The World of Iberian *converso* practitioners,

From Lluís Alcanyís to Isaac Cardoso (*)

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Introduction

The lives of the two figures whose names have been highlighted in the title of this work mark a period of almost two hundred and fifty years—between the mid-fifteenth and the late seventeenth century. It was a time when the fortunes of the Jewish minority in the Iberian kingdoms went through many great difficulties which would to a great extent determine the further history of this minority. Among the most remarkable of them are (1) the setting up of a new Inquisition in Spain (1478) and Portugal (1536; from 1547 with complete freedom of action), whose main original purpose was the prosecution of crypto-Judaism or Marranism; (2) the gradual implementation—in the kingdoms under the Spanish Monarchy from the mid-fifteenth century onwards, and in Portugal from the period of the Iberian union (1581-1640)—of the statutes of “purity of blood”, that legalised the social exclusion of new Christians in blocking or making their access to any public position or high honour difficult; (3) the expulsion from the Iberian kingdoms of all those Jews who were not prepared to comply with the decrees of forced conversion to Christianity that had been issued by the kings of both crowns—the Catholic Monarchs in 1492, and King Manoel I in 1497; (4) and the two Sephardic Diasporas, namely the one immediately resulting from the late fifteenth century expulsion decrees, towards the eastern Mediterranean and northern African regions, and the other, throughout the sixteenth and seventeenth centuries, towards different destinations in western Europe—Italy (Venice, Verona, Livorno), the Low Countries (Antwerp, Amsterdam), southern France (Bordeaux, Bayonne), London, Hamburg—, as well as the West Indies (the Caribbean area, Brazil) and the East Indies (Goa).

The terminus ad quem of this paper in the late seventeenth century is chosen because the huge internal changes had by then shaken western Sephardic communities—for example, Baruch Spinoza published his Tractatus-theologicus-politicus in 1670. Seen retrospectively, these changes represented a turning point towards the modernisation of western Sephardic communities, as they definitely broke their perception of Judaism as a way of life covering every single aspect of human life, and made illusory their former experience of Jewish identity as a single corporative entity—a “republic” or “nation”—participating in a tradition that was lived organically in the face of an anti-Semitism whose reference framework was still medieval (Yerushalmi 1989: 253-254; Kaplan 1996: 19). This time-frame is also justified because during the last years of the
seventeenth-century, the Iberian medical practitioners’ intellectual world —like that of their Christian colleagues— was more and more open to the new trends from experimental philosophy as well as to the many effects this had in medical practice.

Lluís Alcanyís (Xàtiva, Valencia, c.1440-València, 1506), within less than five years went from being one of the most distinguished practitioners in the city of Valencia —he was royal physician to Ferdinand the Catholic and first professor of medicine at the recently established Valencia university— to being publicly burned at the stake, along with his wife, after both had been condemned for secretly practising Judaism (Arrizabalaga 1983; Arrizabalaga 2008). As for Fernando/Isaac Cardoso (Trancoso, Portugal, 1603/1604-Verona, 1683), after some twenty years (from 1627-1630 to 1648) of successful professional practice in Madrid —the town and court of the Hispanic monarchy— where his fame had enabled him to acquire the protection of the powerful Conde-Duque of Olivares (c. 1635-1637), he moved to northern Italy and settled in the ghetto of Verona, where he clearly recovered his Jewish identity and devoted himself for the rest of his life to practising medicine as well as to studying natural philosophy and the holy books of Judaism (Yerushalmi 1989).

Alcanyís’s and Cardoso’s life vicissitudes might appear to be rather extreme to illustrate those experienced by most Iberian Jewish practitioners from mid fifteenth to late seventeenth century. Yet they are not exceptional. Many other physicians of this lineage could be mentioned who plainly recovered their Jewish identity at some time of their lives, and/or lost them as a result of Inquisitorial sentences. Furthermore, both of them shared with other sixteenth- and seventeenth-century Iberian medical practitioners some sociological and intellectual features, which I will attempt to portray in this paper. For this purpose, I have chosen to use the biographies of Francisco López de Villalobos (c.1473-c.1549), García de Orta (c.1501/2-1568), Andrés Laguna (c.1511-1559), Amatus Lusitanus (João Rodrigues de Castelo Branco) (1511-1568), Cristovão da Costa/Cristóbal Acosta (c.1525-post 1592), Alonso López de Corella (1518/9-1584), Rodrigo de Castro (1546-1627), Francisco Sánchez (1551-1623), Henrique Jorge Henriques (c.1555-1622), Abraham Zacutus Lusitanus (1575-1642), Isaac Cardoso (1603/4-1683), and Isaac Orobio de Castro (c.1617-1687).
Certainly, the number of Iberian converso practitioners is infinitely greater than that of those whose lives have been reconstructed to a greater or lesser extent from their written works, particularly in the case of those having belonged to the Jewish social elites who were able to have them printed, and/or from the documental traces left at the archives especially by those who were prosecuted by the Inquisition. As Yosef Kaplan (1996: 107) has rightly pointed out, the historiography of early modern Iberian Jews and Sephardic Diaspora has been more focused on cultural and religious aspects than on the social history of this minority. But this has been due to diverse reasons, mostly common to other fields of historical research, from historians’ greater concern for the activities social elites as testified by their preserved written works, to the variable availability of other kinds of sources among which those inquisitorial ones have been paid particular attention and have given a peculiar bias to research on this topic.

