

## Health and Disease in the Colombian Civil Wars of the 19th Century. The 1000 Days War

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*Every gun that is made, every warship launched, every rocket fired, signifies, in the final sense, a theft from those who are in hunger and are not fed, those who are cold and not clothed.*

*This world in arms is not spending money alone. It is spending the sweat of its laborers, the genius of its scientists, the hopes of its children.*

*Dwight D. Eisenhower*<sup>1</sup>

During the 19th century Colombia was not a country to be admired for its great thinkers, artists, and technological advances, but the way it faced its internal social, economic, religious, and political problems remains striking.<sup>2</sup> After all, the ideals of the Enlightenment that materialized during the French Revolution and the rising nation states that sought to establish independence, found by means of revolution or civil war, the way to solve the conflicts that divided its citizens. In this manner, Colombia boasts “nine great civil wars, fourteen domestic civil wars, two international wars (both with Ecuador), three cessation attempts, including that of Panama, and a failed conspiracy”<sup>3</sup>. Colombians faced 28 wars during the 19th century; by far the most of any Latin American country, followed only by Argentina, which suffered a similar number of internal confrontations. This high frequency of wars causes one to ponder if the Colombian population was so large that the damaging results of a war, in demographic terms, did not have such a great impact. If the wars, however, were of a manner that they did not produce such a high number of casualties as to avoid future confrontations or leave a definitive winner. These previous reasons, however, are only suppositions and do not explain in totality the complexity of civil war.

Although Colombia did not host such a relatively large population, it did possess one of the larger populations in Latin America with some 2,931,910 in 1870<sup>4</sup>. Which makes it more or less the third most populous nation. Evidently Colombia suffered many blows to its demographics at the hand of war; during the longest, the War of the *1000 Days*, some 80,000 out of 4,138,000 were lost<sup>5</sup>, representing 2% of the population. At this time, with a loss of almost 2% of the population, the majority of these deaths were due to endemic diseases, malnutrition, and poor care rather than due to the adversaries' weapons. As shown in the works of doctors and scientific historians, the majority of bullet wounds were not accurate enough to cause severe damage to vital organs yet often resulted in more damage when attempting to remove the bullets, due to lack of surgical instruments and expertise. For those who the bullet remained hidden would die of infection, as the decomposing metal would leech poison inside of the body<sup>6</sup>. These soldiers, many of whom died after the war ended, were not included in the General's death reports. The deaths of representative personas, such as leaders, were very limited, given that the majority of the elite who fought the wars and battles were young sons of leaders or rich citizens to whom official posts within the armies were awarded. Harsh realities, such as the death of youth and the high number of fatalities due to poor medical care, led Colombia astray from finding a resolution to the social, political, economic, and religious conflicts.

This essay intends to examine the health and diseases during this particular period of time in the history of Colombia, matters that, like few things, are decisive in the evolution of life of any people. Without proper health, there is little chance of obtaining a complete and fulfilling life. Disease furthers man from societal life. Some sicknesses force society to distance itself from the individual until extreme isolation, such as in the case

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<sup>1</sup> Dwight D. Eisenhower, 34th president of US 1953–1961 (1890 –1969), From a speech before the American Society of Newspaper Editors, April 16, 1953.

<sup>2</sup> The *Maria* by Jorge Isaacs is written around these times could be a shocking case, but the truth is that as it has been recognized as the founding novel of Colombia, this one failed in creating a collective imagination of the Colombian society, as can be seen in Bushnell, David. *Colombia una nación a pesar de sí misma*. Editorial Planeta. Bogotá. 2007

<sup>3</sup> Tirado Mejía, Álvaro. *Aspectos Sociales de las Guerras Civiles en Colombia Instituto Colombiano de Cultura*. Bogotá. p. 12. 1976. And Holguín, Jorge. *Desde Cerca; Asuntos Colombianos*. p. 143-144. 1908

<sup>4</sup> Anuario Estadístico de Colombia, 1875, Bogotá, imprenta de Medrado Rivas. en cuadro 11.1 de Palacios, Marco y Safford, Frank. *Colombia país fragmentado, sociedad dividida*. Grupo Editorial Norma. Bogotá. p. 453. 2002

<sup>5</sup> Melo, Jorge Orlando. *Las vicisitudes del modelo liberal (1850-1899)*. En Ocampo, José Antonio. *Historia Económica de Colombia*. Siglo Veintiuno editores. Bogotá. 1987.

<sup>6</sup> Miranda, Nestor, Quevedo, Emilio y Hernández, Mario. *Historia Social de la Ciencias en Colombia*, Tomo VIII Medicina. Colciencias. Bogotá. 1993

of mental illness. Similarly, in war one must also defend oneself from disease as well as the enemy. The outcome of battles and results of wars depend upon the management of diseases. Although medicine had made far-reaching advances during this century (and generally throughout history), it remains surpassed by the cruelty of nature as well as that of men. The endemic diseases were faithful companions of soldiers and conscripts who, beneath precarious health conditions, faced conflict and war.

