Jose Gregorio Hernandez: A Chameleonic Presence in the Eye of the Medical Hurricane

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On several occasions, the establishment of an identification between hysterical states and the phenomena of supernatural prayer has been attempted. In particular, saints' ecstasy has been considered as a hysterical ecstasy; all mystical authors, and particularly Saint Theresa [of Jesus], have been definitely situated among the hysteric by those who recognize this identification.

But everyone who wishes to calmly and scientifically study simultaneously both hysteria and the psychology of saints, will find such a dissimilarity between them that they will necessarily be lead to reach the opposite conclusion. This identification can only be admitted by those who lack knowledge about both hysteria or saints' ecstasy.

Indeed, hysterics are sick persons who show, besides the particular symptoms of their disease, certain stigmas in their moral and physical beings, which are representative of a necessary field for the development of neurosis. They are irritable, capricious, passionate; they enjoy creating a spectacle for those present, because their constant aim is to attract attention. They are timorous, and completely lack moral and physical strength; sometimes they are astute, prone to lying and obstinate.

Their cognitive abilities are very limited; they are incapable of any sustained effort of will; they are also incapable of reflection, and they present the signs of an overwhelming intellectual inferiority, specially those who have reached ecstatic states, which, when completely established, put an end to the intelligence of the sick person who, finally, declines to idiocy . . .

Let us examine now the magnificent spectacle of the life of the saints; and let us choose Saint Theresa of Jesus as the most appropriate case, as she has been most frequently labeled as afflicted by hysteria . . .

When she was forty years old, she was graced with supernatural prayer, and then she began reaching ecstatic states. During them, nothing ostentatious happened; neither convulsions, nor theatrical positions, nor tetanic states, nor hallucinations.

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Those who saw her in these moments where struck with respect and admiration upon seeing the serenity and beauty of her features, and the introspection and modesty of her whole being . . .

There does not exist, then, any identification, even the slightest one, between the so called hysterical ecstasy and the true ecstasy of the Saints, which consists of an entrapment of the intellectual abilities produced by supernatural contemplation; to confuse them is to clearly demonstrate a lack of sufficient knowledge of both states.

José Gregorio Hernández (1912:59-62)²

A Profile of Jose Gregorio Hernandez

In his Elementos de Filosofia, published in 1912, the Venezuelan doctor José Gregorio Hernández (1864-1919) explored the modalities and moralities of ecstatic experiences. To the extent that these quotes represent an important segment of his thought and philosophies of life and science, they intriguingly foreshadow the swinging balance of his remembrance and continued practice in contemporary Venezuela. Destiny is sometimes mischievous. Or perhaps it is not. What seems certain is that it twists projects and at the same time crystallizes and dissolves purposes. It creates spaces of convergence where before there were but fundamental, insuperable incompatibilities. It mixes categories.

Both a medical doctor and an admirer and enthusiastic practitioner of certain mystical disciplines,³ Dr. Hernández's life-style and his tragic death have made him a role model whose life has astonishing potential for multiple but highly intertwined interpretations. The ambiguous nature of José Gregorio Hernández and the numerous facets of his personality put him at the intersection of biomedical and popular healing practices. The ways in which his image, history and charisma are re-invoked in contemporary Venezuela provide a glimpse of the ongoing transactions taking place between hegemonic and subaltern healing environments.⁴ The chameleonic, circulating, generative image of José Gregorio allows for the production of novel spaces for alternative healing which challenge, as well as feed off of, the very presence of biomedicine itself. In this paper, I analyze his central role in the medical dispute for symbols, legitimacies and practices taking place in contemporary Venezuela. Before this, however, we

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2. Throughout the text, all translations are my own.
3. The mystical life-style of José Gregorio Hernández is glorified in almost every account or biography minimally dealing with his personality. In the pages of his apologists and in the interminable chain of tattling of oral tradition, the main features that have somehow trickled down to the contemporary memories of the doctor include charity, piety, abstinence, chastity, fasting, orations, vigils, contemplation or even dissociation (Margolies 1984:31ff; 1988:98; see also Núñez Ponte 1924: 94-99; and Cacua Prada 1987: 42; 55). However, Margolies, who has extensively studied his transformation into a popular saint, boldly warns us of how difficult is to “segregate the man himself from the abstract contemporary creation of the famous folk saint” (1988: 96).
may ask just who was this prodigious man who played such an influential part in the establishment and reorganization of some of the specialties of modern medicine in Venezuela, who is today an energetic popular saint, an official Saint-in-the-making, and one of the main healing spirits in the widespread spirit possession cult of Maria Lionza.

José Gregorio Hernández was born in Isonotú, State of Trujillo, in 1864. Raised in a conservative and rigorously catholic neo-bourgeois family, he soon entertained the idea of becoming a priest, but obediently accepted the medical career that his father had already chosen for him (Martin 1983: 244). When he was fourteen years old, he moved to Caracas to pursue his studies. He graduated in Medical Sciences in 1888, and then went to Paris for two years with a Government grant. In Paris he specialized in normal and pathological histology, and experimental physiology and bacteriology. Eventually, he purchased the necessary equipment for creating a pioneer laboratory of Experimental Physiology and Bacteriology in the University of Caracas (Carvallo 1952: 21).