This article is intended to explore, from a limited sample of cases, the sociological profile and the intellectual world of sixteenth- and seventeenth-century Iberian Jewish practitioners. Yet, before going into its core, some historiographical considerations on this topic are provided, and the major features which shaped the early-modern Iberian legal-politic context with respect to the converso physicians, are pointed out.

The historiography of Iberian converso practitioners: Some preliminary considerations

The historiography of Jewish medicine and of Jewish practitioners in early-modern Iberian kingdoms and Sephardic Diaspora is uneven. Approaches that are typical of traditional medical history have coexisted with a movement of historiographical renewal that —like in other similar research fields— has attempted to integrate history of medicine into the social and cultural history of early modern Europe.¹

¹ Among the classical studies, the medical-history ones by Harry Friedenwald (1944), and Maximiano Lemos’s biographies of Amatus Lusitanus (1907), Zacutus Lusitanus (1909), and Antonio Nunes Ribeiro Sanches (1911) as well as the early-modern history ones by Julio Caro Baroja (1978), and Antonio Dominguez Ortiz (1978), should be referred to. On the other hand, the biographical studies by Yosef Hayin Yerushalmi (1989) and of Yosef Kaplan (1989) are illustrative of the above-mentioned historiographical renewal. On Jewish medical practice, with particular emphasis on inter-cultural issues, see the collective volume edited by Samuel S. Kottle and Luis García-Ballester (1996).
Irrespective of having shared with “disciplinary” histories a legitimising role for modern medicine, historical studies on Jewish medicine have tended, like other “national” historiographical traditions, to extol the Jewish medical tradition by emphasising the Jews’ contribution to the development of modern medicine. The purpose of vindicating a historically marginalised social minority has often increased this emphasis, to the point of postulating a sort of “natural” idiosyncrasy of Jews for the cultivation of medicine as being responsible for the singular excellence that has allegedly characterised Jewish practitioners’ professional exercise over the course of history.²

The persistence of this assumption reflects ideological a-priorisms held by some scholars on the question of Jewish identity. Benzion Netanyahu’s thesis about early modern Iberian Jews is well illustrative in this respect. To him, the setting-up of the Inquisition did not pertain to religious, but to political, social and racial reasons. His essentialist conceptions of ‘identity’ have brought him to deny the existence of Iberian crypto-Judaism or Marranism, by considering it an invention that was created and maintained by the enemies of the “new Christians” in order to fight them, and to claim that almost all Spanish Jewish conversos were faithful Christians (Netanyahu 1966, 1995).

Other historians, by contrast, have insisted on the need for keeping the issue of the meaning of Marranism free from preconceptions and, still more, from legal definitions (Yerushalmi 1989: 34). Until the twentieth-century emergence of the modern concept of racism and of the idea of the Indo-European and Semitic races, Judaism was just considered a mere religion, never an ethnic group and, still less a race (Pérez 2005: 20). The mutual fluid exchange of identities between the “new Christians” and the “new Jews” that can be detected among the early modern Sephardis, illustrates the open, dynamic, and complex condition of the identity-shaping processes as well as the essential role that cultural diversity and crossbreeding play in them. In a similar way to what happened among the Catholic and Protestant intellectuals, the growing influence,

² David B. Ruderman (1995: 1-13) has underlined and discussed the widespread notion of Jews’ “conspicuous involvement in and propensity for scientific achievement”. On the other hand, Winfried Schleiner (1995) often slipped down this slope when, in a rather acritical and anachronical way, he praised sixteenth- and seventeenth-century Jewish practitioners in the Diaspora as champions of “natural religion” and of lay and humanitarian medicine, in contrast to the sectarianism of their contemporary Catholic and protestant colleagues (pp. 68, 72-73, 86).
in the course of the early modern period, of religious syncretism, deism, and agnosticism among the Sephardic communities, reinforces the truth of this claim, not least because this alternative approach is much more fruitful in historiographical terms (Yerushalmi 1989: 37; Kaplan 1996).

On the other hand, the persistence in the field of Hispanic studies of Américo Castro’s assumptions about the quantitative and qualitative significance of Jewish medical practitioners in the history of Spain, cannot be forgotten. His original thesis that medicine was “one of the occupations that was more practised by cultivated Jews and more neglected by the Christian Spaniards” in medieval Spain (Castro 1983) has been extrapolated to the early modern period, so that medical figures with an innovative or dissident profile have been too often ascribed to Jewish lineages, without conclusive proof. The case of the physician and natural philosopher Juan Huarte de San Juan (c.1529-c.1588) is very significant at this respect. Because in his Examen de Ingenios para las Ciencias (Baeza, 1575)—published repeatedly in several European languages between the late sixteenth and the early eighteenth century—he ascribed to the Jews a peculiar talent for practical medicine by virtue of the natural complexion of the People of Israel, Huarte has been often considered to be Jewish, with no further evidence, and without noticing that he described himself as a theoretical, and not as a practical, physician (Gracia Guillén 1984: 342-343, 344; Ruderman 1995: 285-294).

