The Control of Medical Practice under the Spanish Monarchy during the Sixteenth and Seventeenth Centuries

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The study of knowledge is, of course, a fundamental objective of the history of science. In a recent study, Burke reminds us of equally important, if no less familiar corollaries: that the institutional context of knowledge is essential to a full comprehension of history and that institutions create their own cultures, even when subject to external pressures. In the case of early modern Spain, this means we must be aware of the legal and institutional systems that were developed to control the health professions during the reign of the Hapsburgs if we are to grasp the true character of the period's scientific activity. The importance of these systems is attributable to two factors. First, because, beginning in the thirteenth century, medicine and law constituted the two educated, secular professions; both possessed regimented university instruction and, at the same time, enjoyed considerable prestige in the extra-academic world. They were corporative groups, organized into colleges or other entities concerned with the maintenance of control over their respective corpora of knowledge in the face of extra-official competitors. Thus it is clear that under the Spanish monarchy during the sixteenth century, medicine was the only occupation truly scientific in nature that had crystallized into a «profession,» sensu stricto.

Second, it is important to recognize that it is almost exclusively through these systems of control that one can study other, extra-official health practices operative at the time. Every society exhibits the phenomenon of medical pluralism or coexistence of multiple medical systems; of principal interest here are those practices that are neither regulated by nor included within the legal framework. Recent historiographic tendencies indicate that the understanding of medical pluralism is indispensable if we are to adequately comprehend of the science of the period. In addition, a quick review of the most

* Instituto de Historia de la Ciencia y Documentación López Piñero. (Universitat de València-C.S.I.C.).

1 Burke (2002), 51.

2 López Piñero (1979), 50; Burke (2002), 37. Concerning the teaching and professionalization of medicine in the Iberian Peninsula during the Middle Ages, see García Ballester (2001). Despite the existence numerous studies of this subject, there persists a tendency among English and American historians to extrapolate from the case of England to continental European medicine. This has led to the erroneous belief there were no medical professionals until the eighteenth century. See for example EWNY (1994).

3 Eamon (1994). This circumstance is characteristic not only of medicine, but is also applicable to other scientific disciplines, as has recently been shown by Lanuza (2005) in her study of astrology in the Spanish monarchy during the seventeenth century.
recent bibliography in the history of science permits us to see, without the need of extensive numerical analysis, the enormous abundance of studies about health- and disease-related professions compared with those dedicated to other professional groups.

Despite the recognized importance of the institutional context of the control of medicine, many of the studies undertaken to this point are plagued by a series of problems. In addition to the «black legend» and the «polémica de la ciencia española», current scholarship continues to be negatively impacted by the untenable belief that there was generalized and consistent enforcement of these controls throughout the Spanish monarchy. Frequently, current studies confuse the monopoly as it existed under the Hapsburgs with the modern Spanish state and, even more egregiously, mistake the peculiarities of early modern Castile for the characteristics of the entire peninsula. In the context of the study of medicine, such an error is thrown into sharp relief, given the fact that those attempting to exert institutional control had no choice but to adjust to the differing legal and institutional environments of each of the peninsula's reigns. Additionally, as I explain below, the pre-existence of pacts and agreements with local jurisdictions prevented the king from importing the Castilian model wholesale to other patrimonial reigns, such as Aragon, Navarre, and Valencia. This fact frustrated even Philip II.

Historians who have concentrated their attention on matters other than medicine have been aware of this fact; it would be tiresome to recount the numerous studies of political, social, and economic history in which the diversity of regional conditions has not simply been described as a minor feature, but has constituted the principle focus of analysis. Studies of the structure of the state have always underscored the complexity of governmental institutions for the simple fact that the state in question was a patrimonial monarchy, made up of a heterogeneous grouping of reigns or kingdoms, each with its own authority. In Castile this meant that the monarchy enjoyed potentially absolutist prerogatives. In the Kingdom of Aragon, however, the only functional strategy was conciliatory; that is to say, institutions and a legislature worked together to negotiate agreements between the monarch and his subjects. As long as his subjects paid their king fealty and obedience, the monarch agreed to respect the laws protecting them. Because