Upon returning to Caracas in 1891 Hernandez assumed the recently created chairs of the three specialties he had studied in France. He then went on to devote 28 years of his life to teaching in the University. His main contributions to experimental medicine, which he is also believed to have founded or at least configured, can be summarized as follows: he brought to Venezuela the first microscope; introduced the cellular theory of Virchow regarding the structure of the cell and of the organic tissues; inquired for the first time in Venezuela of embryological processes; explored the etiology of vernacular pathology; performed the first vivisections; isolated the “bacillus pestis” in patients attacked by the plague in 1909; and published studies on Bilharziasis, Tuberculosis, the red corpuscles and the Yellow Fever (Dominguez 1982: 246). Overall, while he is glorified in some accounts as the “Venezuelan Pasteur,” responsible for a momentous breakthrough in the development of medical knowledge in Venezuela (Núñez Ponte 1924:26ff; Perera 1951: 219), his contributions as a ground-breaking researcher have been notoriously played down by others (Archilla 1966: 303). What no one seems to doubt, however, are both his excellence as a university professor and his virtues as medical practitioner. Some characteristic features of his practice include the pioneering use of laboratory analysis and the consequent “scientification” of diagnosis, the use of watch and thermometer as fundamental clinical tools, his refusal to touch the bodies of the patients and his refusal to treat sexually-related illness (which reinforces his aura of asexualism and the mystical quality of his medical habits), and the handwriting of prescriptions in scratch paper (Martin 1983: 248; Margolies 1984: 29; Cacua Prada 1987: 42-43). During the course of his career, not only as a professional medical doctor but also after his death, in his continuing practice as a popular saint and as a spirit-

4. When referring to the terms “hegemony” and “subalternity” or their synonyms, I have in mind William’s discussion of hegemony and the “emergent” (1977:108-127). Hegemony is always a historical process rather than a structure, and “it has continually to be renewed, recreated, defended and modified. It is also continually resisted, limited, altered, challenged by pressures not at all his own” (ibid.: 122). Williams considers the process of emergence as the oppositional creation of “new meanings and values, new practices, new relationships and kinds of relationships” from two different sources: class, and a hegemonically neglected consciousness of “alternative perceptions and practices in the material world” (ibid.: 123-25).
doctor, he has developed a particular prestige for his consideration towards needy people to the extent that one of his main attributes today is that of being a paradigmatic incarnation of the folk figure of the "doctor of the poor."

During the last years of his life José Gregorio Hernández engaged in a flirtation with priesthood and monastic disciplines. This epitomized his intense and permanent engagement with religion. Such profound religious commitment sometimes conflicted with his scientific endeavor both in practical and in ideological terms. Trapped in a dense web of technological and scientific discoveries as well as religious faith, he emphatically defended creationism and the hand of God against the "pagan dangers" embodied in the new evolutionism proposed by Darwin. He thus involved himself in some rather bitter professional debates (Martin 1983: 248; see also Dominguez 1982: 180). In the last decade of his life, his religious devotion led him through an elusive itinerary of mystical purification. When he was 43 years old and already a rather prestigious doctor, he abandoned everything and silently entered the Carthusian Monastery of Fameta (Italy) as a friar (Fray Marcelo), and spent some eight months there until his fragile health forced him back to Venezuela. He then made a new attempt at religious life and joined the Seminario Metropolitano in Caracas, where he again entertained his childhood dream of becoming a priest. Pressure from his colleagues and students, however, resulted in his return to the University. In 1913 he made his last pledge and went to Rome to join the Colegio Pio-Latino as an intermediate step to finally entering the order of the Carthusians. But again, his weak health prompted him to remain a doctor. José Gregorio died on June 29, 1919, after having been run over by one of the first cars ever to drive the streets of Caracas. The car was allegedly driven by one of his patients. An early victim of Venezuelan modernity, the uncanny circumstances of his passing again evoke thoughts of irony and contradiction, of mystery and predestination.

Hernandez's death caused a great commotion in Caracas. Many stores and public services closed in a "pious strike" (Dominguez 1982: 256), starting a spiral of popular grief that official edicts were unable to absorb completely. More than thirty thousand citizens gathered for the funeral procession and, according to the newspapers of the time, the emotional crowd did not allow the coffin to be placed into the funereal float that the authorities had provided. Instead, they carried it on their shoulders to the cemetery. Accounts record a tense, magic atmosphere of torches sparkling along the way. "Dr. Hernández is ours," the multitude is reported to have passionately shouted (Fernández 1988: 182). Thus, from the very moment of his death, a symbolic struggle which was only going to escalate afterwards erupted around the memory of José Gregorio Hernández, the "doctor of the poor."

A number of Venezuelan commentators have explored the political economy in which his emergence as a popular saint took place. According to Gustavo Martin:

It is important to bear in mind that it was during the government of General Gómez (1908-1935), the moment in which Dr. Hernández unwound his career, when the true process of capitalist development started in Venezuela. The old pre-capitalist social relations of production started being substituted. The old signs, even the religious ones, tended to yield to the strength of the new beliefs brought about by capitalism (Martin 1983: 256).
Louise Margolies similarly stresses how this shift in the relations of production --linked to the advent of the massive movements of rural population into the cities that started in the 1930s-- created a particularly sensitive social mood where new cultural expressions of a sacred nature found a proper environment in which to thrive (Margolies 1984: 14). The main factor in bringing about this profound reorganization of the social, political, cultural and economic configuration of Venezuela was the beginning of the exploitation of the oil fields, which started in 1917. As early as 1930, oil already accounted for more than 88% of Venezuelan total exports, completely marginalizing the former coffee dominated mono-exporting economy and starting a series of recurrent deliriums of oil-wealth and progress among the economic and intellectual elites (Izard 1986: 205; Watts 1992). These dramatic changes, obviously experienced differently on the other side of the oil boom, are widely considered to be catalysts of this particular religious response --although it would be inaccurate to make San Gregorio a mere epiphenomenon of these political-economic developments.

In its first years, the cult of José Gregorio crystallized around his tomb, which soon became a pilgrimage site. Informal networks of communication quickly spread the news of the extraordinary healings that were taking place there, as well as word of a string of miracles. Culturally-rooted beliefs in the supernatural nature of the healer and the process of healing were conveyed by his icon. As a popular saint today, his healing acts are instrumentally mediated by a kind of ritual contract articulated around the "promises" (promesas) of unwavering faith, pilgrimages to his sanctuaries and other kinds of payments (Margolies 1984: 33, 1988: 107; Martin 1983: 266). His most common miracles include night-time visitations or even performances of "psychic surgery" in dreams. It is often reported that he leaves behind very tangible traces of his fleeting presence such as medical prescriptions, glasses with colored liquids, discarded surgical instruments and prodigious scars on the bodies of the patients.

