas of mandatory professional services and of the monopoly of academically trained health care practitioners had to be included in the Constitution.⁵⁷ This was a major obstacle since both concepts contradicted basic liberal principles included in the Constitution. Requiring professionals to volunteer their services clashed with Article 4, which stated that nobody could be forced to work against his will.⁵⁸ Furthermore, banning non-academically trained practitioners from medical practice contradicted

55. Arreguín's and Díaz Barriga's writings suggested that, in later years, the radicals tried to find a compromise that would satisfy their less altruistic colleagues. For instance in the versions he drafted in the 1940s, Barriga advocated a version of the social service according to which social commitment would be rewarded through salary hikes; see Comité Nacional Pro-Educación Socialista, "Finalidades generales"; Jesús Díaz Barriga y Enrique Arreguín Vélez, "Misión de las universidades e instituciones de cultura superior ante los problemas del campo," Congreso Nacional de Educación Rural, Junio de 1948; Also, Enrique Arreguín Vélez to Lic. J. Parres Arias, (México D.F., 1o. de febrero de 1940). All these documents in Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán.

56. R. A. Lambert, "Medical Education in Mexico," November 14, 1936, Rockefeller Archive Center, Pocantico Hills, N.Y. Collection RFA, Record Group 1.1, Series 323, Box 13, Folder 95.

57. "El jefe de los Servicios Coordinados, Doctor Eduardo Aviña al C. Jefe del Departamento de Salubridad Pública," Guadalajara, 27 de abril de 1935, Archivo del Departamento de Salubridad Pública, México D.F. Sección Servicios Judiciales, Caja 29, Expediente 14, Folios 59-69; See also Francisco Arce Gurza "El inicio de una Nueva Era, 1910-1945," in *Historia de las profesiones en México*, Francisco Arce Gurza, et al (México: El Colegio de México, 1982), pp. 223-316.

58. Josefina Z. Vázquez, "Historia de las profesiones," in Francisco Arce Gurza, et al., *Historia de las profesiones en México*, pp. 1-40.

the right of every Mexican citizen to practice their preferred profession, art, industry or trade, a guarantee stated in Article 5.⁵⁹

The outcry of empirical health providers, in fact all kinds of professionals—including engineers and architects—who practiced without a degree and feared being outlawed, challenged the conclusions of the Congreso de Higiene.⁶⁰ They felt particularly threatened because President Cárdenas' support for unionization enabled licensed physicians to claim the right to control professional licensing through their own organizations. The Sanitary Code of 1926 ordered all health practitioners (including those without an academic title) to register with the Departamento de Salubridad Pública.⁶¹ Professional unionization facilitated the enforcement of the requirement to register.⁶²

The outpouring of letters showing the unpopularity of the project made it very hard for President Cárdenas to support the physicians' ambition for a monopoly over health care. Limiting health services to university-trained professionals became particularly difficult after the Confederación Campesina Emiliano Zapata, from Puebla, claimed that allopathic physicians wanted to use their political leverage to get the government to ban homeopathic practice. In defending the empirical health providers who they believed better served their needs, campesinos made clear that they would not accept a project agreed upon by the educated elites, not even if its drafters regarded the program as beneficial to popular rural sectors.

Peasants argued that allopathic doctors were very expensive, that they rarely offered help for free, and that the medicines they used were out of the reach of poorer patients. In comparison, they claimed, homeopathic doctors worked for much smaller fees and recommended very inexpensive medications.⁶³ In short, the project for spreading modern medicine to the country-

59. Rodolfo Lara Ponte, "Comentario al artículo 4o. constitucional," in *Derechos del pueblo mexicano: México a través de sus constituciones*, Cámara de Diputados del Honorable Congreso de la Unión (México: Porrúa, 1994. 4a. ed.), Tomo I, pp. 1146-1239 and Tomo II, pp. 9-123.

60. Ingenieros y arquitectos practicando sin título al Presidente Lázaro Cárdenas. Abril, 1935, Archivo General de la Nación, México City D.F., Sección Presidentes. L.C. 545.4/10.

61. James Angus McLeod, *Public Health*, p. 123

62. Matilde Sofía de Puebla, "Instrucción de parteras empíricas," Primer Congreso de Higiene Rural, 3-12 Noviembre 1935; Enrique Arreguín Vélez, "Paper presented at the Primer Congreso Nacional de Universidades"; Enrique Arreguín Vélez, "El Charlatanismo"; Enrique Arreguín Vélez, "Algunas consideraciones sobre el problema"; See also Manuel Márquez San Juan, "Contribución al estudio de la reglamentación de las profesiones en México," Presentación a la H. Comisión del Bloque Nacional Revolucionario de la Cámara de Diputados, 1934. All these documents in Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán.

63. Confederación Campesina, "Emiliano Zapata" del Estado de Puebla al General de División, Lázaro Cárdenas, December 18, 1935, Archivo Histórico del Departamento de Salud Pública, México D.F. Fondo Salubridad Pública, Sección Jurídica, Caja 31, Expediente 14; See also Asociación Mexicana

side, albeit expressed in rhetoric of wealth redistribution, did not substitute for the doctors on whom the popular sectors had traditionally relied.