4 This search was performed with the Bibliografía Española de Historia de la Ciencia y de la Técnica: http://161.111.141.93/hciem/

5 Although the majority of these studies make some mention of territorial differences and their influences on systems of control, the historiographical models they use rarely account for the problem adequately, cf. Granjel (1974); Lanning (1985), or Goodman (1990). For example, Goodman, although he discusses the obstacles that Philip II faced when attempting to institute the protomedicato, considers that it was the cities themselves that resisted and not the reigns themselves aided by territorial legislation. He also confuses the protomédico, or first physician, with the Tribunal del Protomedicato. Still further, recent studies dedicated to the history of science, such as that by Puerto (2003), completely ignore the political characteristics of the Spanish Monarchy, either when discussing the Protomedicato—falsely considered to have jurisdiction over all of Spain—or when discussing hospitals.

6 Calvo Poyato (1990), 18-19.
se of these agreements, power was neither centralized nor consolidated; instead there was a «sistema abrigarrado y descentralizado, una unión personal de estados independientes,»⁷ one that was reflected in the organization of the government. But it is also true that the economic and social conditions of each of the reigns were very different; sparse population and poverty in some regions in Aragon, for example, contributed to undercut absolutist powers.⁸ In addition, as Domínguez Ortiz has recently reiterated, it is necessary to keep in mind that Philip II and his successors did not consider themselves simply kings of Spain, obliged to follow a policy in accordance with the interests of one country, but rather monarchs of an Empire.⁹

During the same period, the state as artifact—as Maravall defines it—is in the process of being created.¹⁰ In a monarchy as complicated as Spain’s, the uneven development of the state logically affects disparate regions differently. For this reason, it is a historiographical imperative to frame the study of the social control of medicine within the context of the emergence of the modern state. Without this background it is difficult to account for the social aspects of any particular scientific activity. The complexity of the conditions that surround the emergence of the nation state, instead of acting as an obstacle, makes the Spanish monarchy a privileged site to analyze the conventions that states in their infancy adopt to manage the health and sickness of their subjects (i.e., medical practice in the broadest sense).

Taking into account both territorial differences and the incipience of the modern state allows for an analysis of medical practices quite different from those undertaken to this point. On the one hand, we find systems of medical control with their origins in the Middle Ages still operative under the Hapsburgs; these include the «Cortes,» and «Audiencias,» developed and perfected by the institutions of the monarchy and without which the king would hold no sway over the individual reigns of the peninsula. On the other, there appears a completely new method for regulating medical practice, one which is clearly the product of the emerging state: the tribunal of the Protomedicato.¹¹ All too often this has frequently been confused with the Medieval figure of the protomédico, or «first physician,» frequently seen in the courts of the kingdoms of the Crown of Aragon.

In addition to defining the mechanisms of control, one should take into consideration the diversity of the medical practices controlled; that is to say, medical pluralism, altogether familiar to today’s societies but rarely consi-

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⁸ This fact has led some scholars to consider that «no fue hasta el siglo XVII, en el momento en que Castilla ya había agotado sus recursos, cuando el gobierno central intentó acabar con las inmunidades de los reinos de orientales para explotar sus recursos humanos y económicos». Lynch (1993), 19.
⁹ Domínguez Ortiz (2000). This is independent of the debate over the historical origins of the concept of «Spain,» a matter that does not concern this study. With respect to this matter, see, García Cárcel (Ed.) (2004).
¹⁰ Maravall (1972).
¹¹ According to Campos (1999), 17, «en derecho comparado de nuestro entorno no se encuentran instituciones similares.»
dered in studies of early modern medicine, is of primary importance. In the case of early modern Spain, medical pluralism involves the coexistence of academic medicine—the Galenism taught in universities to surgeons and apothecaries—and other forms of medical practice. Studies undertaken to this point demonstrate the that alternatives to traditional Galenic therapies were present in all of the territories of the Spanish monarchy; these included iatrochemical treatments, the well developed and vigorous system of traditional medicine, belief in magic (such as cures performed by saludadores), cures linked to religious devotion (e.g., miraculous healing by relics, saints, and so on), «empirical» therapies performed by midwives and bonesetters (algebristas), and home remedies.