Among these preliminary historiographical considerations I would like to also make one on the relationships between Jewish medicine and the “Scientific Revolution”. The investigations on early-modern Jewish physicians and scientists cannot continue to be led by questions such as to what extent and why they did, or did not, participate in the Scientific Revolution, or whether the Jewish religion was in this respect an advantage or a disadvantage for them. The profound revision that the dominant historical paradigm of the Scientific Revolution has undergone during the last decades (Lindberg & Westman 1990; Cohen 1994; Osler 2000) forces us to abandon the traditional Positivist narratives of early modern science based on themes such as the production of new big ideas by great scientists representing major breakthroughs towards modern science, and a dialectics between producing centres and recipient peripheries of modern science, the gradual separation of science from religion, and so on.
Thus, Iberian Jewish practitioners’ activities should be also relocated by understanding them in their specific socio-cultural context, and by reconstructing as comprehensively as possible the intellectual “world” of these practitioners, by means of strategies taken from the new social and cultural history. The fruitfulness of these new strategies is evident enough not only from the greater prominence and complexity that such figures are given through these new “lenses”, but also from their greater capacity to recover the Iberian medical and scientific past.

The Iberian legal-political context and the converso medical practitioners

The determination of the Catholic Monarchs (1469-1516) for the political unity of the Iberian kingdoms emphasized their concerns about religious unity. The secular coexistence between the Christian majority, and the Muslim and Jewish minorities, had experienced a gradual deterioration during the late Middle Ages, the ending of which happened very quickly during Isabel’s and Fernando’s reign. The *convivencia* between Christians and Jews had begun to break down at the end of the thirteenth century, but it rapidly deteriorated from the mid fourteenth century until its final collapse in 1492, when the Catholic Monarchs promulgated an edict that was responsible for the expulsion from the Castile and Aragon Crowns of the about 90,000 Jews who were not prepared to convert to Christianity. Moreover, from the end of the fourteenth century —the beginning date of a more or less voluntary process of conversion of Jews to Christianity that lasted the whole fifteenth century— until well into the eighteenth century, this conflict would extend to the “new Christians” and their descendants.

In 1478, the Catholic Monarchs were given by pope Sixtus IV the bull that provided them with a new and effective tool to suppress those *conversos* who had remained secretly faithful to their old religion, namely the crypto-Jews or *judaizantes*. The new Inquisition Court was composed of ecclesiastical judges, although they were closely dependent on the State: the monarchs appointed the judges of the Holy Office, and the civil arm executed their sentences. From the early sixteenth century onwards the Inquisition, which was not definitely abolished until 1834, extended its competence to prosecute other religious minorities (Lutherans, Erasmians, Calvinists, *alumbrados* and Moriscos) or punishable...
social behaviour (sodomy, bigamy, witchcraft, priests’ sexual abuse, and so on). Yet Jews never stopped being targeted by the Inquisition.

In Portugal, the edict of the forced conversion of the Jews was promulgated in 1497, although the Inquisition was not set up until 1536. The different dates and implementation timing of the forced conversion decrees and of inquisitorial repression in Spain and Portugal help to explain the greater cohesion that Portuguese Jewish communities showed throughout the following centuries, in contrast to a greater breaking-up of the Spanish ones (Yerushalmi 23-24). The changing political relationships between the two Iberian crowns in the course of the sixteenth and seventeenth centuries are also essential to explain the migratory flows of Jews between the territories of both crowns as a response to either (or both) the need to avoid inquisitorial repression, and to the hope for socio-economical improvement. For instance, the severity of the Portuguese Inquisition after Philip II’s annexation of Portugal to the Spanish Crown (1580-1640) meant that many descendants of those Spanish Jews expelled by the Catholic Monarchs who had taken refuge there and had been forced to convert into Christianity in 1497, escaped back to Spain, where the converso question was then raising much less inquisitorial virulence. Moreover, under Philip IV’s reign, Portuguese new Christians who had migrated to Spain were offered attractive socio-economical inducements, despite the fact that after 1640, when Portugal revolted and gained independence from the Spanish domain, the living conditions of these émigrés were rapidly worsening (Kagan 1974: 90-92; Kamen 1992: 288-301).

While the Inquisition acted as the main instrument for repression of the Jewish minority by the Christian majority, the “purity of blood” statutes efficiently served the purpose of social exclusion of the new Christians and their descendants. From the mid fifteenth century onwards, the cult of the “purity of blood” had led to a profusion of estatutos that legally regulated this requirement to acquire a series of honours, posts and dignities, the number of which continued to grow in the course of the following two hundred and fifty years. Yet it was only during Philip II’s reign when these statutes received definitive royal legitimation and were spread across the separate territories under the Hispanic Monarchy, as a result of the new statutes of the chapter of Toledo cathedral that had been instituted by archbishop and Primate Cardinal Juan Martínez Siliceo in 1547. During the seventeenth century, the huge list of Hispanic corporations demanding “cleanness” of their
members included military orders, law courts, cathedrals and chapters, several religious orders, university colleges, some provinces and cities, public and municipal posts, brotherhoods and guilds (Yerushalmi, 28). In introducing the lineage (new versus old Christian) as a basic parameter for social discrimination, this special legislation ended up radically transforming the ideological principles of social organization: in order to succeed to an endless number of posts and honours, the purity of faith —the theological reason— was no longer enough, a demonstration that any individual’s blood was “clean” from Jewish lineage was demanded —a stigma which was considered to be hereditary and indelible, even if its genealogical burden was minimum. The centring of the debate on the purity of blood in sixteenth- and seventeenth-century Castile made the dichotomy clean/stained blood an essential question and a battlefield where social exclusion was resolved in absolute terms (Sicroff 1979; Méchoulan 1979; Gracia Guillén 1984; Carrasco Martínez 2000: 30).