The following story, which spells out some of the textures of these evanescent encounters with San Gregorio, was narrated to me by Maria Elena in Caracas on February 2, 1994. A spiritist told her that the terrible headaches from which her mother suffered could not be healed by doctors (her father himself is a doctor). The spiritist also said that the cause of her mother's suffering resulted from a cattle head buried in her garden in a specific place that she named. They actually found the cattle head where the medium had predicted. However, the spiritist then recommended that Maria Elena's mother be treated by José Gregorio Hernández during sleep. The procedure, in which a simplified sanitized hospital environment is reproduced, was to be as follows: the patient had to be lying in bed dressed entirely in white. The sheets on which she lay had to be white as well. Maria Elena's mother was instructed by the medium to keep a number of surgical tools like scalpels, needles and suture, a hypodermic syringe, pure alcohol, a glass of water and a glass of aguardiente on a little table nearby. Maria Elena slept in the other bed in the room, but was told by the spiritist to refrain even from breathing if she heard noises. Eventually, Maria Elena fell into deep sleep. That night, she awoke only once, just in time to see a "white shade" vanishing. In the morning, she found that all the objects her mother had laid out had been used and discarded, and that her mother was feeling much better. Even though her mother had no wounds, the pillow was soaked in blood.

Growing pressure on the saint through the telling of miracles reached a point where the Venezuelan Catholic Church decided to intervene in an attempt to absorb the religious impetus stemming from this charismatic doctor. In 1949, a "process of gathering information" about his
life and miracles started, and in 1958 a complete corpus of documentation was sent to Rome, thus opening the long process of canonization. In 1971, his status as one displaying “fame of sanctity” was accepted, and in 1986 he obtained the degree of “Venerable” (see Margolies 1988:96). However, although his tomb was moved in 1976 to the atrium of the Church of the Candelaria in Caracas (Pollak-Eltz 1987: 82), Hernandez still awaits to be venerated in official sanctuaries. Margolies calculates that he will become a full-fledged Catholic saint around the advent of the new millennium (1984: 30). She presents us with an interesting discussion about the incidence of this process of sanctification in the configuration of the image of Jose Gregorio Hernandez that is now prevalent in Venezuela:

The making of a saint is both a historical process and a fictitious one . . . A biography is created regarding the official saint in the making, one in which the modal personality fulfills the salient requirements for sainthood. Relevant characteristics and pertinent qualities are distilled from a morass of miscellaneous information to create a saintly figure that is completely consonant with the lives of famous saints elsewhere . . . The elevation to spiritual holiness occurred at the expense of individual idiosyncrasies that defined Jose Gregorio Hernandez as a human healer (Margolies 1988: 94).6

Thus, what we find surrounding the figure of Dr. Hernandez is a multi-directional overlapping of the myriad of more or less informed biographies; the human, moral and scientific profiles to be found in “histories” of medicine; the idiosyncratic and prodigious elements contained in a powerful and always emergent oral tradition; and, finally, the orthodox patterns of sainthood derived from the official religious process of canonization and its peculiar forms of textualization. Margolies also refers to the publication of commercial fotonovelas based on his life and miracles (1988:101), and Pollak-Eltz recalls a famous TV series of his life (El Venerable), which was re-broadcast during my fieldwork in Venezuela in 1993-94.7

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5. Michael Taussig has explored comparable “exchanges of magical powers” between folk [shamanic] healing and official Church (with the mediations of popular Catholicism), in Colombia (1987: 157, 168). Appropriations and reappropriations define a dynamic field of transfers where visual images are the main arena for this form of Christianity/paganism reciprocity (ibid; see also 158-9 and 169). In Colombia, Dr. Jose Gregorio Hernandez has also joined the masquerade of images of transition (ibid.: 147-49). The shaman Jose Garcia entertains a composed imagery of healing powers that embraces the spirits of the Indian shamans, the spirit of Jose Gregorio Hernandez, and the Virgin of Lajas (ibid).


7. The international broadcasting of this series has, not surprisingly, contributed to the expansion of his cult outside Venezuela’s boundaries (Pollak-Eltz 1987: 82-3). This author also mentions Colombia (see also note 4), Panama, Curacao, Bonaire and the Dominican Republic as other countries where Jose Gregorio Hernandez is currently venerated (ibid).
The chameleonic nature of José Gregorio Hernández originates in a fluid and polysemic field where potentially subversive *bricolage* are constantly being articulated around a pluralistic healing matrix. The already highly hybridized figure of Dr. José Gregorio Hernández started to infiltrate the spirit possession cult of María Lionza in the 1960's. It is in the context of this popular devotion that the worship of Dr. Hernandez provides a focal point for the oppositions, mediations and identifications between hegemonic and subaltern medical knowledges and practices finds its most powerful expression.

### The Dilating Field of Medical Pluralism

In this section, I will establish a framework to better understand José Gregorio Hernández as the nexus between biomedicine and the cult of María Lionza in Venezuela in a rather volatile context of medical pluralism that seems to be growing more and more sophisticated and complex. In relation to the reshaping of folk healing options in the wake of the rural-urban waves of migration, specifically for Latin American cities, Press anticipated that, "increased diversity of curer style and function in the more urban milieu is reflective of a more heterogeneous range of psychological, social, subcultural and somatic patient needs (Press 1977: 455). Thus, old anthropological stereotypes for *curanderos* and folk healing milieux, mainly elaborated in the literature which analyzes rural peasant contexts, are not immediately translatable to the shifting and radically different conditions of urban settings. Reflecting in more general terms about the impact of modernization and the spread of western medicine on traditional curers, Landy similarly stated that:

While some curers have adapted their roles successfully to the demands of acculturation and others have become so battered as to be attenuated and in danger of extinction, the contact situation may stimulate new, emergent roles (Landy 1977: 475).