This work intends to be more than a simple study in mortality statistics and possible treatments for sicknesses. It shall do more than simply honor the saying that *one death is a tragedy, many deaths are a statistic*. In a country such as Colombia, the study of the actions of the people who remain anonymous in the pages of history (such as the Sisters of the la Caridad belonging to the order of the Dominicas of the la Presentación, the doctors, and interns), but who were everything to those who were wounded and sick. It is through this kind of studies that one aims to give a name to those men and women. It seems blindingly apparent that diseases are the things of life that make us human and that remind us that our passing through life is ephemeral. It forces us to evaluate what is important in life. Many of the diseases that those suffered through in the past still torment our society today, whether through deficiencies of the current public health system or through disasters of war.

The sources of this era are marked by an ideological bias, as some are memories of those superiors who lived the war from a distinct perspective, the leading one, such as the case of Lucas Caballero. The descriptions of the battles and prior moments help to offer a vision of the suffering of those who endured much from the enemy's arms as well as the harshness of nature. Additionally, this study hopes to find in their silence words left unspoken. The descriptions found in the newspapers of the past, as much in the articles as in the telegrams, help to show a more official side of the conflict as well as the actions that the national government implemented in order to tend to the wounded and ill of the war.

Through the search for historically relevant books outlining medicine and general health of this period, the goal of becoming familiar with the methods that could have been used by the doctors and surgeons in the battlefields has guided this research. At this moment, modern works of Hugo Armando Sotomayor, Libia Restrepo, Laurentino Muñoz, Néstor Miranda, Emilio Quevedo, and Mario Hernández have been studied<sup>7</sup> They have studied these topics for Colombia, but similarly the search for more references from this period that contained information regarding medical advances that might give clues about the thoughts and feelings of those who faced disease before the technologies and discoveries of today existed continues. Other books focused on different aspects of this period, and that also comprise the reference list used in this work are the books of Álvaro Tirado Mejía, *Aspectos Sociales de las Guerras Civiles en Colombia*, of Jorge Martínez Landinez, *Historia Militar de Colombia*, of Gerardo Molina, *Las ideas Liberales en Colombia*. These contribute to the construction of a complete view of how society faced those conflicts. Of equal importance in comparing armies is to learn the advantages and difficulties that each camp could have faced with regard to health issues, the politics of public health that the conservative government of the era implemented and how it influenced the unraveling of the war. In order to address questions that always arise in the study of health and illness, as for instance, how did Colombia's treatments compare to that of the world? What role did traditional and indigenous medicine play?

## I

*Never interrupt your enemy while he is making a mistake.*

*Napoleon Bonaparte*

The previous view of the war encompasses two decisive moments; the first in 1832 when the government decided to provide the military forces with surgeons and chaplains who would accompany the troops, and the second in 1868 when the National University opened the department of medicine. This chapter will be dedicated to showing the beginning moments, starting with constitutional, social, military, and hospital aspects. The following chapters will focus on a more detailed account of the entry of anatomic-clinical medicine to Colombia (which at this time was new French medicine).

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<sup>7</sup> Restrepo Libia J., *La práctica médica en el Ferrocarril de Antioquia, 1875-1930*, La Carreta, Medellín, 2004. Muñoz Laurentino, *Historia del Hospital de San José 1902 al 1956*, Imprenta Banco de la República, Bogotá, 1958. Sotomayor T. Hugo Armando, *Guerras, enfermedades y médicos en Colombia, Escuela de Medicina Juan N. Corpas*, Bogotá, 1997. Miranda Néstor, Emilio Quevedo y Mario Hernández, *Historia Social de la Ciencia en Colombia*, Tomo VIII, Medicina (2), Colciencias, Bogotá, 1992.

Colombia never employed civil militia models for the new nation's defense.<sup>8</sup> In a certain sense, Colombian elite worried about armed citizens as much as exterior threats. This point explains why Colombia searched for the formation of a military body that would take on the task of national defense and maintaining public order. Certainly these militant bodies never reached the dimension necessary to confront the country's internal problems nor did they concede the problems of territory disputes with surrounding countries that plagued the nation. Because of that, they have to resort to the method of forced seclusion in moments of necessity. One of those was the so called *encierros*<sup>9</sup> of the plazas represented one of the manners in which the military leaders forced recruitment upon all of the men present, who, according to their perspective, were able to fight. It remains to be noted that these men were collected (or better yet, captured) as the armies marched through the country<sup>10</sup>. This Colombia only exercised militias for the war of independence and before the first republic in 1810. Later, in Colombian constitutional writings, the militia is not a recognized legal figure. That which did exist was the right to bear arms, but this never reached a state defense militia.

In 1832 the government's first movement towards creating armed forces comprised of people, in certain measure, most qualified to care for the wounded. It was the surgeons and chaplains who first began to accompany the Colombian soldiers to battles and clashes<sup>11</sup>. Surgeons were not equivalent to doctors. One could imagine that if the doctors were trained to recognize the illnesses and administer treatment in the most possible way, this was not to say that they were always able to save the sick. The surgeons had a more practical training, and their work generally began and ended with amputations. Since such injuries were located in areas that compromised the integrity of veins or arteries, especially if located in one of the extremities that would have preceded amputation, in order to prevent bleeding to death.<sup>12</sup> This generally occurred if the wounds were located on the chest where the surgeons could not and did not treat, except to apply pressure to the wound hoping that the hemorrhage would stop and the body would heal itself.

