

Developments in medical units. 1915

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Abstract

In 1915 the political, economic, and social instability initiated the destruction of medical units; they had no administrative bases and they lacked the resources. However, needs encouraged that structures arose to meet the wounded, fractured, and traumatized, called "blood" hospitals and so-called crosses and sanitary trains. (Gac Med Mex. 2016;152:235-9)

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KEY WORDS: Hospital. Mexican revolution. Mexico 1915.

Immersion in 1915 and before 1915

In 1915, the smell of gunpowder in Mexico used to appear, vanish and reappear. It was one of the more violent and complex years of the Mexican Revolution. Events occurred vertiginously. On that year, political disorganization was present, which explains that there were four national chief executives: Eulalio Gutiérrez Ortiz (1880-1939), Roque González Garza (1885-1962), Francisco Lagos Cházaro (1878-1932) and Venustiano Carranza (1859-1920).

Four years before, in 1911, at the Port of Veracruz, Porfirio Díaz said farewell to the country; he had occupied Mexico's presidency from 1876 to 1911. During his administration, many hospitals were created in the entire Mexican territory. Three years later, troops from the USA, a military power, occupied the Port of Veracruz; there was struggle and a heroic resistance of the population was produced. The star spangled banner remained hoisted at the Port from April 27 to November

23. During the combats, several hospitals were damaged. In other part of the country, at Zacatecas, in June there was an impressive battle between the revolutionary forces and the federal army, which brought death along and left thousands of wounded and destroyed buildings, with hospitals practically disappearing. Six months later, early in December 1914, Emiliano Zapata entered Mexico City with groups of peasants in search for their right to land. They had fought against Porfirio Díaz, Francisco I. Madero did not understand them, Victoriano Huerta betrayed them. On December 4 of that year, Zapata and Francisco Villa met, with no project beyond land distribution or administration of justice in the abstract; there were no plans for health-care, public assistance or medical units.

Context

Since the beginning of the revolution, Mexicans suffered different shortages, the society faced tragedies,

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Date of reception: 14-08-2015
Date of acceptance: 17-09-2015

there was economic instability, jobs were scarce, there was social neglect. The population was diminished owing to those who were disappeared, those who died in combat, and those who died from diseases, mainly infectious-contagious, as well as due to migration and as a result of atrocious life conditions – starved to death. At the beginning of 1911, Mexico had 15 million inhabitants and 14 million is estimated in 1920; life expectancy was around 35 years. Our nation was practically illiterate; it was an agrarian society where arms were being taken up without a clear purpose. There was no money, circulating banknotes were not easily accepted and were volatile.

Hospital coverage dimensions

At the beginning of 1910, before the start of the revolution, Mexico had 213 hospitals, 17 in Mexico City and the rest, 196, in the states and territories.

Internal struggles stopped the evolution of Porfirio Díaz regime hospital coverage; some hospitals disappeared totally or partially and improvised hospitals emerged. Medical Units were disorganized, had limited resources and lacked maintenance; some were the victims of robbery and looting, others were transformed; some hospitals were unable to satisfy the demand for services and hospital directors were constantly changed or there wasn't any.

There were four varieties of medical units according to their belonging –ownership– and funding:

- Public: depended on federal, state or municipal support; many were known as civilian hospitals, took care basically of poor people and were supported with government funding.
- Particular, with two varieties: one variety was identified with private charity organizations, hospitals dependent on foreign communities (American, Spanish, French and British), on benefit societies or on the Red Cross, supported by private contributions; the other variety were profit organizations known as private hospitals, sanatoriums and country houses.
- Military: belonging to the Ministry of War and Navy; they comprised hospitals and nurseries and were funded by the federal government.
- Corporate: which were dependant on railroad and mining corporations and companies and provided medical services that were restricted to their workers.

There was no integration or coordination between medical establishments.

As for the medical branch, hospitals were general or specialized, with the latter including maternities, those specialized in mental patients, isolation hospitals and those for eye diseases. There were permanent and improvised hospitals with another focus.

With regard to permanent hospital's medical-architectural design, there were two varieties: those identified with ecclesial buildings of the colonial epoch and those built during the Porfirista stage, which were essentially distributed in wards.

Improvised or provisional hospitals were located in churches, convents, schools, private houses and trains; known as blood hospitals, they cared for wounded and traumatized patients.

In view of the shortage of beds, some hospitals resorted to the use of platforms and bedrolls, with coarse cloth or jute sacks stuffed with plant leaves being used as mattresses and pillows.

Hospital competences

Large part of the population had no access to hospital care out of fear, physical distance or ignorance; patients were attended to under the signs of charity, beneficence or paternalism, with many patients resorting to ancestral practices.