The sociological profile of early modern Iberian Jewish physicians

From the late Middle Ages onwards, the gradual development of the State bureaucracy meant the reinforcement of previously instituted procedures to control health practices, as well as the setting-up of other new ones. Among the former, the privilege to confer titles allowing medical practice, which was given to the universities from the fourteenth century, needs to be emphasised. The generalisation of this privilege from the late fifteenth century meant that the traditional pattern of medical training in the late medieval Iberian Christian kingdoms —based on the craft apprenticeship and the so-called “open model” (García Ballester 1988: 42-45)— experienced a gradual closing, in favour of the universities, which ended up monopolising the control of titles for medical practice.

Among the new procedures to control health practices the relevance of the Real Tribunal del Protomedicato is to be stressed. This remarkable institution which was established by the Catholic Monarchs continued in operation until 1799 and was only abolished in 1822. In contrast to the Crown of Aragon and Navarre, where the authority of this court was reduced by the prerogatives of guilds or “colleges” of physicians, surgeons and apothecaries, and by the “examiners” who were designated by municipal authorities, in the
Crown of Castile the *protomedicato* had exclusive legal authority to exercise a wide number of specific powers. Among them there were the regulation and control of physicians, surgeons and apothecaries, the punishment of offences in their health practices, and the resolution of professional conflicts.

The law (*pragmática*) issued by the Catholic Monarchs in 1477, and traditionally considered as the founding law of the Castilian *Protomedicato* (Iborra 1987: 23-24), represents the earliest royal attempt to regulate health occupations in a comprehensive way. This *pragmática* whose contents were ratified in the subsequent ones of 1491, 1494, and 1498, gave to the *protomédicos* and *alcaldes examinadores mayores* in possession of royal authorisation, the authority, to examine a wide spectrum of health practitioners working in all the territories of the Crown of Castile. This spectrum reflected the heterogeneous profile of health occupations and professions typical of the “open model” (mentioned above) namely physicians, surgeons, apothecaries, herbalists, *ensalmadores* and other similar practitioners; individuals of both sexes, belonging to any of the three religions, and with full- or part-time dedication to these arts, with no apparent discrimination on the basis of their social status. The licence granting permission for health practices appears to be subject only to the condition that the candidates were found to be suitable for the assigned practices. Although the figure of the *alcaldes examinadores mayores* with judicial competence had been present in the Castilian and Aragonese legislations from the thirteenth century onwards (Campos Díez 1999: 25-29), the 1477 *pragmática* is the earliest Hispanic law where the intervention of these *alcaldes* as a multi-personal collegiate institution was contemplated. This feature conferred on the *Protomedicato* a superior legal status (Campos Díez 1999: 44-45).

The authority of the *Protomedicato* was reinforced in the course of the sixteenth and seventeenth centuries. Yet the *pragmáticas* issued by subsequent Hispanic kings offered some substantial changes compared to those issued by the Catholic Monarchs. First, the *Ordenanzas* issued by the Courts of Valladolid in 1523 reduced the number of health occupations under the *Protomedicato*’s legal authority to physicians, surgeons, and apothecaries, despite the fact that the barbers whose licenses had previously depended on the municipal *alcaldes examinadores* were now within its jurisdiction. This restrictive tendency —which was reiterated by the courts of Madrid in 1552 and 1567— was consolidated by Philip II’s two *pragmáticas*: that of 1588, which limited the
Protomedicato’s jurisdiction to physicians, surgeons, and apothecaries; and that of 1593, which excluded from it the romancistas surgeons —who, in turn, were again placed under its jurisdiction by Philip III’s pragmática of 1604 (Campos Diez 1999: 48-49).

Secondly, the Protomedicato’s jurisdiction was restricted in the course of time also in territorial terms. While the 1477 pragmática was in operation in the whole Crown of Castile, the 1523 Courts of Valladolid reduced its jurisdiction to the royal court and within a five league radius —a limit that was subject to the itinerant nature of the Castilian royal court until 1561, when it settled in Madrid. As Soledad Campos has emphasised, this “measure was taken as a result of reiterated petitions by the people’s representatives at the Courts that they did not want to lose for their cities the prerogatives they had over the control of health occupations and on the visitations to the pharmacies, although the competence to examine and grant licences to the practitioners was exclusive to the Protomedicato” (Campos Diez 1999: 53-54).

Finally, by virtue of another pragmática issued by the Catholic Monarchs in September 1501 and repeatedly ratified in the subsequent centuries, those aspiring to occupy a public or royal post in the court, a city or a town in all the kingdoms and domains under the Hispanic Crown as physicians, surgeons or apothecaries, had to prove before the Protomedicato that neither they nor their parents or grand-parents had ever been condemned by the Inquisition for heresy or apostasy (Muñoz Garrido 1969: 72). As the “purity of blood” statutes were extended from the mid sixteenth century onwards, all the descendants of Jews and Moriscos were potentially subject to the restrictions that these rules established for the practice of health occupations.