Likewise, other authors have stressed that the ubiquitous presence of dominant biomedical frameworks of curing tends more to create fresh spaces for healing alternatives than to successfully eradicate them (Romanucci-Ross 1969: 481; Finkler 1985: 1940). Lock (1989: 50) concludes that modernization is not by any means equivalent to abandonment of "tradition," but rather implies a much more complex rearrangement of the old and the new.

What is the meaning of this broad reordering and relentless proliferation then? On the one hand, studies like Joralemon's (1990) "Selling of the Shaman" have shown the astonishing capacity for survival and hybridity of traditional healers in their role as "cultural brokers," thanks in part to their ability to successfully and freely adapt "received wisdom," or what the anthropologists like to call "tradition," to new social and cultural circumstances (111). Thus, in relation to the unfolding of Western biomedical ideas and practices, folk healers would have acted as a kind of absorbing buffer zone, a point of reference for the articulation of diverse

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semiotic and practical *bricolage* in which the fractures, contradictions, detours and miscommunications among dissimilar healing universes would be simultaneously displayed and reelaborated.

On the other hand, some commentators have critically emphasized the inability of hegemonic biomedical knowledge and practice to offer effective responses to many health related problems -- notwithstanding or maybe because of its institutional implication with the political and economic springs of power. Schepers-Hughes and Lock have made extensive reference to the ways in which biomedicine has de-socialized the illness experience while at the same time developing a drive to increasingly medicalize diverse areas of contemporary life formerly beyond its reach (1991: 421). Along these lines, they argue that this de-socialization involves rendering the larger contexts of suffering irrelevant through the adoption and imposition of "reductionistic, materialistic, rational and secular explanations of disease, distress and misfortune" (ibid.: 411). In a different paper, they stress the nature of the "controlling gaze" involved in medical perception, in which there is a decisive filtering of "more and more human unrest, dissatisfaction, longing and protest into the idiom of sickness, which can be safely managed by doctor-agents" (1987: 27). In this fashion, processes of normalization and pacification concerning bodies and wills manage to deactivate the subtle messages encoded in the "hidden language of pain and protests" (1991: 423). In a now classic text in critical medical anthropology, Taussig also explores biomedicine as an "instrument of social control," and the inherent process of self-alienation contained in patients' acceptance of the biomedical reification of illness as mere disease (1980: 8; 13).

This double movement of retraction (biologization) and expansion (medicalization), coupled with a strong ideological, political and economic impetus, strains the competencies and interventions of Western medicine to deal with areas of human suffering which, because of their heterogeneous nature, tax its narrow domain of curing. Thus, as critical medical anthropology suggests, both the involvement of biomedicine in hegemonic and sophisticated schemes of surveillance, as well as its radical stripping off of the cultural, political and sociological dimensions of sickness -- that is, its radical "thingification" of bodies and human relations (Taussig 1980: 3) -- has resulted in a restrictive exercise of healing and prevents it from being effective in relation to the large number of afflictions in which these dimensions are relevant. Worsley (1982) has emphasized the integral nature of human adversity for, he reminds us:

we are dealing not with *illness*, but with *misfortune* and the prevention of misfortune.
Diviners, curers, oracles, shamans and doctors the world over are consulted certainly about bodily ills, but also mental ills, social problems, and calamities of supernatural provenance which express jealousy, hatred and suspicions emanating from conflicts over land, money and inheritance, over marital and sexual disputes, and from political ambitions and rivalries (327).

Biomedicine's flawed attempts at colonizing misfortune with its circumscribed discourses and its technological bias has had, according to Worsley, a definite impact on the current decline of its forms of authority, particularly on the discrediting of its "privileged monopoly of knowledge relevant to matters of health and illness" (ibid.: 321). In this same vein, Crawford (1984), referring to the US of the 1970's and its awakening as a "toxic society," already
spoke of a certain multifaceted disillusionment with medicine, not only with regard to inefficacy, but with the high costs of medical services and insurance, its bureaucratic indifference, and its iatrogenic outcomes (75).

It would be an overstatement to speak of a “disillusionment” with medicine as a paradigm of human prosperity on the part of subaltern populations living in countries where there was no particular reason to have many illusions about accountable public or private health care in the first place. The most prevalent face of biomedicine available to the popular sectors in Venezuela is largely one of long waiting lists, unavailable and expensive medicines, polluted and crowded hospitals, difficult and selective access, corruption, and residual technologies. But Crawford’s point is significant in this context because it refers to a long-term trend that is not only relevant for the widening and refashioning of medical pluralism in the second and third world, but because it has also contributed to the opening of the field to alternative healing choices in the wealthiest countries.

The unstoppable spread of pluralism speaks bluntly to the necessity for a continuous decentralization of healing knowledges and practices, a complement of inclusions involving mutual recognition of efficacy and legitimacy in the treatment of that complex galaxy of anxiety: misfortune. This is, in fact, the way in which pluralism, no matter what its local configuration, is already widely understood and practiced. As Worsley contends, medical pluralism can be best portrayed as a historical process in which:

any particular consultation is only a stage in a series of stages crucial to the understanding of health seeking as a process, a “career” in which the patient moves through a sequence of status-passages, each with its “timetable.” . . . The patient moves back and forth in a series of “episodes” not only between agents but also between systems (1982: 324).

The very special location of José Gregorio Hernández in the pantheon and healing milieu of the cult of María Lionza, where he cultivates his own brand of medical multiplicity, provides us with an imaginative commentary on the coexistence and osmosis of healing options.