The debate about professionalization also opened a discussion on gender issues. During Porfirio Díaz's regime modernizing scientific tendencies in Morelia had led to the opening of a school for midwives, and progressive doctors encouraged women to practice their skills in hospitals, opening obstetrics as a field of training and work for women.⁶⁴ While female practitioners were kept in a subordinate role with respect to men, their contact with the academic environment also bestowed on them some of the luster and legitimacy conveyed by modern scientific approaches.⁶⁵ In fact, academically trained midwives were very popular among the upper class families in town.⁶⁶

Reflecting the widespread concern about infant mortality, conferees regarded the lack of modern maternal services as a serious obstacle for Mexico's social and economic development. Therefore there was a consensus at the 1935 Congreso in Morelia that any rural health system needed midwives and female nurses able to provide pregnant women and their newborn with what was described as "scientific care." Male physicians believed that women were naturally endowed to handle the problems of expectant mothers and infants without extensive academic training. Hence, and while very jealous of the boundaries of their own practice, they claimed that it would be relatively easy to license the midwives already practicing in the countryside after a six-months training period with a local doctor.⁶⁷

In their outrage at this idea and in a language that also suggested a class gap between themselves and the women that the men were willing to accept as empirical practitioners, academically trained midwives and nurses best stated the interests of the professionals gathered at Morelia. As one of these women explained it:

de Quiroprácticos to Lázaro Cárdenas. (México D.F., 10 de agosto de 1935.), Archivo General de la Nación, México D.F., Sección Presidentes. L.C., 545.4/10.

64. Nicolás León, "La Escuela de Medicina en Michoacán," in *Historia de la Medicina en Michoacán*, Centro de Estudios sobre la Cultura Nicolaita (Morelia, Michoacán: Universidad Michoacana de San Nicolás de Hidalgo, 1984. First published in México D.F.: Tipografía de la Vda. de E. Díaz de León, 1910).

65. Francisco Arce Gurza, op.cit.; José Macouzet Iturbide, *Apuntes para la historia de la Escuela de Medicina en Michoacán* (Morelia, Michoacán: Universidad Michoacana de San Nicolás de Hidalgo, 1989); I also thank María Teresa Fernández for her narrative about the struggles of the first female physicians in Guadalajara.

66. Nicolás León, "La Escuela de Medicina en Michoacán."

67. "Servicios médico-obstétricos en el medio rural de México," Paper presented at the Primer Congreso de Higiene Rural, 3 al 12 de Noviembre de 1935, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán.

University trained midwives and nurses have been fighting for a long time for the regulation of Article 4. First of all because we are witness to the infamous actions of those ignorant women, and secondly, because they represent an unfair competition for us. . . . What would the gentlemen in this conference say if we asked this plenary session to train a few thousand doctors at high speed as a solution for the lack of physicians in the countryside? They would call us not only dumb, but also ignorant and will even accuse us of acting in bad faith. . . .⁶⁸

Immediately after the conference, doctors who opposed the socializing agenda took advantage of the general discontent. Doctor Gustavo Baz, the Director of the Medical School at the National University in Mexico City (UNAM) led the movement against a state-managed health system. President Cárdenas' personal physician and a military doctor, Gustavo Baz was in a privileged position to deter the radicals' attempts to reorganize medical services. In doing so, he sided with the graduates from the UNAM. Despite the vulnerable position of their school, physicians from Mexico City were still strong at the national Departamento de Salubridad Pública, the institution slated to implement sanitary and medical programs across the country.⁶⁹

Among its conclusions, the Primer Congreso de Higiene Rural had agreed on the need to organize a professional social service.⁷⁰ However Baz ignored this resolution and on December 2, 1935, he submitted to the University's rector, Luis Chico Goerne, a project for the implementation of the students' social service. In fact conferees at Morelia had frequently mentioned the students' service as a solution for the lack of physicians in the countryside. There is also evidence indicating that physicians in México City had been thinking of this program even before the Congreso met.⁷¹

68. Alianza de Profesoras de Obstetricia y Enfermeras del Estado de Jalisco, "Instrucción de parteras empíricas," Primer Congreso de Higiene Rural, 3-12 Noviembre 1935, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán.

69. Miguel E. Bustamante, "Hechos sobresalientes en la historia de la Secretaría de Salubridad y Asistencia," *Salud Pública de México* 25:5 (1983), pp. 465-84.

70. "Resoluciones del Primer Congreso de Higiene Rural," 3 al 12 de noviembre de 1935, Archivo Personal del Doctor Enrique Arreguín Vélez, Zamora, Michoacán: El Colegio de Michoacán.