In this context, it is important to emphasize that the existence of such a variety of treatments and therapies for sickness and, particularly, the presence of «empirical» healers and curanderos cannot be attributed to a paucity of official practitioners. Although the lack of official practitioners may, in concrete cases and locations, cause patients to turn to extra-official remedies, current medical anthropology suggests that the abundant examples of extra-official and official practitioners working at the same time and in the same localities can only be made sense of through cultural explanations. Although traditional historiography has tended to attribute the ubiquity of empirics to a lack of physicians, surgeons, and educated pharmacists, it is now clear that this was not the case. Instead, the existence of a diverse offering of therapeutic options in sixteenth- and seventeenth-century Spain was due to cultural circumstances that should be studied from a historical perspective. Thus, one can now explain the presence of sanadores and empirics at court (especially that of Philip II), or in cities as cosmopolitan as Valladolid and Valencia—which not only had universities but also a high number of physicians—without resorting to clichés, references to a «mentalidad mágica» or superstition.

Among other factors that deserve to be considered from this new perspective is the role of women as health workers. Women were during this time period entirely excluded from the regulated exercise of medicine; this was due not only to prohibitions against their attending medical school, but also because they were not admitted to the guilds of surgeons and apothecaries. Because of this, they had to practice in unregulated occupations, as was the case with midwives (matronas)—experts in childbirth, and women and chil-

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12 This subject has been clearly explained in Perdigueró (2002); Gentilcore (1998); Zarzoso (2001), and López Terrada (2002).
13 A comprehensive account of these studies does not fall within the limits of this analysis; the works in the previous note are worthy of mention and contain more complete bibliographies.
14 Perdigueró (1996), 106.
15 Granjel (1978) and (1980).
16 Puerto (2003); Granjel (1978) and (1980); García Ballester (1984).
17 This expression is used by Puerto (2003), 327-336.
dren's health—or to perform curative activities outside the limits of regulation. Midwives, as T. Ortiz notes, were central figures in the life of the community who enjoyed considerable social power; their primary task was to assist in childbirths, an office over which women had exclusive control for centuries, although they did not form part of an organized group in any European country and had no collective identity.

An approach to the history of medical practice that takes into account both medical pluralism and regional differences requires the use of materials and perspectives different than those typically used to date. There are two reasons for this. The first is the scarcity of documentary resources; logically, extra-official medical practice was not documented to the same extent as its official counterparts. The second is the confusion between legislation and its outcomes, between laws and practice; in other words, it is not at all certain that the power to legislate was accompanied by an ability to control the exercise of medicine in different places. These two factors have to this point constituted the greatest obstacles to a complete understanding of the different forms of medical practice and of their control. Another recurring obstacle, although it is not the focus of this study, is the all too frequent and anachronistic defense of the achievements of the profession, studied as part of a greater quest for roots of «modernity» and lacking any of the necessary social and political contextualization or a judicious use of sources.

The reasons for the scarcity of source materials vary, once again, from region to region. In the case of Castile, the archives of the Protomedicato were destroyed in by the fire at the Archivo General de la Administración de Alcalá de Henares in 1939. Elsewhere, the inexistence, inaccessibility, and disappearance of the archives of the institutions charged with the control of the profession have meant that the studies undertaken before the 1990's have focused almost exclusively on legislative documents, without any attention paid to real actions or practical realities themselves. Nevertheless, the use of alternative sources, principally local archives, as well as those from the Archivo de Simancas and the Archivo Histórico Nacional, has permitted us, only very lately, to begin to use an approach that permits for an understanding of the real functioning of the tribunal of Castile, as well as the systems of control in other reigns of the Spanish monarchy. In fact, in the 1996 issue of the journal Dynamis dedicated to the subject, almost all the authors point out the necessity of going beyond the legal documents previously studied and of basing studies on new sources. For example, S. Campos approaches this subject from the point of view of the history of law, basing her work on the archives of the administrative hierarchy related to the Protomedicato, as well as on the reports, resolutions, and sentences issued as the

