

***“Conquering Sickness: Race, Health, and Colonization in the Texas Borderlands by Mark Allan Goldberg,” Evan C. Rothera, Sam Houston State University***

**Conquering Sickness: Race, Health, and Colonization in the Texas Borderlands** by Mark Allan Goldberg. University of Nebraska Press, 2017, 258 pp. ISBN: 978 0 8032 8588 0, Hardback, £44.00.

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*Conquering Sickness* explores Spanish, Mexican, and United States understandings of health and medicine in the Texas borderlands. Conquest was never just about armed force and Mark Allan Goldberg, currently Associate Professor of History at the University of Houston, analyzes how ideas about health, healing, and medicine allowed colonizers to create a sense of superiority about the alleged benefits of their particular brand of civilization. In other words, colonizers juxtaposed their “healthy” practices with “unhealthy” indigenous practices. However, as he correctly notes, this story contains a profound irony. Although colonizers attempted to impose their viewpoints on indigenous people and often regarded them as backward, they nevertheless utilized and appropriated native health practices. Thus, borderlands health and medicine not only blended practices from different cultures but became sites of exchange and of control. At its heart, this book “is a story about people, how they lived, and how they navigated their rapidly changing world” (pp. 15).

Goldberg begins by discussing Spanish efforts to create healthful settlements and Spanish medical therapies in Texas. Smallpox, as in the rest of the Americas, exacted a heavy price from Texas and outbreaks “forced the crown to attempt medical treatment on a grand scale” (pp. 23). This included establishing regulations for proper behavior during outbreaks and attempting to inoculate people. Colonists themselves, once settled, “preserved their health by praying, watching what they ate, and administering effective curative practices when sick” (pp. 27). As stated above, Spaniards saw “their forms of medicine as markers of civilization, as the right and proper way to treat patients and tackle disease” (pp. 17). However, despite the pronounced efforts of some Spaniards, the boundaries between Spanish and native healing were fluid. Indeed, “healing in New Spain shows that Spanish-Indian interactions resulted in hybrid medicine, that Spanish colonists relied on multiple healing customs, and that Spanish physicians borrowed from Native healers,” (pp. 38).

If the Spaniards worried about their own health, and they most assuredly did, they also focused on the health of indigenous people. Priests played a vital role in colonization because of their strenuous efforts, through missions, to transform “sickly” indigenous

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people into “healthy” Spanish subjects. Most priests did not distinguish between saving souls and preserving Indian health. Spaniards used food stores to attract coastal Indians to missions. They made Indians wear specific types of clothing, which highlighted the links between physical and moral health in the Spanish mind. Mexican independence from Spain marked the end of missions because many Mexican officials believed the mission project outdated and “Tejano elites did not dwell on improving Indian health” (pp. 59).

Texas under Mexican rule was both similar and different to Texas under Spanish rule. Goldberg employs an 1833 cholera epidemic in the state of Coahuila y Texas to analyze health and medicine’s role in Mexican nation building. As with Spaniards, Mexicans believed their medicine and healing practices superior to indigenous practices. In addition, also like Spaniards, they considered indigenous people backward because of their medical practices, among other reasons. However, in the midst of a terrible cholera epidemic, “healing practices that made the Indians ‘backward’ and ‘not Mexican’ suddenly became relevant, as state officials witnessed the mortality rate skyrocket and public health initiatives fail. Physicians sought new healing knowledge to combat the devastating disease, and they ultimately turned to mission Indians in Tamaulipas” (pp. 66). In essence, medical and state authorities appropriated indigenous healing practices to fix a national public health crisis. Cross-cultural interactions continued to influence the practice of medicine. However, as physicians appropriated indigenous therapies such as peyote, they made them “Mexican.” In other words, Mexicans, like the Spanish and, later U.S. colonizers, appropriated indigenous medical practices and claimed them as their own. These appropriations had important consequences because they allowed Mexican doctors to “participate in contemporary global medical innovations” (pp. 93).

In 1836, Texas seceded from Mexico. The United States annexed Texas in 1845. Thus, a new group of colonizers quickly arrived on scene: Anglos from the United States. Goldberg contends, “a focus on health in central Texas during the antebellum period highlights how U.S. westward expansion, Comanche displacement, and black chattel slavery were interconnected” (pp. 100). He argues that Anglo depictions of Comanche unhealthiness allowed them to arrive at a more definite understanding of their own health and future in Texas. However, “as in Spanish missions, the U.S. government was trying to teach Comanches how to be healthy on the reservation while simultaneously contributing to unhealthy living conditions for Indians both on and off of the reserves” (pp. 122). In other words, when Anglos discussed Comanche health, they often overlooked other factors for Comanche sickness. In addition, cross-cultural exchange helped enslaved healers address slave health in Texas.

Anglos exhibited prejudice against Mexicans, describing them as unhealthy, although Anglos often relied on Mexican women’s labor. It seemed that each new group of colonizers held negative attitudes about indigenous people as well as former groups of colonizers. However, as in previous eras, “Anglo migrants and doctors felt they could learn a lot about healthy living in this unfamiliar place by observing the local Mexican population” (pp. 133). Medicine again became a site of cross-cultural exchange. Thus, even though “Anglos saw ethnic Mexicans as unhealthy, they still looked to their Mexican neighbors’ medical knowledge when grappling with sickness in their new surroundings” (pp. 150). Military surgeons relied on local populations for plant knowledge and local healing. Critically, “even though military physicians stationed in south Texas referred to ethnic Mexicans as ignorant and superstitious and decried their so-called unhealthy living,

they never disparaged Mexican medicine in their reports” (pp. 157). Just as Mexicans had appropriated Indian health practices, so Anglos appropriated Mexican health practices. Surgeons employed the use of maguey juice to cure scurvy. Goldberg notes, here and throughout the book, that the colonized had a profound impact on the attitudes and practices of the colonizers.

*Conquering Sickness* illustrates “that between the late colonial Spanish period and the first decades after the United States annexed northern Mexico, health shaped cross-cultural encounters and Spanish, Mexican, and Anglo-American colonial projects” (pp. 164). Goldberg does an excellent job, in this subtle and nuanced book, of exploring how ideas about health and medicine played a role in conquest. He is quite attentive to the role of irony and charts how new groups of colonizers replicated both older attitudes and older practices of appropriation. He makes an important contribution to borderlands studies as well as to analysis of public health measures in the nineteenth century. In sum, this book will appeal to readers in many disciplines and will be useful in graduate seminars when discussing race, environment, public health, and expansion and empire.