**Notes on Venezuelan Spiritism: The Cult of María Lionza**

At the turn of the century, the cult of María Lionza was a localized peasant devotion rooted in indigenous religious beliefs and practices. It was largely confined to the Venezuelan State of Yaracuy (Barreto 1990: 12). After the 1940’s, amidst broad rural-urban population movements triggered by a cycle of State investments in oil revenues resulting in a process of secondary industrialization (Torrealba 1983: 134), the cult expanded to the cities of the central valleys. This followed the strong pattern of emigration of the local population from both Yaracuy and its neighboring states and was also fostered by the extensive popularization of its myth by a group of intellectuals and artists interested in researching and promoting the multiple

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10. The chronic structural crisis in which the “human right to health” finds itself in contemporary Venezuela can be followed in the very detailed annual reports compiled by PROVEA. See, for example, PROVEA, 1997.
ethnic roots of the nation (Barreto 1990: 22). Membership in the cult has grown dramatically since. It’s locus is located in the shanty towns that surround many contemporary Venezuelan cities.

As a product of the kind of fast modernity brought about by the oil economy, the cluster of beliefs and practices currently assembled under the denomination of ‘cult of María Lionza’ is young, extremely eclectic, and wary of centralized structures. It is also polyphonic, controversial, dialogic, decentered, and peripheral. Its expansion in the wake of rapidly changing socio-economical circumstances has invested it with a kind of plastic nature geared for ingenious bricolage, cutting across institutional arrangements and ideological milieus. Always emergent, always in process, the cult of María Lionza is a factory of paradoxes. It actively mediates old and new, national and foreign, subaltern and hegemonic meanings and practices in a definite language of its own. Its language is one that crucially articulates a radical refashioning of the body in trance and healing.11

Like many of the kin possession cults to be found in South America and the Caribbean, María Lionza is a subaltern religious agency that inhabits vacancies left by official Catholicism and “erudite Protestantism”: namely, that of the mystical cure. According to Giobellina and González (1989: 29), rural popular Catholicism in Brazil, which also tends to inhabit that space, has been more and more absorbed by “non-official religious agencies of cure,” like Umbanda, in the cities. There is a similar pattern in Venezuela, but perhaps more in terms of continued bilateral osmosis rather than in terms of unilateral absorption. In the case of María Lionza, its colonizing quality has also encouraged a strong overlapping with the folk universe of curanderismo, particularly through the healing techniques of the favorite chamarrero spirits.12 This intersection has further opened the field for a number of healing hybrid spaces and roles, and also for a steady flow of the cult into the countryside once its reevaluated in the cities.

The sacred geography of the cult is focalized in the “centers” (centros) that spread mainly throughout the poor neighborhoods of the cities -- the “portals” (portales), creeks and caves situated in many natural spots, and most fundamentally in the sacred mountain of Sorte (Yaracuy) where the Queen María Lionza, the paramount spirit in this popular devotion, inhabits her subterranean palace. Both in the cities and in the mountains, there is competition between different centros for the recruitment of clients and the articulation of stable social networks, and

11. For a discussion of this process, see Ferrándiz, 1995.

12. The very popular and abundant chamarreros are the spirits of peasants, folk healers, brujos and even deceased spiritist mediums. In their most typical stereotype of possession, they behave like old irritable characters with lumbago and arthritis, and a penetrating sense of humor. In general, their main characteristic attributes are the walking stick, the traditional straw hat, the bottle of rum, and the chewing tobacco (chimo). Some of the many spirits that belong this court are Pabla Moreno, D. Lino Valles de las Mercedes, negro Eloy, negro Pio, negro Simón, Macario Blanco, D. Toribio Montañés, Francisca Duarte (ánima del Taguapire), Raúl Sánchez Valero, Juan “Pelao,” negra Matea, and negra Francisca.
accusations of sorcery and fraud (plataneo) are frequent. This type of networking through the informal constitution of multiple and scattered, but internally articulated groups of solidarity is probably responsible for a relevant part of the sociological efficacy of the cult.

In each centro de culto, the person who controls both the group of faithful and the rituals is either the principal medium (materia principal) or the banco, a ritual aid to the medium whose prestige in each case is considerably dependent on his or her own charisma. The bancos are key elements in the dynamics of the cult, as they are responsible for the well-being of the materias. Always guarding the back of the mediums, they act as some sort of mystical “antennas” that receive the spiritual fluids (fluidos) and transfer them into the bodies of the mediums. They then interpret and satisfy the demands of the spirits when possible. There are no fixed rules as to how to become a materia or a banco, and the initiation rites for mediums vary from center to center.

Maria Lionza’s therapeutic rites are structured around spirit possession. In consultation ritual sequences, the patients enter into dialogue with the spirit that possesses the materia, and the bancos mediate the exchanges. The elaboration of diagnosis is ongoing and negotiated. It also comprises an expanding number of divination techniques that include, among others, the reading of tobacco ashes, cards, sea shells, the pulse of the patient, and urine samples. Possessed materias also perform physical examinations of patients. The mystical healing “works” (trabajos) start with various rituals of physical and spiritual purification. The “despoilments” (despojos) are cleansing rites that are intended to expel negative influences from the body before the starting of the ceremonies. They include both Catholic and idiosyncratic prayer, baths in rivers or wells, vaporizations with tobacco smoke, spraying of liquors, the use of branches to hit or candles to warm the body, body rubbing with herb potions and similar spiritual sterilization techniques.

But the most fundamental healing sequences in the cult are the “vigils” (velaciones) that are performed to confront almost any possible affliction and to help developing mediums embody the spirits. In these sequences, the patient or medium lies on the ground, surrounded by a complex sacred space created through ad-hoc combinations of symbolic geometrical figures made out of talcum and colored candles. Some of the techniques described for the disposessions are also used here. These velaciones are festivals of sensuality, where the patient’s body is

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13. The extensive use of tobacco (tabacos) is a crucial feature of the cult of Maria Lionza. Through tobacco smoking, the faithful establish a semi-permanent line of communication with the spirits. The messages are inscribed in the tobacco by the spirits in the way it consumes in the drift of the smoke), in the taste, in the temperature and most fundamentally, in the amazing silhouettes and figures created in the ashes.