The population continued increasing and with this rise the settlements became towns, the towns cities, while the pre-independence era cities had a relatively slow but moderate growth rate. As the model of agricultural and mining exploitation maintained the base model of the national economy, these areas did not collaborate with the representative population growth in the cities. Equally, the Cholera Epidemic during 1850 and 1852, and the pernicious dysentery that struck in Magdalena in 1841 displayed the rise of modernity in Colombia. These two diseases in particular were diseases belonging to industrial countries with poor public health; the Cholera Epidemic was believed to have begun in India where the contagion could have spread to the English and then wreaked havoc in London<sup>13</sup>. Although Colombia was not an industrialized country, it did have a poorly driven public health system, as inherited by the Spanish motherland. It also possessed economic allies that were industrialized. Many diseases arrived by sea, which made Colombians realize that business with European countries could bring about more than simply goods and money. It sought, therefore, to send doctors to port cities with the goal of preventing the merchants to enter, even if there was no report of sick people on the ships<sup>14</sup>.

Obviously the tropical illnesses also battered Colombian life, especially in the Magdalena Valley, where the combined conditions of heat and humidity created the perfect atmosphere for Malaria, Yellow Fever, and Bilious Fever (and although all are spread by mosquitoes they bring different results). These diseases were more dangerous for those who were not native to the lower river regions and those who left the regions were more likely to fall victim to these diseases.

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<sup>9</sup> The closure of the bull ring.

<sup>10</sup> Tirado Mejía, Álvaro. *Aspectos Sociales de las Guerras Civiles en Colombia*. Instituto Colombiano de Cultura. Bogotá. pp. 37-42. 1976 was reason enough for the families in the path of these armies to abandon their homes so that their fathers, brothers, and sons would not be taken.

<sup>11</sup> Ibid

<sup>12</sup> This is according to the Organic Law of Military Forces of June 2, 1833, where the best plan for each battalion is described, according to Article 9, which calls for surgeons and chaplains to be among its composition. Under the law of June 1, 1834, Article 5, the surgeon, and chaplain will only accompany temporary regiments during times of war. Under Article 6, only in times of war will they tend to artillery battalions. Among its functions were to transport the wounded to the Blood Hospitals, bury the dead, or cremate their remains when the quantity or the circumstances did not allow for burial. In Sotomayor T. Hugo Armando, *Guerras, enfermedades y médicos en Colombia, Escuela de Medicina Juan N. Corpas*, Bogotá, p. 221, 1997. And Santander, Francisco de Paula. *Diario de Campaña, Libro de Ordenes y Reglamentos Militares, 1818-1834*. Biblioteca Presidencial de la República. Bogotá. pp. 178,179,193,194,220. 1988.

<sup>13</sup> U.S National Library of Medicine. Ridgely, William S. *Epidemic cholera*. 1849.

<http://resource.nlm.nih.gov/101210613>

<sup>14</sup> Sotomayor Op cit., pp. 228-233

The army always crossed through the Magdalena and the lower warmer valleys from the highlands such as Antioquia, Cundinamarca, Boyacá, or Bogotá, and would have almost obligatorily suffered these illnesses. In the same manner, children and elderly represented the second most vulnerable population of these diseases (the first being those who are not native to these lands), although after residing in these regions the populations gained certain immunity to these pernicious illnesses<sup>15</sup>.

The military hospitals represented the places where the sick and wounded had the highest possibility of receiving medical attention and subsistence. For 1860, the hospitals were well stocked, although there were only four in the country (Bogotá, Panamá, Tunja, and Mariquita), who had vaccines for Smallpox and offered medical attention (which most of the time had only one doctor)<sup>16</sup>. These hospitals were run by contractors, except for Mariquita, which was lead by a doctor whose salary was paid by the national treasury, which provided surgical instruments and food for the patients<sup>17</sup>. In particular, the San Juan de Dios Hospital in the Colegio San Bartolome in Bogotá provides a description of the wounds tended to after the victory of General Mosquera in the war during of the 1860s “desayunábamos unos con chocolate y otros con agua de panela. de nueve a diez se almorzaba plato de rancho arroz claro con papas y carne tan sustanciosa y pocas veces dejábamos de agregar el constitucional e indefectible frito bogotano con su respectivo chocolate [...] De la ciudad muchas veces nos enviaban las señoras platos exquisitos con vinos que nos llenaban de contento ...”<sup>18</sup>.

## II

*In peace, sons bury their fathers. In war, fathers bury their sons.*  
Herodoto

During the first half of the 19th century medicine was poorly developed in Colombian daily life. The universities where medicine was taught were not sufficiently capable of imparting a modern medical education, fitting of the era's competency. The majority of the doctors that existed had studied in Europe (principally in France) and could not satisfactorily perform within the society due to the lack of medical facilities, such as hospitals, and the still deeply rooted traditional medicine that competed with professional medicine. Throughout Colombia the few existing hospitals were found in the largest urban nuclei, where the majority of the people did not live. The idea was for these to be in central locations where the people, in case of necessity, could travel and be tended to.