Medical knowledge came from Europe; chloroform was used as anesthetic; sterilization was carried out in autoclaves. Medical therapeutics was based on magistral preparations, pharmaceutical industry was incipient, ampoules came from Europe. Laboratory tests were starting to be used, some biochemical analyses and blood counts were practiced; as for imaging, large X-ray tubes were used. Statistical data on mortality and morbidity were inexistent or were not entirely reliable; there were corpses with no name, anonymous, and parts of corpses with no identified owner. Sometimes there were no coffins enough or nobody knew where to bury the corpses.

Diseases at hospitals

During 1915 there was an emergence “of a series of diseases, and other already centenarian ones were exacerbated, which were magnified by famine”¹. The mobilization of armed and population groups, together with epidemic control interruptions, caused yellow fever, smallpox and typhus outbreaks, and hospitals had to be conditioned. In January 1915, smallpox increased in the Gulf of Mexico states, and sections had to be created in hospitals in order to isolate the patients.

A common disease at hospitals was typhus; to prevent its propagation, several measures were taken to move and admit patients into hospitals².

In words of Dr. Francisco Fernández del Castillo, in 1915, in Mexico City “the number of typhus-infected persons attended to that year and the next, only at the General Hospital, was 600”³, a figure considered to be elevated. The government of the city, through a notice issued on August 30, 1915, stated the following: “In view of the development acquired by the typhus epidemic, I hereby have ordered the General Hospital to immediately prepare the efficacious and necessary services to address as quickly as possible everything that with this regard may occur”⁴. On November 1915, 400 men were attended to at the Tacuba Isolation Hospital.

Years later, an American author expressed: “in 1915 and 1916, the lice of the revolutionary troops reinforced those already dwelling among the famished and miserable people of the capital city; lice pullulated in sties, temples, markets, military quarters and hospitals and, therefore, it is not odd that the *tabardillo* or Mexican typhus endemic has been exacerbated”⁵.

By the end of 1915, Dr. José Joaquín Izquierdo, who would later become president of the National Academy of Medicine, founded a small provisional hospital at the Hacienda and Sugar Refinery of Calipán, in Puebla, to provide care to peasants with typhus.

Hunger at hospitals

To the hunger and diseases of Mexico City’s terrified population, hunger and food shortage were added in 1915, thereby this being considered the “year of the famine”. Hospitals were affected by hunger. On this regard, the June 26, 1915 issue of the *El Renovador: diario de la mañana* newspaper, published in Mexico City, featured a note entitled “Patients will eat *tortillas* instead of bread”, as a result of the shortage of the latter food. The note also explained that the *tortillas* would be manufactured at the hospitals in order to ensure they not contained impure substances that might harm the patients⁶. The first hospitals where this practice was carried out were the General Hospital and the Juárez Hospital of Mexico City. On the other hand, the famine caused for the American Red Cross to express its concerns and carry out acts that were qualified as pious: it offered meals at the American Hospital and other points of the Republic’s capital city.

There were cases of beriberi at hospitals, and indications were that it was a contagious disease, although

one person of Chinese nationality claimed that health improved just by eating mangos and with good general nutrition. The May 10, 1915 issue of Mexico City’s Herald Tribune newspaper transcribed the words of said person: “Tell the *doctols* to send patients to eat mangos and they heal soon, mangos *vely good melecine*”⁷.

Desperation, hunger, poverty, insufficient jobs, bloodshed and diseases caused for hundreds of Mexicans to arrive to American border cities in search of better life conditions; some, with deteriorated health, were hospitalized.

Crosses, provisional hospitals

During the revolution, institutions known as crosses, which were medical care organisms dedicated to provide services to the wounded, were reshaped or created; they represented a social and ethical commitment, and their hospitals were provisional. Victoriano Huerta, the usurper, with regard to the crosses, blasphemed: “I took advantage of institutions such as the Red Cross, the White Cross, the Blue Cross... of I don’t know how many crosses”⁸. In addition, there were the Green Cross, the Solferino Cross and other crosses. The Green Cross only offered its services in Mexico City, but in 1915 reduced them to the minimum, because Huerta didn’t accept them.

In practice, medical services offered by the crosses complemented each other, but each one claimed to be the carrier of good services, trying to strengthen its political prominence.

Their financing was difficult. In Mexico City, on November 28, 1915, at the bull ring El Toreo, a big bullfight was carried out to the benefit of the Red Cross, in order for it to be able to afford medical care-related expenses.

On August 5, 1915, Mexico City’s Mexican Herald newspaper made reference to two provisional hospitals: the Guardiola Hospital, which belonged to the Red Cross, and the Mascarones Hospital, which was identified with the White Cross; the note expressed that they were “with a plethora of wounded”⁹ and they lacked resources. The first one, located at today’s Madero Street, received wounded people coming from armed conflicts at San Ángel, an agricultural area. As for the hospital located at the Mascarones building, it was found at the San Cosme Street, in the Santa María neighborhood, and by the end of that month, it was cleared by indication of Mexico City’s public authorities, and hospitalized patients were carried to military facilities.