14. The dynamism of the cult comes through the fostering of the proliferation of cult-related services that account for a kind of informal economy. Besides the monetary transactions and forms of self-employment generated by the healing ceremonies themselves, there are workshops and perfumerias manufacturing and selling a wealth of ritual elements like candles, elixirs, statues and pictures of spirits, powders, colognes, essences, spiritual carnets, and amulets. These products are also distributed through petty street merchants.
slowly or violently worked through by healing spiritual fluids. In the late 1970's and 1980's, still another new kind of ceremony vigorously emerged in the cult of Maria Lionza. We will briefly explore it after the dynamic pantheon of healing spirits and the particular charisma of José Gregorio Hernández are brought into focus.

Thus far we have referred impersonally to the spirits of the courts of Maria Lionza. No means of reference could be more distant from the actual practice. Most of the spirits are in fact, highly personal, individualized characters heavily laden with symbolism which results from the constant distillation of hegemonic and subaltern cultural, political, social and ethical themes. This personalization of the spirits provides them with idiosyncratic depth.

The realm of spirits in María Lionza is an impressive field for cultural creativity. Old and new heroes and bandit-heroes, TV or film celebrities, national and foreign politicians, late cult leaders, marginal characters -- anyone can achieve a shelter, no matter how borderline or short-termed, in the bodies of the *materias* and in the prayers and altars (*altares*) of the faithful of María Lionza. While there are characters with considerable historical stability in the cult, others just appear shyly in the periphery and silently leave, while still others manage to make their ways to more central positions. Fashion and an uncanny taste for the new are contributing factors to the cycling of personality taking place on the fringes of the pantheon. Although it is difficult, and even irrelevant, to find a universal consensus within the members of the cult as to which are the relative positions of each of the spirits in relation to the others, since the late 1960's their unusual proliferation has prompted the leaders and followers of the cult to group them into different "courts" (*cortes*) that converge at the apex in the figure of María Lionza. Some spirits can be located in more than one court while others tend to be more stationary or even manage to articulate a court of their own. Doctor José Gregorio Hernández belongs to this last category. The most widely recognized courts are: Maria Lionza court; Celestial court; *Chamarreros* court; Indian court; African court; Librators court; Medical court (*corte médica*); Delinquents (*malandros*) court; African and Viking court. Again, mirroring the fluidity and evanescence of the spirits, there are many other courts that are being either displaced or reconstituted, or just maintain low or very local profiles.

**The Spirit Doctors**

As I stated at the end of the first section, the spirit of José Gregorio Hernández became a crucial presence in the cult in the 1960's, a time when he was already a remarkably famous popular saint. His eruption into the cult was spectacular, and he is undoubtedly one of the most charismatic healing spirits today. His purity (*pureza*) in the informal scales of spiritual light (*luz espiritual*) is high and, so the consensus goes in the cult, only *materias* spiritually developed and carefully purified can incorporate him in his plenitude. He is primarily invoked when a serious problem of health overwhelms the healing competence of other spirit -- for example, in the case of a terminal illness. His stereotype of possession is remarkably more constrained than the clichés of other spirits in the pantheon. When José Gregorio touches the flesh of his *materias*,

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15 On the most recent arrivals to the courts of María Lionza, see Ferrándiz, 1996.
there are usually no drums, no tobacco, no obscenity, no heavy drinking, no displays of courage or wit, no powder explosions, no physical or verbal aggression, and no bodily excess. In fact, the sanitized ambiance created in the ceremonies tends to reproduce that of a clinic.\textsuperscript{16}

José Gregorio Hernández, emobed by the mediums, preserves a good deal of the behavioral routines and discursive expertise of a doctor. In his formal consultations (consultas), dressed in a white coat that enhances his controlled body discipline, he politely questions and listens to the patients, examines them, confers with other family members on the extent of the medical problem, operates, disinfects wounds, sometimes refers his patients to living specialists, and scribbles handwritten prescriptions on scratch paper, where his prescriptions allude to patent medicaments instead of herbal remedies or magic elixirs. In María Lionza, the polysemic José Gregorio Hernández is at the same time a respected doctor, a miraculous saint, and a powerful spirit. In his healing performances, biomedical modes of knowledge and practice are at the same time thoroughly pantomimed and fundamentally transformed in nature. Biomedicine is metamorphosed from a scientific technology into a “scientific” gift from the spirits.

As a type of spirit, José Gregorio Hernández is the most genuine representative of the social class of the doctors in the cult. His stereotype of possession, a sort of “medicalization” of a “hysterical ecstasy,” somehow winks back to his philosophical pages (Hernández 1912: 59-62). However, it is particularly in his predicament as healing spirit that the deep mysticism pervading his memory and whatever amount of “hysteria” is contained in his performance find an inviting place for mutual nourishment and symbolic identification.

José Gregorio Hernández has been joined by other eminent deceased doctors in the Medical court: mainly José María Vargas and Luis Razetti. There are many other national and foreign doctors that are invoked, but their influence seems to be much more limited and localized in the overall dynamics of the cult. José Gregorio Hernández is by far the most prestigious and ubiquitous of these three main spirits, and his influence deeply conditions the nature of the others. This “collection” of spirit-doctors is not a random one. It closely mirrors the genealogical triads that can be found in the official texts of History of the Medicine in Venezuela. Archilla, an authorized chronicler of the craft, grounds the foundations of biomedicine in Venezuela in the works of Campins, Vargas and Razetti (1966: 6-7). For Perera, in turn, the most relevant characters were Campins, Vargas and Hernández (1951: 219). The Medical Court in María Lionza is the result of an ingenious re-elaboration of official medical pedigrees in the framework of the flexible pantheon of the cult. It evokes an itinerary of popular imagination with the potential to simultaneously perpetuate and reverse messages originated in academic and institutional discourses.\textsuperscript{17} It is both a celebration and a critique, a recognition and a rebuttal.