The medicine knowledge that arrived in Colombia many years prior originated from those who were trained in Europe, predominantly in France. The French medicine, which was perhaps not the most advanced, was even being questioned in the old continent. The system of *Broussais*<sup>19</sup> “que<sup>20</sup> consistía en ver inflamaciones en la mayor parte de las dolencias y en ver comburentes en la mayor parte de los agentes medicinales. [...] [Los médicos] temerosos de incendio que debía producir los tónicos francos, los purgantes, los vomitivos y los estimulantes de todo género. Cayeron forzosamente en el empleo de cataplasmo y fomentaciones emolientes; en el uso y abuso de los musilaginosos y refrescantes; en la aplicación funesta de sangrías generales y locales, y en lo más desgraciado todavía, de someter a los pacientes a una tristísima y mezquina dieta que rayaba en un sistema de inanición”<sup>21</sup>.

<sup>15</sup> *Ibid*

<sup>16</sup> Sotomayor Op cit., pp. 234-242

<sup>17</sup> Memorias del secretario de Gobierno i Guerra, p. 21, 1861, en Sotomayor Op cit., p. 234

<sup>18</sup> Some of us had hot chocolate for breakfast, others water sweetened with sugar cane. From 9-10 we had duck for lunch, rice with potatoes and juicy steak, and a few times we were left to add the constitutional and unfailing fried meal with respective chocolate. From the city many times the women sent us exquisite dishes with wine, that fill as with joy Cuervo, Angel. *como se evapora un ejército*. Editorial Incalculables. Bogotá. p.116-117. 1984. En Sotomayor Op cit., p. 237

<sup>19</sup> Francois-Joseph-Victor Broussais, Val de Grâce Hospital chief of doctors in París, and surgeon in the Grande Armée de Napoleón. In I.S. Whitakera, J. Raob, D. Izadi, P.E. Butlerd. *Historical Article: Hirudo medicinalis: ancient origins of, and trends in the use of medicinal leeches throughout history*. British Journal of Oral and Maxillofacial Surgery. 42. p. 133-137. 2004

<sup>20</sup> It saw most of illness as due to inflammations and believed that most of the medicines were substances involved in combustion. [...] [Physicians were afraid of the fires that tonics, purgatives, emetics, and stimulants would produce. They recurred to what today is called poultice: A topic applied for various medicinal purposes, particularly soothing or emollient, and of mucilaginous: vegetable substance used for easy administration of drugs, the use and abuse of bleedings, and very strict diets.

<sup>21</sup> Uribe Angel, Manuel. *La Medicina en Antioquia*. Bogotá: Selección Samper Ortega de literatura colombiana. Editorial Minerva, 3rd ed. s/f. en Miranda, Quevedo y Hernández, . Op. cit. p.

*Broussais* is considered the bloodiest doctor in history<sup>22</sup>, this is because he already affirmed that all of the illnesses were results of an excess of blood and the solution for this condition was through starvation and an excessive use of leeches: “French physicians would commonly prescribe leeches to be applied to newly hospitalized patients even before seeing them”<sup>23</sup>.

The Colombians who traveled to Paris during the 1840s could see the advancing of internal medicine (as part of the anatomoclinical mentality) in addition to the first steps to official physiopathologists and etiopathologists medicine (laboratory medicine). It was during this time that medicine entered the age of modernity. France contributed to the three distinctive predominant branches: anatomoclinical, physiopathological, and etiopathological. Even today anatomoclinical medicine is considered to be the French medicine. For this branch, the illness is an injury to a localized body part (organ, tissue, or cells). Consequently, the injury alters the form and structure of said part. In order to be able to diagnose, the doctor has to know the different alterations that the injuries may produce, as much in size, color, taste, as odor, texture, and consistency throughout the body. Medical knowledge is represented by the accumulation of facts obtained by observations made from thousands of cadavers in necropsy courses as well as the experiences of each of the patients who experiences treatment in their lifetime. In this way, doctors represent detectors of signs and to find these they should develop techniques and technologies to assist them. So, while the appearance of the patient's body, the questioning, and the palpation, assisted Jean-Nicolas Corvisart's invention of the stethoscope in 1819, it was mostly the percussions that it was then that medicine converted into a semiotic exercise to address its objectives.

The physiopathological and etiopathological medicines differ from that of anatomoclinical in that they are much more experimental and they are not as dependent upon the accumulation of knowledge; they demand the overcoming of the observation which shall be superseded by the formation of a verifiable hypothesis in the laboratory. Each finds more interest in the cause than the symptoms and these two comprise the school of North American medicine<sup>24</sup>.