On the other hand, converso practitioners, like the Morisco ones, were also potentially subject to legal challenge by the Inquisition, as long as they were members of religious minorities, the repression of whose beliefs had been the founding driving force of this court. Jewish, like Morisco, practitioners were the target of numerous inquisitorial processes, although there were substantial differences between them concerning the reasons why the former and the latter had to appear in court before the Holy Office. As pointed by García-Ballester, while the Morisco healers were often charged with necromancy in their health practices, the reasons why converso practitioners were prosecuted were mostly different from this (García Ballester 1993: 158, 163-164). Yet,
there were also exceptions to this rule, such as in the case of Francisco López de Villalobos, who in 1508, after being accused of having obtained his designation as a royal physician thanks to his alleged role as “magician, wizard, and charmer”, was tried and imprisoned for eighty days by the Cordova inquisitor (Arrizabalaga 2002).

I have already pointed out the potential restrictions that the “purity of blood” statutes introduced through the Protomedicato for those practitioners who belonged to families of “new Christians”, on acceding to health posts linked to royal or municipal institutions. But this was not the only way converso practitioners were socially excluded. The obsession for the cult of the “purity of blood” also made it difficult for the new Christians to enter universities for medical training and/or professional career.

From the mid sixteenth century onwards, in the context of the general spreading of “purity of blood” laws, those established at the colleges of the major Hispanic universities, particularly the Castilian ones of Valladolid, Salamanca, and Alcalá, were notorious for their rigidity (Kagan 1974: 90-92). Those who did not manage to get around this obstacle, had to choose between becoming second-class students at these universities, or trying to enter another Hispanic university with less strict statutes —e.g. the so-called “minor universities”— or emigrating to a foreign university —in France, Italy or the Low Countries, above all— where intolerance towards the Jewish minority was less or where their identity could be more easily hidden. The higher the university degree was (bachelor, licentiate, doctor/master) to which they aspired, the greater the difficulties they had to cope with. This helps to explain that the title of doctor/master was not common, not even among those who showed deep intellectual interests throughout their professional careers.

On the other hand, some converso practitioners obtained the doctorate late in their careers, more often in foreign universities, and, presumably, when their prestige, influence and financial resources had allowed them to overcome the obstacles caused by their Jewish lineage. The cases of Andrés Laguna and Henrique Jorge Henriques plainly illustrate this issue. After having studied arts for two years at Salamanca university, in 1530 or early 1531 Laguna moved to Paris where he got the arts degree and studied medicine. In 1534 he obtained the bachelor degree in medicine at The Sorbonne, but he did not take his doctorate until eleven years later (1545). Not by chance, he obtained this new title at Bologna university which was then directly subject to the authority of the Roman
papacy, in the court of which Laguna had managed to acquire a growing influence. This influence also allowed him to buy during the 1540s some titles by means of which he was doubtless trying to wipe off the stigma of his Jewish lineage. By contrast, from 1568 onwards Henríques studied arts in the university of Coimbra and, then, medicine in those of Coimbra and Salamanca. However, he only obtained his medical doctorate between 1595 and 1603, that is, after becoming forty, and presumably by taking advantage of the more favourable political climate towards the Portuguese *conversos* that the new king Philip III (1598-1621) had inaugurated (Arrizabalaga 1996: 72).

The most usual places where *converso* practitioners began their professional careers were the municipalities within the vast domains under the Hispanic Monarchy. While they could even occupy permanent medical positions in small towns, in the cities they had to be more often satisfied with free practice as a consequence of the more effective enforcement of the “purity of blood” statutes, and because the atmosphere of greater professional competence used to lead to more professional rivalries and to a greater risk of being denounced by colleagues who desired their posts.

When the *converso* practitioners opted for an academic career, their attempts used to happen early in their professional lives, and to end soon with their giving up. In a similar way as the academic beginnings of their old Christian colleagues, their aims were pinned on positions linked more often to “minor” faculties —those of arts— than to the “major” ones —such as that of medicine; they used to occupy the vacancies in a provisional way as “applicants” (*pretendientes*) or aspirants to permanent (*de propiedad*) chairs, and more frequently those chairs considered as secondary. The move sometimes from one position to another suggests a professional progression up to the point where a change of direction happened almost invariably in the professional career of these physicians. Henríques, for example, successively occupied a lectureship in the Salamanca arts faculty and two more at the Coimbra medical faculty —the lectureship of Avicenna as a “substitute”, and that of practical medicine as the “first elected” for it— before passing into the Duke of Alba’s exclusive service (Arrizabalaga 1996: 70). On the other hand, Cardoso, after having studied medicine in Salamanca and receiving the degree of bachelor in arts and medicine at the university of Valladolid about 1623, obtained a temporary chair of philosophy and was “applicant” to the “first of medicine” (*Prima de medicina*) chair, before moving to the royal court under the patronage of the
Almirante of Castile, and then of the Conde-Duque of Olivares (Yerushalmi 1989: 48-58). Finally, it seems that García de Orta, who had studied arts and medicine in Alcalá and Salamanca, won a provisional lectureship of natural philosophy at Lisbon university about 1530, after three frustrated attempts to as many posts at the Lisbon arts faculty. Yet, not even his appointment as a royal doctor to João III about the same time prevented him from moving to India in 1534 —probably also impelled by growing inquisitorial pressure— where he settled in Goa as personal doctor to the most outstanding dignitaries, both Portuguese and local (GEPB: xix, 674-676).