\textsuperscript{16} Press has described a similar pattern among certain curanderos in Bogotá, Colombia. See Press, 1977: 458.

\textsuperscript{17} Comaroff has described the somewhat similar phenomena of symbolic absorption in the South African religious field (1985). According to this author, the South African Zionist churches, in creating innovative spaces for the codification of subversive bricolage by appropriating core orthodox Protestant symbols, both perpetuate and transform the original meanings (ibid.: 197-99).
In this favored position, in between official genealogies and spiritist possession, these doctors are able to mediate and provide continuity, in the consciousness of the many Venezuelans that are somehow exposed to the cult, between the distinct knowledges and practices of modern biomedicine and contemporary mystical cure. They effect a fluid exchange of efficacies, and permit medical pluralism to articulate as a continuous field of connected healing practices. The late Dr. José Gregorio Hernández, always multiple and pervasive, a chameleon in the eye of the medical hurricane, is the main axis of transfers.

The space created for the reproduction of medical practices within the cult has recently absorbed a new ceremony that points to the heart of popularly perceived biomedical efficacy: surgery. According to Pollak-Eltz, after certain magical operations performed by Philippine spiritists were publicized in the press in the last decade, they were adopted by some healers linked to the cult of Maria Lionza (1987: 275). In mystical surgery, the patients either lie on the floor on a sheet or in a white-covered stretcher or bed. The action, although it varies from healer to healer, aims to reproduce much of the sanitized environment of a surgery room. The spirit-surgeon and his or her aids and nurses, if any, wear green and white coats, caps and mouth covers, and cover their hands with plastic gloves. Alcohol, disinfecting liquids, bandages, cotton, scissors, syringes, x-rays, surgical instrumental, sponges and thermometers hold an uncanny likeness with the colored statues and pictures of the spirits and the multiple ritual elements composing the adjacent altar. When surgeons and nurses work as a team, the routines reproduce again the flow of utensils and orders characteristic of a hospital operation.

There are two main modalities of operations. Either the surgeon-spirits mechanically reproduce the intervention moving the surgical instruments with precision but without touching the body, or they can perform little incisions and manipulate the area with their hands and sponges soaked with liquids. On occasion, when unwanted circumstances upset the normal flow of the operation, mystical blood transfusions or other emergency procedures are performed. After these medical procedures were already firmly established in the cult through the practice of the spirit-doctors, some other spirits belonging to other courts started to incorporate them into their healing repertoires. Many spirits now routinely perform operaciones, and, in addition to the urine samples or x-rays that are brought to the ceremonies by some patients to be used as divining tools, symbolic x-rays are frequently produced on the spot by pouring liquors, essences, blood, wax and other ritual elements over pieces of cloth or paper, and are used to locate diverse pathologies or intrusive objects in the interior of the body.

On May 12, 1994, I witnessed a remarkable overlap of this techno-mystical field with the procedures of a full-fledged hospital. 18 The nationally famous Portal Poder de Macaria is located in a long and narrow one story building in the central valley city of Maracay (Edo. Aragua) and absorbs over six hundred patients three times a week. The staff is composed of three mediums that work only with spirit-doctors and a number of nurses dressed in pale green gowns that organize the payments, the appointments and the files of each patient. The spirit-doctors (Dr. Caraballo, Dr. Rondón and Dr. Carlos V. Morón were on-call the particular day I visited) have personal offices which display their names on the door. These offices are also used as both access points to the patients and as waiting rooms.

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18. Although I never visited them, I have heard about the existence of similar mystical hospitals in the shantytowns of Petare and Lídice, in Caracas.
consultation and operating rooms. As opposed to the ordinarily slow paced and highly personalized ceremonies of Maria Lionza, healing is fast and largely serialized in *Poder de Macaria*, where the rhythms of mechanized, industrial mass production have been internalized in the organization and distribution of health and symbolic efficacy. Fees are low, and prospective patients have to visit the spiritist center at least three times: first, for the diagnosis (expressed in codified sequences of names and numbers, interpreted for the patient by the nurses), second, for the actual mystical operation, and finally, for the removal of the symbolic stitches one week later. The healing imagery of this massive mystical hospital is dramatically displayed as the patients emerge from the spirit-doctor’s offices with noticeable (sometimes spectacular) post-operation bandages that they should keep in place until the last of the three visits.

Ironically, the initiator of all these transactions between technological and mystical procedures and rhythms, José Gregorio Hernández, was not a surgeon in life, although, as we discussed above, he had started to perform mystical operations as Saint Gregorio very soon after his death. However, both Vargas and Razetti, his main companions in the corte médica, are acclaimed in the academic and scientific milieu for their mastery in the specialty. As the flowery prose of Dr. Travieso puts it, Vargas:

surprises and charms his colleagues [in Puerto Rico, 1817] with the dexterity of his amputations and with his cleverness to find and ligate arteries in cases of aneurysms (1968: 22).

As for Razetti,

his forward and glorious scalpel, trained for so long in the strict disciplines of the amphitheaters, traversed in triumphant route almost every region of the organism, reaching a total statistic performance of more than five thousand interventions (ibid.: 48).

Today, in the bodies of the healing mediums, the deceased doctors continue their careers in a way none of them could have ever predicted. The morbid, heroic aesthetics of Travieso celebrates the cold perforation of inert bodies and the fantastic severance of scores of impersonal members. In the healing universe of the cult of Maria Lionza, as well as in the Philippine techno-mystical operaciones it has recently incorporated, Western medicine transitarily re-encounters traces of its bygone spiritualism, its charming witchcraft and its sociological dimension. The spirit-doctors in the Medical court belong to the transition, to the interface, to the convergence of healing spheres in a contemporary subaltern space of re-elaboration. This mediation embodies a creative proposal for understanding and common ground. For, still, both modalities of healing require and nourish each other.