Colombia experienced the development of the new French medicine and a new hope for public health when the School of Medicine at the National University of Colombia was founded in 1868. The majority of the professors had graduated in I.S. Whitakera, J. Raob, D. Izadi, P.E. Butlerd. *Historical Article: Hirudo medicinalis: ancient origins of, and trends in the use of medicinal leeches throughout history*. British Journal of Oral and Maxillofacial Surgery. 42. pág. 133-137. 2004

Paris and from the private Vargas Reyes School of Medicine. Almost all of the teachings had a locum in cases of emergency. The university created a four-year medical program to give rise to the new Colombian medicine, which was composed in the following way according to the organic decree of January 13, 1868 that ordered the following curriculum:

- First Year: General Anatomy and Histology (Professor Andrés María Pardo); Specialized Anatomy I (Professor Andrés María Pardo); Physiology (Professor Antonio Vargas Vega).
- Second Year: Specialized Anatomy II (Professor Rafael Rocha Castilla); General Pathology and Minor Surgery (Professor Antonio Vargas Vega); Pathological Anatomy (Professor Rafael Rocha Castilla).
- Third Year: Pharmacy (Professor Bernardo Medina); Medical and Therapeutics techniques (Professor Nicolas Osorio); External Pathology (Professor Antonio Vargas Vega); Topographic Anatomy and Operating Surgery (Professor Manuel Plata Azuero).
- Fourth Year: Obstetrics<sup>25</sup>; Specialized Pathology of women and children (Professor Libardo Rivas); General Public Hygiene and Specialized Country and Private Hygiene (Professor Antonio Ospina).

In 1881 during Nuñez's first term, the character of the anatomoclinical curriculum was strengthened upon introducing semiology as an independent subject, which before was taught in conjunction with the Pathology course and in the clinic. In the following years new courses such as Specialized Pathological Anatomy, Toxicology, Legal Medicine, Syphilography and Homeopathy<sup>26</sup>.

Technology did not help Colombia to develop other medical trends, which required not only money but also better laboratories. In 1884 Dr. Alejandro Restrepo brought the first microscope to Colombia from Europe and introduced it to the students of the University of Antioquia. This allowed the university students to not

<sup>22</sup> I.S. Whitakera, J. Raob, D. Izadi, P.E. Butlerd. 'Historical Article: Hirudo medicinalis: ancient origins of, and trends in the use of medicinal leeches throughout history.' *British Journal of Oral and Maxillofacial Surgery*. 42. p. 133-137. 2004

<sup>23</sup> Upshaw J, OLeary JP. The medicinal leech: past and present. *Am Surg*. 66. pp.313. 2000.

<sup>24</sup> Miranda, Quevedo y Hernández. Op. cit. pp.66-67.

<sup>25</sup> Vargas Reyes was the first rector of the School of Medicine at the National University and had funded a private school of Medicine in Bogotá, but it was closed to give way to the National University of Colombia.

<sup>26</sup> is the branch of medicine that deals with maternity: pregnancy, birth, and puerperium.

have to rely upon memorization of the composition of the human body<sup>27</sup>. The first microscope arrived to Bogotá in 1886 when Dr. Nicolas Osorio, professor at National University, imported his. However, during the era of regeneration circumstances were not so fortuitous; the repressive measures of the ultra-Catholic conservative regimen soon removed the former University professors from their posts. Although the San Juan de Dios Hospital, which was in poor condition, was renovated:

“carecemos de un anfiteatro anatómico, no tenemos pabellón quirúrgico, las vivisecciones nos son desconocidas. Los laboratorios químicos nos vienen con la paz y se nos van con la guerra, hay ausencia completa de bibliotecas; los museos no existen, las colecciones de historia natural tampoco; las juntas académicas no se forman aun; la escuela esta por reunirse; la universidad embrionaria y el profesorado sin vigor”<sup>28</sup>.

### III

*Wars may be fought with weapons, but they are won by men.  
It is the spirit of the men who follow and of the man who leads that gains the victory.  
George S. Patton*<sup>29</sup>

The 1000 Days War is the most remembered of the civil wars in Colombian history, not only for being the last, but also for being that which presented the rawness of war to the entire Colombian society. Additionally, this war was the breaking point for Colombia, the beginning of a process in which the two political parties that existed (the Liberal and the Conservative) decided to end military confrontations and enter into a world of political games. Although in order to reach this goal, another 54 years and a dictator were necessary in order to definitively end the military combat between these two parties. In the end the military heads of both sides arrived to the thought that neither side could defeat the other, that the war had been prolonged enough, and that nobody knew what the next day would bring. They prudently decided to not continue betting the lives of thousands and thousands of youth to fight a war that had been started by others.

There are many reasons for which the two sides welcomed the end of the war. But there are two in particular that played a very important role, among others, health and sickness. The same figures of the war admit that those who suffered seemed to do so more at the hands of disease than from the enemy's arms<sup>30</sup>. The war arrived to the point where the illnesses of the soldiers began to crossover to the civilians, exposing the social reality of Colombia, which was without health politics or public hygiene<sup>31</sup>. Colombia did not have a sanitary infrastructure by any means. Colombia, during the period in which it was called the United States of Colombia, had only four hospitals in Bogotá, Panamá, Tunja, and Mariquita. Although there were few hospitals in the entire country, they were designed to provide care for at least three million people extended over more or less a million and a half square kilometers. They were well equipped with technology but lacked sufficient doctors<sup>32</sup>. After the Regeneration things took a turn for the worst; the persecution of liberal intellectuals (many of whom were doctors) forced them to flee from the country or simply made it impossible for them to work. This led to the suffering of not only these people, but in this case the hospitals as well<sup>33</sup>.