19 There is a long list of recent studies dedicated to this subject; an excellent starting point is the bibliography collected in Cabrè; Ortiz (2001); also worthy of mention are the works collected in Marland; Rafferty (eds.) (1993). Pomata (1999) shares an approach similar to the one outlined here.

20 Ortiz (1996) discusses the scholarship about matronas in the period; more recently, and from a broader perspective, see Cabrè; Ortiz (2001)

21 López Terrada; Martínez Vidal (eds.) (1996).
product of consultation with the Consejo Real. These records are currently found in the Archivo General del Palacio Real de Madrid. These records are currently found in the Archivo General del Palacio Real de Madrid.22 Similarly, the image widely held of the functioning of the Protomedicato of Navarre has been enormously improved through the utilization of judicial and other local documents, allowing for an understanding of its actual functioning, as well as the conflicts between an «oficial real» and the regional authorities of Navarre.23

The problem of documentary sources arises again when attempting large-scale analyses of the health resources of the entire population. Manuscript and printed sources are fairly abundant for the study of authorized health professions with regimented educational programs, as the bibliographies of scholarship on these professions attest. However, attempting to «documentar las actividades asistenciales de personales que se movían en ese indefinido mundo de lo empírico creencial» presents immense difficulties.24 In the best cases, we only have information about those sanadores that worked illegally, were found out, and then prosecuted. That is to say, the only information we possess concerns instances in which extra-official healing practices were actively repressed. There exist almost no sources, manuscript or otherwise, that document the activities of those who worked on the periphery of the health professions.

With these challenges in mind, we will now shift our attention to the various mechanisms of control of medical practice in the reigns of the Spanish monarchy. In the last twenty years, many studies in the social history of medicine have centered their analyses on the attempts of university physicians to monopolize «the medical marketplace.»25 All such studies analyze what happened when the legislation of health policy and the control of professional activities became associated with the power of the incipient state. This led to the emergence of mechanisms by which states placed the power to determine who would, and would not, be allowed to practice medicine in the hands of university physicians, either by means of institutions such as the Protomedicato or by delegating power to municipal organizations.

In the Spanish monarchy, as we have said, both of these models existed, although during the period that concerns us, universities did not achieve a monopoly over medical knowledge or practice. Beginning with Ferdinand and Isabel, and continuing more systematically under Philip II, the monarchs attempted to impose the model of the Protomedicato upon all the reigns they controlled. Such a policy, as Maravall points out, should be understood within the characteristics of Philip II’s monarchy: «lo propio de la concepción del Estado moderno es la afirmación del derecho del príncipe como inalienable frente a inmunidades, fueros y toda suerte de privilegios particularistas, pero esta figura del Estado no es una construcción lógica perfecta, sino un

22 Campos (1999), 21-22.
23 Sánchez Álvarez; Gil Sotres (1996).
24 Perdiguerro (1996), 96.
25 The following studies, and the bibliographies they contain, provide helpful points of departure: Felling; Webster (1979); Brockliss; Jones (1997); Gentilcore (1998); and Jütte (2000).
resultado histórico cambiante, lleno de contradicciones, ofreciéndonos una mezcla, en situación siempre provisional, de elementos antiguos y modernos."26 In fact, it was in Castile where the Protomedicato was instituted with the fewest problems. Following this, attempts were made to import the Castilian model of the tribunal to the colonies in Spanish America. It is worth pointing out that the extreme lack of university-trained physicians in the colonies, in addition to the isolation of many populations, meant that the control of the Protomedicato was very limited and thus differed from its counterpart in Castile.27 A very different matter to consider in this context is the prevalence of indigenous medical practices, a subject which has been poorly studied by scholars who have examined the control of medicine in colonial Spanish America. Many such studies do not account for, or ignore altogether, the indigenous medical systems that predated the Conquest and coexisted with the medicine brought by the conquistadores.28