Therefore, the most convenient alternative for converso practitioners’ social promotion was to turn to the patronage of the nobility (either civil or ecclesiastical) for protection. The exchange of gifts between the patron (a nobleman) and the servant (a doctor) in the socio-cultural context of the Old Regime, was neither conducted in exclusively monetary terms nor limited to the terms own to the clinical relationship. The physician, in addition to giving his professional services, used to play other roles such as those of friend, advisor, messenger, and even accomplice to his patron’s sexual affairs. In exchange, the nobleman used to sponsor the extra-professional (scientific, literary, artistic, and so on) activities of his protegé, to give him social status by facilitating his access to other nobles and/or to the royal family, and to act as a protective umbrella before final misfortunes —something converso medical practitioners highly appreciated for easily imaginable reasons.

The specificity of court ideology in regard to this is obvious from a passage of the Diálogo que pasó entre un Grande deste reino de Castilla, estando con el frío de la cuartana, y el doctor de Villalobos, que estaba allí con él (“Dialogue between a Spanish grandee of the kingdom of Castile who suffered from a quartan cold, and Dr. Villalobos who was there with him”). The context of this dialogue, which was annexed to a letter Francisco López de Villalobos wrote to Alonso de Fonseca, archbishop of Santiago de Compostela between 1510 and 1516, was the complaint of this grandee (probably the Duke of Alba himself) about the lack of relief of the symptoms of the quartan fever he was suffering from. Villalobos’ apparently successful intervention in this case led the grandee to propose that the doctor remain in his exclusive service by doubling his salary and offering a less hectic professional life than the one Villalobos had as a royal physician. The doctor replied to him in the following way, “I, lord, do not live with the
king because of what he gives me, but because of what he can give me without taking money out of his pocket. And if I continue living with him, your lordship can save the salary you would have to give me, and still make use of me, as we already know that you will never get away from the king unless you die” (Paz y Meliá 1964: 208; Arrizabalaga 2002: 58).

Another striking feature in the sociology of early modern Iberian converso practitioners is their travelling profile during their formative times and professional lives, by comparison with their contemporary old Christian equivalents. Actually, from the sixteenth century onwards, medical students’ high mobility, so typical in late medieval universities, decreased much quicker among the old Christians than among those from converso lineages. And the same might be said about the differences of mobility patterns between the medical practitioners of both groups. Again, the explanatory key to their different behaviour is to be found in the fact that the members of the marginalised converso minority needed to search for developing new strategies to avoid the conditions of social exclusion that the old Christian majority had imposed upon them. Certainly, these travels could be a positive response (giving advantages from the medical training supplied by the universities of other cities or countries, and offering socio-economic improvement by benefiting from favourable situations like the political union of Spain and Portugal, or the overseas colonial expansion of both Iberian powers). Equally these travels could be a negative response (to the difficulties of obtaining a university title or a licence of practice from the Protomedicato, fleeing from inquisitorial pressure, and so on). On the other hand, the Sephardic Diaspora provided the Iberian converso practitioners with a dense and efficient network to take in the émigrés, on the basis of their family connexions and community support beyond religious convictions (Kaplan 1996).

To the already mentioned case of Garcia de Orta others could be added here, such as those of the practitioners Rodrigo de Castro (1550-1627), whose professional career developed in Hamburg from 1594 to his death (Friedenwald 1944: 449-452), and Abraham Zacutus Lusitanus (1575-1642), who lived in Amsterdam from 1625 to his death (Lemos 1909; Friedenwald 1944: 307-321). The case of the Portuguese Jewish Amatus Lusitanus (1511-1568) is paradigmatic here. After having studied medicine at Salamanca where he took his degree about 1530, Amatus’ career developed in Lisbon
until 1533, when the growing hostility towards the Marranos led him to abandon Portugal and live successively in Antwerp (1533), Ferrara (1540), Ancona (two different stays begun in 1547 and 1552), Rome (1550), Pesaro (1555), Ragusa (1556), and Salonica (1558), where ten years later he died a victim of plague. All these cities had significant Jewish communities, even though these communities were not always protective enough of Amatus in the face of the Holy Office’s prosecution (Lemos 1907; Friedenwald 1944: 332-345).

This is a convenient point to emphasise that only in Ragusa and Salonica, both of them under Ottoman domination, could Amatus Lusitanus enjoy a continuously peaceful life. On the other hand, Garcia de Orta in Goa led a dual religious life during thirty years, which was only discovered by the Inquisition in 1580, years after his death, while Rodrigo de Castro and Abraham Zacuto returned to Judaism and fully lived their ancestors’ religion during the last decades of their lives in Hamburg and Amsterdam, respectively.