The war in reality lasted a little more than two years. The cruelest parts of the confrontation began October 17, 1899 and it could be said that it ended November 21, 1901 with the Treaty of Wisconsin (although afterwards there were a few who declined to enter into the agreement and wished to change the conditions of the surrender). This chronology marks a series of events but does not outline the phenomena that Colombia lived through since its beginnings as a republic. Some might say that the war in Colombia started in 1810 and continues until today; this would be a simplified and succinct vision of the profound phenomena of the war's standing. Inevitably the figures as well as the reasons for fighting certainly had shifted throughout time. It

<sup>27</sup> Miranda, Quevedo y Hernández. Op. cit. :pp.73-74. y Mejía Mejía, Jaime. *Historias medicas de una vida y una región*. Medellín. Editorial Bedout. 1960.

<sup>28</sup> Translation by the author: ‘We lack an anatomical amphitheater, we have no surgical ward, the vivisection are unknown. Chemical laboratories come with peace and are gone with war, there is complete absence of libraries, museums do not exist, nor natural history collections, academic boards are not formed yet, the school is to meet and the university embryonic and faculty without force.’ Uribe Angel, Manuel. *La Medicina en Antioquia*. Bogotá: Selección Samper Ortega de literatura colombiana. Editorial Minerva, tercera edición. pp. 71-72. s/f. en Miranda, Quevedo y Hernández. Op. cit. p. 66.

<sup>29</sup> General George S. Patton (1885–1945) en *Cavalry Journal* (Sep. 1933).

<sup>30</sup> Caballero Lucas, *Memorias de la guerra de los Mil Días*, punto de lectura, Bogotá, 2006

<sup>31</sup> ‘La fiebre de La Mesa’, *La Opinión*, Año 1, No. 30, Bogotá, 24 de septiembre de 1900. y *La Opinión*, Año 1, No. 22, Bogotá, 14 de septiembre de 1900.

<sup>32</sup> Sotomayor Op cit., pp. 234-242

<sup>33</sup> As in the case illustrated by the professors, before referred, of the National University of Colombia. Miranda, Quevedo y Hernández. Op. cit. pp.80-81.

would be less foolish to say that the first traces of this war began with that which is recognized as the civil war of 1895; the chronological difference is minimal, and the reasoning of some of the figures repeats itself. Above all, certainly this war appeared to have begun in 1885 when the conservatives in power discarded more or less thirty years of history and sought to assemble a Catholic, centralist, and conservative nation.

If we keep in mind that the war during these two years was not confrontation after confrontation of armies against armies, yet on the contrary was freed, in the larger part of the territory, with modality of guerilla warfare (that which the liberal rebels adapted). With this modality they sought to weaken the enemy by means of short bursts of combat that began with ambushes which took the enemy by surprise, which in this case were regular forces (a national army), and ended with the rapid retreat before the army could organize itself to respond to the attack. Through this method the rebels sought to convert their weaknesses into advantages: lack of money, experienced men, arms, food, and in general all that is necessary to wage a war (doctors, tents, horses, medicine . . .). The problem was that the rebels were neither prepared nor willing to fight a war of erosion; they wanted to enter the war and quickly triumph. For this, it would have been better to form an army that could have confronted the national army and defeat it. Through the conscripts and recruits, the compound force was at first formed by men of the Andean zone such as Boyacá, Cundinamarca, and Santander and also along the Atlantic coast. After meeting in Cúcuta they sought to fight the governmental forces<sup>34</sup>.

In the beginning these poorly armed forces intended to seek allies in Venezuelan villages. In Venezuela they only found the help of acquaintances who lent them money so that they could purchase arms and two war ships, which they soon lost<sup>35</sup>. In the first moment of armament that had consisted of old rifles, there was little they could do if confronted with Mannlinchers, Mauser, Gras, and Remingtons<sup>36</sup> or worse yet, machetes, swords, or knives. It was by means of the collection of arms of the dead and wounded soldiers in the battlefields that the rebels armed themselves, while armament that had been purchased by Venezuelan loans continued to arrive. Parallel to this, the melee weapons had more presence in the rebel camps for in this moment an insufficient amount of rifles had been collected. There was also a need for munitions and with so many distinct types of armaments the only munitions that they could use were the machetes, swords, and knives that they had in their possession. Once the liberal forces were organized, the melee weapons surpassed the ambush strategy and hand-to-hand combat. There was little the rebels could do when faced directly with a melee weapon against a soldier armed with a rifle<sup>37</sup>.