Returning to the situation on the Península, the Protomedicato of Castile has been recently defined by Soledad Campos29 as a kind of technical supreme court, composed of a variety of state functionaries and possessing the capacity to hand down sentences and administrative resolutions. The powers of this court were concretely delimited in accordance with its purpose and those over whom it held jurisdiction (i.e. health workers); it was not subordinate to the Consejo Real. The functions of the tribunal were twofold. First, it examined and granted licenses to physicians, surgeons, and apothecaries, as well as to especieros (spice sellers), herbalists, ensalmadores (bonseters), and midwives. Second it controlled the exercise of the different professions. In this capacity, the Protomedicato had both civil and criminal jurisdiction; practitioners were subject to both economic and corporal sanction. It prosecuted and punished unauthorized medical practice, especially «artes mágicas,» but also in cases of unlicensed exercise of «empirical» and scientific medicine. Furthermore, the Protomedicato and local authorities shared responsibility for regular visits to druggists and shops where medicines and spices were sold.

Thus, in the reign of Castile, the tribunal constituted the institutional framework through which the incipient modern state attempted to control everything related to the exercise and practice of medicine.30 In contrast, it

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26 Maravall (1972), 103-104.
27 A number of scholarly works document the activities of the tribunals of the Protomedicato established by the Spanish crown in its American territories. A magnificent overview is the now-classic study by Lanning (1985).
28 One example is Lanning (1985).
29 The studies by Campos (1996) and (1999) have, as she herself indicates, been undertaken from a legal perspective, rather than from the perspective of the history of science. For this reason, her principle object has been the analysis of the Real Tribunal del Protomedicato as an administrative institution, its relationship to other bodies, and its role within the huge bureaucratic machine of the Spanish monarchy of the Ancien Régime.
30 There is an extensive bibliography dealing with the Protomedicato. Works published before 1994 are collected in López Terrada (1996). For studies after that date, see the bibliographies of López Terrada; Martínez Vidal (eds.) (1996), as well as Campos (1999), and López Terrada (1999).
was not, as has been recently stated, «la institución encargada de dirigir la sanidad en los distintos reinos españoles...[que]...poco a poco se va extendiendo por aquellos territorios en donde predominaban corporaciones.» In fact, the powers of the Protomedicato were limited. Legislation following the tribunal’s institution indicates reluctance to accept its authority; concretely, this can be seen in the hesitancy on the part of Castilian localities to acknowledge its authority to carry out visits to druggists, to grant licenses, and to a lesser extent, to control medical practice. The protests and criticisms leveled at the tribunal during successive meetings of the Cortes de Castilla greatly impacted the laws that governed the functioning of the Protomedicato. This has been shown by Muñoz, Granjel, and more recently by Campos, who points out that during the reign of Charles I, «las Cortes toman parte activa consiguiendo remediar los errores resultados de la puesta en práctica de las normas reales y, activar la legislación real en el sentido de perfilar el Tribunal del Real Protomedicato dentro del marco institucionalizador de la Monarquía Hispánica.»

Another limitation was geographical: the Protomedicato held jurisdiction only over the area within a five league radius of the court (approximately 28 kilometers). Remaining areas fell within the jurisdiction of local authorities. Thus, in order to analyze the functioning of the tribunal correctly, it is necessary to keep in mind that it did not hold sway over all of Castile. This is made patently clear, for example, by an Auto de Consejo of 1591 concerning weights, measures, and distillations that, among other things, orders «demas de no tener facultad el Protomedicato para dar semejantes comisiones, ni otras algunas fuera de esta Corte, i cinco leguas, conforme a lo dispuesto por las leyes ...pero conviene mandar a los corregidores del Reino que cada uno en su distrito haga guardar lo acordado en lo de los pesas, medidas, i destilaciones de aguas.» Nevertheless, it is important to keep in mind that about 1590 Philip II charges Francisco Valles with the standardization of weights, measures, and distillations, which resulted in the latter’s Tratado de las aguas destiladas, pesos y medidas que los boticarios deben usar, por nueva ordenanza y mandato de su Magestad y Real Cosejo, published in Madrid by Luis Sánchez in 1592. Similarly, there exist many other examples of the limitation of the powers of the tribunal and, as has been studied many times, the active participation of the municipalities of modern Castile during the in subjects that theoretically lie within the jurisdiction of the Protomedicato.