*The intellectual world of the Iberian converso practitioners*

The reconstruction of the intellectual world of the Iberian *converso* practitioners relies on their preserved written works, both printed and manuscript. These mostly deal with medical topics, although the number of those dedicated to natural or moral philosophy issues is significant and, in the case of those, like Cardoso and Orábio de Castro, who converted to Judaism, there is Jewish apologetic literature.

A great deal of these medical works belongs to literary genres that were also largely cultivated by their contemporary old Christian colleagues. There are often texts of practical medicine, like the collections of clinical accounts (*observationes*) by Amatus Lusitanus (Basel, 1556) and Abraham Zacutus Lusitanus (Amsterdam, 1634 and 1642); there is the encyclopaedic compilation by Rodrigo de Castro on women’s diseases (Hamburg, 1603); the plague treatises by Lluís Alcanyís (Valencia, c.1490), Andrés Laguna (Strasburg, 1542), and Rodrigo de Castro (Hamburg, 1596), all of them written on the occasion of epidemic crises in the cities —Valencia, Metz and Hamburg,
respectively—where their authors were developing their professional careers; books of medical remedies in the context of the classical tradition of Dioscorides (Amatus Lusitanus, 1536 and 1553; Andrés Laguna, 1554 and 1555) as well as collecting new simples from the East Indies (García de Orta [Antwerp, 1567], Cristovão da Costa [Burgos, 1578]); and the health regimes by Andrés Laguna (Cologne, 1546) and Henrique Jorge Henríques (Salamanca 1594).

In Laguna’s case, editions and commentaries of medical texts from Greek-Latin Antiquity, with particular attention to Galen and Dioscorides, occupy a significant place in his written production, reflecting his connection with Greek Humanism or Hellenism from his Paris formative years under masters like Jacques Dubois (Jacobus Sylvius), Guenther von Andernach and Jean de la Ruelle. The Hellenist programme for medical reform advocated the recovery—entirely cleansed of any extra-Hellenic additions—of the original Greek medicine, and it openly rejected the Arab and late medieval Latin cultural heritage which Jewish medicine felt fully indebted to. This programme, whose purist and reactionary content was undeniable, exerted a great influence on sixteenth- and seventeenth-century European medicine. Certainly, from the last third of the sixteenth century onwards there was a growing tendency in European university medicine towards a positive revision of the Arab and late medieval Latin heritage—regarding the Hispanic case, López Piñero has called it “Counter-Reformation medical scholasticism” (López Piñero 1979: 351-353). Yet the striking appreciation of Arab medical authorities showed by almost all Iberian converso practitioners under examination in this paper leads me to wonder to what extent it also meant a tacit vindication of their particular cultural identity. Henríques, for instance, alter having underlined the need for the perfect physician to be a great Latinist and to possess a medium knowledge of the Greek language, also recommended medical students learn Arabic in order to “perfectly understand the Arab authorities like Avicenna and Averroes who, even though they have been translated and we have Arabic dictionaries to learn many words that have remained without explanation because of the translators, in their original [Arabic versions] would teach us the truth more clearly, because the scarce [Arabic] knowledge of Avicenna’s interpreters has led many people to err”.  

3 “… entender perfectamente los autores arábigos, como son Avicena, y Averroes, los cuales aunque anden traduzidos, y tengamos diccionarios árabicos para saber muchos vocablos que por causa de los traduzidores quedaron sin exposición, con todo sabidos originalmente nos enseñarían más claramente la
Conversely, Laguna’s marked alignment with medical Hellenism could correspond not only to the development of his training and early career in some of the places and periods of greatest stridency of this movement, but also to a presumable rejection of his own Jewish identity (Caro Baroja 1978: II, 188-189, note 55). His already-mentioned determination to wipe away the traces of his *converso* lineage seems to point at the same direction.

Along with this positive re-evaluation of the Arab and late medieval Latin heritage, the intellectual profile of early modern Iberian *converso* practitioners was characterised by a marked eclecticism that was respectful of ancient, medieval, and renaissance medical authorities; however it remained within the limits of the Hippocratic-Galenist medical tradition, with an explicit rejection of medical sects and neoteric movements. Henríques and De Castro plainly illustrate this rather traditional intellectual profile. The former insisted that along with the doctrines of Hippocrates and Galen, whom he considered to be the two major medical authorities, practitioners should also know those of Avicenna, Paul of Aegina, Rhazes, Aetius of Amida, Alexander of Tralles, Celsus, Haly Abbas and Johannes Actuarius, among other many Latin, Arab and Byzantine authorities mentioned, both ancient and medieval; and that they should “work hard to imitate these serious men in all the good and fruitful things they wrote for their faculty, because imitation makes errors diminish, art to grow, difficult things to turn into easy, and the mind to lighten”.

The same could be said of Rodrigo de Castro, who was very critical not only of those physicians belonging to sects (the Empiricists, Methodists, and Rationalists), supposedly because with their endless confrontations trying to destroy each other they put their patients’ lives under serious risk; but also of those who, in searching for their own glory, scorned the authorities (Galen, Celsus, Avicenna) and only leant on their

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4 The case of the young Diego Mateo Zapata (1666-1745), who in the late seventeenth century fought the chemical doctors before “converting” into one of them, is an illustrative late instance of this traditional intellectual profile among Iberian *converso* practitioners. See Pardo Tomás 2004.