Hospital trains

In 1915, hospital distribution had an interesting variation. In spite of damages sustained by the railroad system, some of the sides in combat had hospital trains or sanitary trains, of different composition and size. They were an important answer for the care of the wounded. Larger trains had designated coaches for surgical interventions, hospitalization areas, sterilization section, pharmacy, rest areas for personnel and vaults to carry the money to pay the troops¹⁰. Francisco Villa's North Division, Pablo González' Northeastern Army and Álvaro Obregón's Northwestern Army possessed these medical-railroad resources. Medical victories were Pyrrhic: when somebody died, the wagon's door was slid open and the corpse thrown out.

Hospitals pilloried

We will remember now some of the obstacles confronted in hospitals. In the city of León, in Guanajuato, "in January 1915, several particular domiciles were adapted to serve as blood hospitals, to provide medical attention to those wounded in battles between the Villistas and Álvaro Obregón's troops"¹¹. Two months later, the *El Demócrata* newspaper, published in that city, referring to the Civilian Hospital, on its March 2, 1915 issue, critically expressed: "Watching the building used as hospital is enough to understand that the only adaptation for it to meet its purposes would be taking it into pieces and build a new one from the foundation; men's accommodations would better serve for seed storage; they consist only of two rather long, but too narrow wards, where patients are crammed into; the dissection hall could be the envy of a stable, there are flies by the thousands; resources for food and medications are insufficient; doctors, who work for free, cannot perform miracles"¹². One month later, on April 1915, the North Division artillery left no hospital intact in that city.

In another part of the country, at the city of San Luis Potosí, combats caused for the Miguel Otero Civilian Hospital to practically stop providing services; its premises were torn apart, there was shortage of personnel, there was no food.

Southeast of the country, at the admission wards of the Comitán Hospital, death made its appearance everyday owing to the lack of personnel and resources.

On April 1915, when constitutionalist forces' wounded soldiers arrived to Querétaro; they were denied

medical attention at hospitals, and intervention by General Álvaro Obregón was required in order for services to be provided.

The famous Celaya battle, in Guanajuato, on July 1915, led to the destruction of many constructions and materials; a few weeks later, Francisco Villa recognized the damages caused to the Celaya Municipal Hospital and, with the purpose of earning the people's goodwill, he donated a French operating table.

In another part of the country, in the State of Mexico, the Toluca General Hospital physically and functionally suffered the encounters between combatants, and the Nuestra Señora de los Desamparados Hospital, located in Texcoco, was turned into military barracks.

In Mérida, Yucatán, there was a military insurrection, and the wounded were brought to the Dr. Agustín O'Horan Hospital, founded during the Porfirista period.

In Mexico City, in spite of the difficult socio-economic situation, two "charlatanesque institutes" were created. One was the so-called British Medical Institute, led by two foreign physicians, and Irishman and an Englishman, who claimed to cure nephritis, tuberculosis, epilepsy and "secret diseases". The other organism was the Mendizábal Institute, which treated patients with electrical machines, by placing an electrical grid onto their waists.

Collective labor agreements and medical care. Railroads

In the middle of the revolution, in spite of the warring fever and railroad tracks destruction, in 1915, the first collective labor agreements were signed between the different railroad companies, which were of foreign origin, and trade union groups, which were just starting to exist. As a consequence of these agreements, the Colonia Hospital in Mexico City had to be expanded. Medical care was restricted to occupational accidents.

More history, less medical ideology by Venustiano Carranza

Venustiano Carranza, chief of the Constitutionalist Army, showed signs not favoring medical care and research. On January 15, 1915, he suppressed the National Lottery since, in his opinion, it failed to fulfill its social function of helping the neediest. The National Lottery provided economic support for the sustenance

of hospitals. Carranza expressed: "It was merely a gambling business, supported, fostered and exploited to the benefit of the public funds, but with grave detriment of public moral and interests". In Mexico City, the National Lottery supported the General Hospital, the Juárez Hospital, the Homeopathic Hospital and the Castañeda Insane Asylum, which were hospital-care icons¹³⁻¹⁶.

Carranza was harsh on the Catholic cult; hospitals identified in some way with this practice had their activities limited, some suffered robberies and their personnel, particularly the nuns, who served as nurses, were the subject of abuse. On June 11, 1915, the constitutional government pointed out that the Reform Laws should be obeyed.

On September 1915, Carranza, president of the Mexican Republic, from the Port of Veracruz, capital city of the country, ordered the closure of the National Medical Institute, an organism where breakthroughs had been achieved in Mexican scientific research, particularly on medical aspects related to the fauna, flora, climatology and geography. It was a grave decision: the door was closed not only to investigational tasks, but also to teaching, diffusion and publications.

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