As we have mentioned, the situation was very different outside of Castile. Local archives in Aragon, Navarre, and Valencia, for instance, have helped scholars paint a more accurate picture of the monarchy’s attempts to control medical practice there. In the case of Aragon, institutions regulating health practitioners long predated Philip II’s reign. Apothecaries, beginning in the

31 Puerto (2003), 233-235.
33 Campos (1999).
34 Muñoz Garrido (1967), 51 reproduces the complete text.
fourteenth century, and surgeons and physicians in the fifteenth, had colleges and guilds. The college of Saragossa was one particularly developed example. Nevertheless, as A. Fernández Doctor has shown, Philip II instituted a Protomédicato in 1592 to control medical practices that did not fall under the authority of the colleges. The first protomédicos in Aragon encountered local resistance and it was not until the middle of the seventeenth century that they assumed an important regulatory role. Even then, their powers were limited in larger cities, due to the existence of local organizations; the powers of the Protomédicato were limited mostly to rural areas, where it administered examinations to physicians, surgeons, and apothecaries, and inspected shops selling medicines.

For its part, Navarre is regularly cited as the only example where the Castilian tribunal held no sway at all. This idea has been reexamined lately by Sánchez and Gil Sotres. By drawing on local archives they show that conditions, instead of being a unique, were largely similar to those in Aragon. Because Navarre was a kingdom within the Spanish monarchy, possessing its own laws, the Castilian Protomédicato had no jurisdiction there. For this reason, a separate Protomédicato had to be instituted in Navarre in 1525. This body had powers that recalled those of its Castilian counterpart, but it encountered resistance both in the form of preexisting guilds and organizations as well as from new policies instituted by the territorial government. In fact, in 1552 Navarre instituted laws mandating that the Protomédicato share responsibilities with the Cofradía de Médicos of Pamplona. However, this did not prevent legal disputes between the Protomédicato and local guilds and health workers. In fact, one of the most contentious issues was over the fact that medical licenses granted by the Protomédicato were not recognized by local authorities, who considered such licenses insufficient.

Before we look at the situation in Valencia, it is worth noting the example of the Italian reigns that also formed part of the Spanish Monarchy. In Naples, as Aragon, we find the limitation of the powers and jurisdiction of the protomédicos, conflict between the local organizations governed by local laws and the Protomédicato, and municipal regulatory bodies that relegated the Protomédicato to rural areas.

In Valencia, regional control of medicine, surgery, and pharmacy was initiated in the fourteenth and fifteenth centuries through territorial laws, or fueros. These controls, generally effected through guilds, culminated in

36 Fernández Doctor (1996), 176. The situation in Catalonia, which has been studied by Jordó (1975) and Danón (1996), was quite similar. Responsibilities were divided up and professional colleges held power in the cities while protomédicos named to the region were limited to working in rural areas.
37 Granjel (1974); Goodman (1990), 252-254.
38 Sánchez Álvarez; Gil Sotres (1996).
39 Goodman (1990), 252.
40 The case of Naples has been studied by Gentilcore (1996). Pomata (1998) examines the similar case of Bologna.
41 García Ballester; McVaugh; Rubio Vela (1988), 73 and (1994). Concretely, the first regulatory legislation of professional medical practice in Valencia is contained in the Furs granted by Alfonso IV of Aragon (1327-1336) in the Cortes de Valencia celebrated in 1329-30.
1499 with the creation of the *Estudi General*, which led to regulated university medical study. In a 1992 article, Pardo describes the mechanisms of control during the sixteenth and seventeenth centuries. His work makes clear that city authorities had exclusive responsibility for the regulation of all health practices. In turn, the city constituted the nucleus of a system that naturally extended to the rest of the reign of Valencia. This was possible thanks to the political and economic characteristics of the city, which was "un ente político vigoroso y autónomo, con un competo desarrollo de la cosa pública," according to Maravall. This system continued unaltered until November 18, 1749, when the *Subdelegación del Protomedicato* was established in Valencia as part of the Bourbon policy of centralization.