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19. At the time, roughly $1.50 per visit.
Monopoly and Medicalization

Just as in the eighteenth century France scrutinized by Michael Foucault, the historical development of medicine in Venezuela has involved a continuous and obsessive attempt to disassociate itself from “illegitimate,” non-scientific healing practices, and “quackery” (Foucault 1975: 65). Archilla, in his renowned book, *Historia de la medicina en Venezuela*, refers in dismissive terms to that “evil practice that, from those distant times [Spanish Conquest], has rendered itself incurable, endemic: *curanderismo*” (1966: 51). Curanderismo is, thus, considered the chronic illness of medicine. The establishment of the regulative institution of the *Protomedicato* by the Spanish Crown in 1777 under the request of Dr. Campins, established for the first time the legal monopoly of health by scientific medicine in Venezuela (ibid.: 150). This monopoly on human suffering relied upon an evolving corpus of governing, fiscal and juridical competences. Examinations, fines, institutions, professional corporations, diplomas, inspections and trials were articulated as the instruments of its power to ostracize (ibid.: 147). As a relatively new phenomenon engulfing many of the popular healing roles and practices existing in Venezuela, the cult of Maria Lionza has already been, in its short life, periodically subject to persecution. In a still unpublished text, Barreto (n.d.) describes, after a careful analysis of the national press during the 1950s, a pattern or repression of the cult in which the Catholic Church, the medical establishment and a number of politicians occasionally “united to disqualify (the cult) and penalize its practice” and used for this purpose the infamous *Ley de vagos y maleantes*.20 In this framework, social sanitary campaigns were organized to criminalize, track down and incarcerate *brujos*, or those “enemies of health” in high security jails such as *El Dorado* (ibid.). However, it seems clear that as a carefully engineered project of irrevocable monopoly, one utopically linked to the eventual triumph over disease, the eradication of non-official healing universes has historically failed. Alternative practices, stigmatized as “superstitious,” negligent and downright evil, have not only survived incessant official attempts at coercion, but appear to be currently in a process of definite expansion.

In his laudatory text, Archilla displays a kind of ambivalent fascination, perhaps resolved in an imperfectly contained fright, with the treacherous character of the doctor turned shaman, with the already “civilized” professional voluntarily transformed into a depository of “superstition.”21 In their particular metamorphoses in the cult of Maria Lionza, the doctors of the *corte médica* tend to occupy also this hybrid space of the doctor and the shaman. Broadly speaking about Latin America, Low interprets these phenomena of doctor/Saint and doctor/healing-spirit convergence as a “medicalization of healing cults,” mainly operating through a “secularization of more traditional symbols of religious healing” (1988: 137). This, in turn, would merely contribute to the “increasing medicalization of health care and the growing control

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21. The most famous documented case of reverse colonization, as recorded by Archilla, brings us back to the times of the Conquest, when a certain Francisco Martín, the only survivor of a famous expedition, learned and practiced the crafts of a *piache* (*curandero*) among the Pemón Indians (1966: 51-52).
of the medical sector over life” (ibid.). While this statement seems to be somehow accurate, it dramatically overlooks the important consequences of the growing stream of reverse colonization of healing universes. For what this convergence has of scientific “spill over,”22 it also certainly has of mystical “swallow up.”23 The doctors in the Medical court are, at the same time, demedicalized. The cult of Maria Lionza, that factory of disparates, acts globally as a cohesive framework that, always emerging from below, is able to critically reinterpret hegemonic messages and practices, circumvent short-circuits, and better decipher, heal and empower the “message in the bottle” (see Scheper-Hughes & Lock 1991: 423).

A Final Commentary on Hybridity

In this final section, I would like to stress that the phenomenon described in this paper is a creative and emergent process. The frontier space of healing generated by José Gregorio Hernández is continuously producing new images and blends that stretch the limits of hybridity. On July 12, 1991, under the headline: “Enemies of his Sanctification: They Tried to Conceal the Miracle of José Gregorio Hernández,” the very popular Venezuelan newspaper Últimas Noticias published the dramatic story of a fifteen year old boy who was run over by a truck and was diagnosed with cerebral edema and other severe clinical complications. His miraculous recovery, we are told, astonished the doctors until they realized upon closer scrutiny that José Gregorio (who, it is well to remember, was himself killed by a car) had left his signature, in this case his own silhouette, on some of the CAT scans of the child’s brain that were taken during his stay in the hospital. The newspaper takes credit for breaking a conspiracy of silence, or rather, a conspiracy of science, agreed upon within the medical establishment.

This particular case involves a miracle that, triggered by the prayers of the child’s family, took place in a hospital and might be of some interest to the ecclesiastic officials in charge of the case for his canonization. This is what the doctor José Gregorio Hernández offers, a combined sequence of distinctive in-betweens. The visual testimony provided by the newspaper, a high-tech image of a brain scan inhabited by an enigmatic fuerza, silently evokes the composite healing domain that is steadily taking shape in contemporary Venezuela.

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22. For a discussion of the “spill over effect” of contamination irradiating from scientific knowledge, see Tambiah, 1990: 150.

23. In his interesting discussion on the viability of western scientific knowledge in understanding Azande magical beliefs, P. Winch proposes the extension of the scientific categorial repertoire to encompass alien notions without equivalence (1970:78-111). In a much more spontaneous and practical way, this phenomenon of the creation of a common space for the articulation of distinct rationalities, although going the opposite direction (stemming from a “subjugated knowledge” to encompass fragments of science) and with very different implications, seems to be also occurring in the framework of the cult of Maria Lionza.
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