5 “trabajar mucho por imitar estos graves varones en todo lo bueno y provechoso que escribieron para su facultad, porque con la imitación menguan los errores, el arte crece, lo dificultoso se buelve fácil, y el entendimiento se alivia” (Henríques 1595: 103).
own experience. De Castro called for the presence in the medical practitioners’ libraries of authorities, such as the Arabs (Avicenna, Averroes, Rhazes, Avenzoar, Mesue and Serapion), the Latin medievals (Pietro d’Abano, Petrus Hispanus, Gentile da Foligno, Guy de Chauliac, Matteo del Garbo, Hugo da Siena, Niccolò Falcucci, Jacoppo da Forli, Jacques Despars, Antonio Guaineri and Bartolomeo Montagnana, among others), and the renaissance writers (Guenther von Andernach, Jean de Gorris, François Valleriola, Jean Fernel, Georgius Bertinus, Cristóbal de Vega, and Luis Mercado); and rejected the “chemists’ sect” that he called the “fourth medical heresy” (De Castro 1662: 84-91, 14-19). As a part of his self-affirmation of his identity as a “new Jew” —after years of medical practice in Lisbon, in 1594 he had moved to Hamburg and converted to Judaism— De Castro approved the medical use of the allegedly magical powers of Kabala, in contrast to his total rejection of the pagan forms of magical healing that he condemned as superstitious (De Castro 1662: 223-238, particularly 224; Ruderman 1995: 297-299). Besides, he condemned Paracelsus, whose opposition to the idea that Jews possessed a talent for medicine superior to the gentiles’ one, and his demand for an exclusively Christian ministry of this art, he could by no means ignore (De Castro 1662: 14; Ruderman 1995: 245-246).

Yet apart from the positive valuation of the cabalistic tradition, the above-mentioned features indicate a rather traditional medical profile, though hardly exclusive to Iberian converso practitioners, since these features correspond to the neo-Scholastic thought that was dominant in sixteenth- and seventeenth-century Spanish and Portuguese universities, where both groups of practitioners —converso and old Christian— had been trained (Kaplan 1989: 314). A nonconformist driving force could be, however, a more significant feature differentiating the new Christians from the old ones. In the medical field, this driving force appears to be well reflected in a literary genre that was frequently deployed by converso practitioners, namely works on medical ethics and etiquette. These were writings referring to the physicians’ obligations, their intellectual and moral basis, the conditions for their professional training and practice, and the framework of their relationships with other health practitioners. In this field, two printed works stand out from the rest, namely the Retrato del perfecto médico (1595) by Henrique Jorge Henríques, and the Medicus-Politicus, sive De officiis medico-politicis tractatus (1614) by Rodrigo de Castro.
Henriques’ *Retrato* reflects a professional ideal rooted in the dominant values of Counter-Reformation Spain, even though its author’s dissatisfaction with so many aspects of medical training and practice in late sixteenth-century Castile, and his political and moral proposals to improve the art, actually made his portrait of the perfect physician, to a great extent, its reverse. Henriques’ attention was focused on such issues as the weak arts training, the low educational standards in the medical faculties, the lack of travel experience and of professional control, and the exclusion of competent practitioners and the promotion of the inefficient ones (Arrizabalaga 1996: 89-91). In this last topic he explicitly denounced the serious discrimination that resulted from the application of purity of blood statutes to the selection of those practitioners who would occupy the public positions (“cargos y officios públicos”).

On the other hand, the *Medicus-Politicus* represents the vindication of a political role for the medical profession by a new Jewish practitioner, Rodrigo de Castro, who, from a prominent social position in the Hanseatic city of Hamburg, reaffirmed himself without hesitation as a member of the Jewish community. De Castro painted the portraits of the good and the bad physicians, firmly established a connection between medicine, religion, and moral virtue, and presented king Solomon as the archetype of the fusion between medicine and politics (De Castro 1662: 51; Ruderman 1995: 295-299). The line along which the original stigma of the Jewish practitioner was here being transformed into a sign of honour, would progress further in the hands of his son Benedict de Castro who, in the Jewish apology *Flagellum calumniantium* (1631) which he wrote as a reply to a libel against Portuguese Jewish practitioners, established that the physician’s “holy task” was a specifically Jewish venture (Ruderman 1995: 299-305).

I cannot end without referring, even briefly, to the books of ‘problems’ of natural and moral philosophy. This popular literary genre in late medieval and early modern Europe enjoyed a wide diffusion through the sixteenth- and seventeenth-century printing press, and was very assiduously adopted by Iberian *converso* practitioners —Francisco López de Villalobos and Alonso López de Corella were among the authors of collections of ‘problems’ which were repeatedly printed— although they were by no means the only ones who did so. This is, doubtless, something which confirms the attraction for the books of problems among their patrons and, more generally, among the civil and
ecclesiastical nobility whose courts were the main scene of their activities. Yet, Iberian converso practitioners’ presumable taste for this genre, the roots of which go back to pseudo-Aristotelian Problemata, might be also culturally indebted to the rabbinical responsa —rabbis’ collections of decisions, presented in a structure of questions and responses about specific cases, reflecting new natural and moral problems that had not been considered in the Jewish holy books and that set legal precedents for future occasions. Anyhow, this is a question demanding further exploration, so I will leave it open for now.
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