71. Doctor Pilar Hernández Lira, the representative of the Rockefeller Foundation in Mexico at that time, was one of the presenters at the Congreso who used the notion of the social service as a requirement for students. See Ann Emanuelle Birn, "Local health and foreign wealth: The Rockefeller Foundation's public health programs in Mexico, 1924-1951" (Ph.D. diss., Johns Hopkins University, 1993), pp. 262-263 and endnote 77. Yet the idea was already popular by the time the Conference in Morelia met. During the Primer Congreso de Profesionistas, held in Mexico City in March of 1934, the Rector of the UNAM, Doctor Gómez Morín, had also presented a project for the creation of a social service as an academic requisite. See Lourdes Ruiz Lugo et al. *El Servicio Social en México* (México: Asociación Nacional de Universidades e Instituciones de Educación Superior, 1995), p. 12.

The students' social services solved the dilemmas that the radicals' project had created. It could be approved as a simple administrative agreement between the University of México and the Departamento de Salubridad Pública, and hence the students' social services did not require the amendment of Constitutional Articles 4 and 5.⁷² In addition, it did not force physicians to volunteer their services, thereby eliminating the need to restrict medical practice to academically trained professionals.

Eager to modernize the countryside while keeping the support of its inhabitants, President Cárdenas rapidly approved the project for the students' social service. He immediately instructed the Departamento de Salubridad Pública to provide the necessary funding and to organize the overseeing of the interns. According to the new statute students of health-related careers were to stay at a rural location during five months for a salary of ninety pesos a month before they could graduate. In 1936 two hundred and sixty interns entered the service.⁷³ The influence that they exerted upon rural health becomes clear if one keeps in mind that, according to the census of 1940, there were 7,272 doctors in urban centers while only 692 physicians worked in the countryside.⁷⁴

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The 1935 Conference of Rural Hygiene represented an attempt to bring modern medicine to the countryside. The reorganization of the medical profession as a state-managed health system was one of the strategies considered to achieve this goal. At a time when the central state used a heightened class-oriented discourse and favored the advice of radical policymakers and technicians, this project was justified in terms of social justice. Doctors Jesús Díaz Barriga and Enrique Arreguín Vélez, who were among the main conference organizers, believed that their colleagues would accept the project because it would secure jobs for the struggling provincial professionals. In addition, the system would have made medical practice the monopoly of

72. Doctor C. A. Bailey "Medical Assistance in Rural Populations of the Country," Rockefeller Archive Center, Pocantico Hills, N.Y. Collection RFA, Record Group RG 2- 1935, Series 323, Box 120, Folder 908.

73. I especially thank Gloria Silva López for sharing with me her interview with Doctor Jorge Ramos. During this interview Doctor Ramos, an acquaintance of Doctor Baz, recalled a conversation between the latter and President Cárdenas about the creation of a social service for students and the reasons that led General Cárdenas to accept the *servicio social* as a students' requirement. See also Lourdes Ruiz Lugo, et al. *El Servicio Social en México* (México: Asociación Nacional de Universidades e Instituciones de Educación Superior, 1995), p. 13.

74. Nathan L. Whetten, *Salud y mortalidad en el México rural*, p. 169.

academically trained physicians, a goal that all doctors pursued. However, the radicals' agenda encountered important obstacles.

Requiring physicians to volunteer their services and the establishment of a professional monopoly for university graduates contradicted the liberal spirit of the 1917 Constitution. Moreover, these notions sparked the opposition from well-established doctors who felt threatened by a program ultimately aimed at building a classless society. A plan that could prevent them from moving into provincial towns also unnerved younger physicians in Mexico City. Professionally trained female midwives and nurses were upset at the male doctors' willingness to open the field of obstetrics to empirical competitors. Healers, homeopaths and midwives organized against the academic monopoly over health services. More importantly, popular groups made it clear that they supported the empirical health providers' quest to continue their practice freely.

At a time when the relations between the University of México and the government were very tense, the Nicolaitas offered the Cardenista administration a cadre of politically loyal experts. However, their preconceptions about the social and economic development of the countryside led the Nicolaitas to try to impose their own views about health care upon the peasantry, alienating the very same campesinos they were trying to help. As a result radicals were left alone to confront the doctors who refused to see modern medicine as a social good. The Nicolaitas' strategy also pushed General Cárdenas in the opposite direction. As their agenda for rural health and professional reorganization proved too unsettling for the national consensus that the President was trying to forge, he decided in favor of the students social service, even if this meant killing the revolutionary program for professional services.

The Nicolaitas failed to bring rural medical services under state control, let alone implement the socialization of medicine in Mexico. However their ideas did catch on and produce results. Out of the Congreso de Higiene Rural came the Oficina de Servicios Médicos Ejidales, an agency based on Jesús Díaz Barriga's and Enrique Arreguín Vélez's experiences at ejidal clinics. The conference also established the Comisión Permanente para la Higiene Rural; the fact that Jesús Díaz Barriga was its President seemed to guarantee this agency's commitment to social reform.

Perhaps more importantly, after the Congreso it was no longer possible to divorce the notion of medical practice from the needs of the Mexican people. Furthermore, and in tune with the paternalistic role assigned to it in 1917, conferees at Morelia reminded the state of its duty to guarantee that physicians act in accordance with their social responsibilities. Since the

Nicolaitas worked to bring these ideas to the political forefront, they also succeeded in making the constitutional mandate for improving public health across the nation, largely ignored until then, a part of the post-revolutionary state discourse.

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