The Valencian system had three clearly differentiated aspects, pertaining to physicians, surgeons, and apothecaries. It controlled education, licensing, and practice. Physicians attended the municipal university, while the education of surgeons and apothecaries was overseen exclusively by their own guilds and regulated by their respective colleges. The process negotiated to assure professional competency included an examination with theoretical and practical components. The practical exam was administered by other professionals acting under the auspices of municipal authorities and overseen by two examiners. To this end, the city's *Conseil*, annually appointed two examiners each for physicians, surgeons, and apothecaries. All were university-trained physicians, and in the case of apothecaries, they were joined in their duties by representatives of the pharmacists' college. As their name indicates, the examiners' job was to administer exams to all those who wished to practice medicine in the city and reign of Valencia. Once candidates had passed the exam, it was the judicial authorities of the city that issued licenses. Because university physicians were largely responsible for the licensing surgeons and apothecaries, they held a near monopoly over all medical practice in Valencia. This is, however, a complicated subject. The colleges of pharmacy and surgery did not submit easily and were unwilling to give university physicians control over other healing professions, such as that of midwives, who had formerly been overseen by surgeons.

44 Maravall (1972), 87.
45 Peset; Peset (2000), 244-247.
46 This procedure existed unchanged from Medieval times. García Ballester; McVaugh; Rubio Vela (1988), 73 and (1994).
47 Pardo (1992) explains: "Las examinaturas estaban dotadas económicamente de una respetable cantidad (que a veces superaba incluso el sueldo que el mismo Conseil municipal otorgaba a los catedráticos) y la duración anual del cargo permitía a las autoridades ciudana­nas repartir este prebenda entre un amplio número de personas, asegurándose así una eficaz colaboración."
48 The city of Xátiva gained the power to regulate its own medicine in 1585. Archivo del Reino de Valencia (ARV), Baila, Lletres i Preuilegis, lib. 50, h. 8. There have been no studies of this autonomy to date. However, it seems to have been put into effect immediately; in 1586, only months after the agreement in the Cortes was passed, there is evidence that Philip II authorized the creation of a college capable of writing its own constitution: López, Catalá, Fresquet (2003), *Efemérides*, 18 de enero de 1586.
Relatively little is known about the actual control of physicians' practices. Much more documentation exists with respect to surgeons and apothecaries because they had very powerful guilds that scrupulously oversaw everything related to their activities. This was, as we have mentioned, one of principle functions of the guilds, along with education.

It is onto this nexus of powerful local institutions and regulating bodies that Philip II attempts to impose the Protomedicato in the middle of the sixteenth century. Clearly, the conflicts that arose were not simply the unexpected consequences of a political misstep on the part of the king; instead, the imposition of the Protomedicato formed part of a concerted attempt to limit the powers of municipalities and individual reigns. The vision that we have had until now of the activities of the protomédicos in Valencia has been fragmentary. However, by employing the new historiographical model we have suggested, a new, clearer understanding is emerging. The systematic use of notarial records and the identification of sources that allow for a more complete reconstruction of health options during the Ancien Régime, have yielded results that are sometimes complementary and at others radically different than previous theories.