The majority of the rifles used cone-shaped bullets, which could easily pierce the skin, organs, and bones of the soldiers. The remaining rifles were old and barely reliable; surely some were rusted and would explode when fired which resulted in instantaneous death of the soldier and grave wounds to the surrounding ones. These wounds included burns that concluded in the loss of extremities due to the shrapnel that emanated from the rifle's explosion. These old rifles used spherical bullets, some made of metal while others of stone. The majority of the rifles were percussion style, which meant that the gunpowder was caught through a hammer that sparked fulminate which in turn lit the gunpowder inside the barrel. The barrel had an outlet that was aimed at the eyes, blinding the soldiers as they fired<sup>38</sup>. The soldiers did not use any type of protection or armor (for this era, the only armor that existed was the helmet), few had uniforms and even fewer had boots, shoes, or espadrilles. Some men walked in bare feet that were worn and calloused, with ingrown or poorly cut toenails.

It is ironic that despite these conditions, so different from ours today, there are no records or comments regarding foot disease<sup>39</sup>. Surely it was only because of the calloused sole of the foot that prevented both cuts and parasitic animals from attaching themselves to the feet. But the problem in the toenails is quite different because any trimming or even the filth beneath the nails could lead to infections, fungus, and eventually the loss of a toe if left untreated.

The roads were not allies of the liberal rebels. The majority of the times due to lack of use, the national army was the one that used them and attacked rebel forces when found crossing their path. The liberals

<sup>34</sup> Caballero Lucas, Op cit. pp. 20-55.

<sup>35</sup> Ibid.

<sup>36</sup> The Mannlincher was a rifle with an Austro-Hungarian chamber) which had great precision and a wooden body. The Mauser was a repetitive German rifle, with a wooden body and an eight-bullet cartridge. The Gras was of French origins and was available in two models: the six-bullet chamber repetitive rifle and the intensely precise chamber rifle. The latter did not suffer from jams as did the repetitive model. The Remington rifle, perhaps the best and most affordable, originated in North America. It was repetitive and its chambers held twelve bullet cartridges, however, it was recommended to use only eight in order to prevent jamming.

<sup>37</sup> Martínez Landinez, Jorge. *Historia militar de Colombia*. Iqueima. Bogotá. 1956.

<sup>38</sup> Ibid.

<sup>39</sup> Caballero Lucas, Op cit.

generally moved through paths and ranches where they could find enough cattle to feed themselves, and sometimes were lucky enough to find a fruit tree. The passing through hot valleys and swollen rivers made the men easy targets of mosquitoes. Lucas Caballero, in the march towards Palonegro, was stricken with Yellow Fever as were many of the soldiers<sup>40</sup>. During the march to Ocaña the soldiers confronted a diarrheal epidemic where not even the highest in command were saved from suffering. But the pernicious illnesses were not the only ones that attacked the soldiers while marching; the sun was also an enemy of the daytime. The sun contributed to the dehydration of the men on both sides; this sparked many of them to search for water sources in any location, and many times they were poisoned and rendered useless for fighting. The sun also caused the food to decompose more rapidly, which attracted animals and insects, and forced the soldiers to go hungry much of the time. The burns were another of the gifts bestowed by the sun to the soldiers. The burns could have reached second degree, which would leave them incapacitated by pain. Therefore, using a hat for facial protection was fundamental and almost obligatory.

The largest battles took place in the sites where the most deaths occurred in the least amount of time. For these the rebel armies achieved sufficient numbers of men to face the battalions of the national army. The majority of drafted or volunteers, who knew little of military maneuvers, attempted to flee in each opportunity they had. During these battles the hours preceding combat as well as the winning streak that the armies were having were very important. In Palonegro where the most fatalities of the entire war occurred (9500 deaths, wounded, and sick from both sides) the liberal rebels had had a difficult journey. In addition to the sicknesses that had lowered morale, it was also worsened by the recent failure that came about after the failed attempt to take Bucaramanga<sup>41</sup>. Although the figures state that the massacre succeeded because they prohibited General Herrera from organizing the troops to his liking, in the retreat the conservative army could do as it pleased to the liberals. In Peralonso, the liberals came in on the winning side, from where they had achieved arming its men with the arms of defeated rivals. The two battles of Aguadulce favored the liberals, and in certain measure did not witness as many casualties as it ended in surrenders and with an immense number of captured men. For the battle of Bucaramanga, the liberals had an equally harsh journey and had faced the battle with unmeasured confidence at the hand of General Uribe Uribe who seemingly had not realized that they had faced a ready and willing foe prepared to confront the battle with munitions, men, and artillery to spare.

The battles left men wounded from bullets as much as from melee weapons (second most prevalent) and shrapnel resulting from cannon balls (third most prevalent). The bullets produced meaningful damage if they entered the chest or near the vital organs, veins, or main arteries. If the bullet did not enter in these points as it did in the majority of these cases, the true damage came from the surgeons and doctors trying to remove it. If they were not likely to be able to remove the bullet, the soldier would most likely return to combat if they were able to control the hemorrhage. In this war government order asked that the amputations only occur in extreme cases<sup>42</sup>, which meant that many died from poisoning of the bullet as it decomposed and caused infections from wounds, which had increased during this war. Fortunately, in Colombia different types of knives used in war did not differ greatly from those used for non-war purposes; the melee weapons used during war in majority were machetes or swords. These produced profound wounds that in many cases required amputation, however, did not produce sword thrust wounds that damaged organs.