The work of Pascual Marzal, based on notarial documents that identify the physicians and university professors serving at the Estudi General, indicates that the Collegi dels doctors of the medical school was «el primer y más importante peldaño de la organización médica, con competencia para aprobar los estatutos que regían la vida profesional de los médicos.» She defines the Collegi as a guild of physicians, with a corporate structure that represented the university graduates in medicine in the city of Valencia and outlying areas. Although it is unclear when this organization came into existence, by 1631 it had undertaken to prosecute those who practiced medicine without having graduated from the Studi. This had been outlawed in 1626. According to Marzal, the Collegi sprang up before similar bodies existed to represent lawyers or theologians because, during the Ancien Régime, no distinction was made between the academic and professional activity of physicians. Thus the situation in the was substantively different than it would be in the nineteenth century. Despite this, it seems that there was some tension between academic and professional physicians due to the fact that the Collegi, during the seventeenth century, was composed of eight professors of medicine and roughly fifty practicing physicians. The recorded proceedings of the meetings of the Collegi reflect conflict between the two groups; but because decisions were based on majority rule, the superior position of the professors did not translate into greater clout. In any case, the group was dedicated to the same ends as most guilds: the defense of their economic interests against potential competitors, support of the families of phy-

49 Marzal Rodríguez (2003), 60 and 65.
50 It was on February 14, 1631 that the Collegi began its suit against a number of people accused of unlicensed practice. The first and last names of the accused are included. Archivo del Reino de Valencia. Real Audiencia. Procesos. Parte 1ª. Letra S. N°. 3119. Año 1631.
51 Marzal (2003), 63.
sicians who had died, and the fight against the abridgement of their power by outside influences.\(^53\)

The identification of a considerable number of suits brought in the Real Audiencia by the Colegio de Cirujanos as well as the Colegio de Boticarios has illuminated not only the daily reality of surgeons and apothecaries, but also the laws with which they governed themselves. Because these are largely notarial documents, they have provided a great number of clues that have helped to reconstruct aspects of the two colleges that would be otherwise unknown due to the fact that the colleges produced few documents themselves. In particular, three such suits between the professional colleges and the king’s protomédicos, brought before the Real Audiencia of Valencia, illustrate that the attempt to export the Protomédico to the region was largely frustrated by preexisting laws and accords.

With the information provided in these suits, we have been able to determine that, although the office had existed previously in a different form, the Protomedicato was instituted in the reign of Valencia during the 1570’s.\(^54\) Subsequently, three of the most distinguished physicians of the city were appointed to the position of protomédico: Gaspar Jaume Esteve, Luís Collado, and Llorenç Coçar. All three were professors of the Estudi, and Collado and Coçar in particular clearly demonstrate the renewal of medical knowledge in Renaissance Valencia.\(^55\) The successor to Coçar was named some forty years later, when Philip IV appointed an obscure physician and nobleman Francesch Joan Rey to the post. The job of protomédico was much more than an honorific title; it involved well defined responsibilities and, because it was a royal appointment, conferred considerable social status. None of those named to Valencia by the Spanish kings, however, was ever able to carry out the tasks associated with the job fully. Resistance from colleges, and municipal and regional authorities frustrated most attempts to exert control, even though the protomédicos enjoyed royal support. This support was, as in the case of Coçar, significant; the correspondence between the Philip II and Coçar show a willingness on the part of the king to become personally involved in conflicts with local authorities.\(^56\)


\(^{54}\) Concerning the protomédicos of Valencia, see López Terrada; Pardo (1988).


\(^{56}\) This is made abundantly clear in the writings associated with one case, in which the king’s representative to the reign of Valencia states: «es de la expresa y determinada voluntad de sa Magestat que lo dit doctor Coçar sia Protomédico, y que coma al so fil tienen torno e preminencia que al dit official se li deu, per engara que tinge lo us y exercici de aquel, y puixa fer y provehir totes les cases que parar o en benefici e salut publica en tot lo que tenga respecte a les arts e facultats de medicina, chirurgia e farmacologia.» Archivo del Reino de Valencia. Real Audiencia. Procesos. Parte 1ª. Letra S. Nº. 3074. Año 1630, 58-59.