The war was an event that united the cruelty of man with that of nature. The soldiers fell ill and passed the illnesses onto the civilians. The most recorded case of this is fever of la Mesa. La Mesa, a town located in Cundinamarca, was stricken with a Yellow Fever epidemic in 1900 that killed almost half of the population and many soldiers who were in that area.

The fever arrived with a group of soldiers who came from Girardot and were later stationed in the school in la Mesa<sup>43</sup>. From there the disease propagated to a woman who cared for the first soldier to become ill and later to that soldier's companion. As the domino affect spiraled, the entire population became sick. The same occurred in the camps of both armies, with the distinction

## Conclusions

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<sup>40</sup> The diseases also battered the soldiers en route to Ocaña, Palonegro (via Salazar - Arboledas Cucutilla - Bagueche), towards Peralonso (via San Andrés - Pamplona - Cucutilla - Arboledas Salazar). Caballero Lucas, Op cit., pp. 58- 80

<sup>41</sup> Caballero Lucas, Op cit., pp. 58- 80

<sup>42</sup> "Datos y Cifras sobre la Campaña del Norte", La Opinión, Año 1, No. 30, Bogotá, 24 de septiembre de 1900.

<sup>43</sup> "La fiebre de La Mesa", La Opinión, Año 1, No. 30, Bogotá, 24 de septiembre de 1900.

that the conditions in the countryside were not in favor of caring for the sick. Aside from the climate one faces fleas, pulgas, niguas, carragas, yayas, chiribicos, and lice.



If there is something that we can conclude is that there is not a complete study of the Colombian health history and its role in the society. What does exist is a series of puzzle pieces that need to be connected by a larger investigation. An investigation that needs to find not only the records of those who fought and died but also of those who were wounded in the war and died shortly afterwards. In order to do this, there is need of finding better and more complete records of the dead and wounded left by the armies. For this purpose, there exists some records left by the government. These records hold the names of those who were injured and promised medical attention at the end of the combat. However, it is also necessary to contrast these records with the ones held by the church. Because the catholic church is the only one that can provide a accurate record, for Colombia, of those who died, the date, place, profession. In other to do that, there needs to be a visit to every local church that either held presence of either armies, or of prisoners, the injured, or sick.

The wars that were held in Colombia during the nineteenth century, and all that they brought, represent the foundations upon what the Republic of Colombia was built. The resentment, envy, and greed along with the freedom, compassion, and hope that some had, was what guided the Colombian society going towards a better future (most of the time a religious future). It may be, as we say here, a consolation of fouls but the events that occurred later in time, in the world, is proof that things could have been worse, and that in history there is no room to judge the past and even worse to dictate conviction on it.

### Medications and Treatments

These are some of the medications and treatments that Carlos E. Jaramillo Castillo managed to compile in his book *Los Guerrilleros del Novecientos*

- Boric acid: Antiseptic useful for the treatment of ulcers of the skin and mucous membranes.
- Cholohydric acid: In a solution of one part acid for 68 parts water is useful for the treatment of diarrhea; in high concentration is a caustic for warts.
- Fenic acid: The first antiseptic of the era. disinfectsDisinfectant and germicide in a solution of 205%. Useful for curing wounds and ulcers.
- Gallic acid: Has astringent and disinfectant properties.
- Tartaric acid: White powder extracted from the leftovers of wine, used to prepare refreshing drinks. Useful for the treatment of febrile states.
- Aguardiente: Disinfectant. Treatment of wounds.
- Arsenic: Its salts are used for the treatment of chronic paludism, anemia, asthma, syphilis, and protozoa illnesses.
- Balm of the Comendor or Catholic balm: Used for curing wounds caused by melee weapons.
- Tranquil balm: Used as analgesic and smooth acting tranquilizer. Employed in massages; composed of olive oil and narcotic and aromatic plants.
- Tepid baths: Recommended for the treatment of yellow fever, equal to acidulated drinks.
- Coffee: In poultice (roasted or ground), it was used to treat hemorrhages.
- Hydrochloride coca: Anesthetic for painful states and for some surgical interventions.
- Pela bark: For the treatment of yellow fever, employed bark juice enemas.
- Emetine: In shots, for the treatment of amebic dysentery
- Leaves of *Santamaria*: For its hemostatic properties, employed as a hermorage treatment..
- Ipecac: Induces vomiting. Treatment for yellow fever.
- Lime Juice: In drinks, used to treat fever.
- Palma Christi: In oil form, in portions of 60 grams, used as a treatment for yellow fever.
- Iron Perchloride: For treating yellow fever (drops).
- Quinine in powder: Tonic and anti-fever. Dissolved in water to wash wounds and ulcers. As a sulfate form for the treatment of malaria, useful in cases of typhoid and pneumonia and acts as a stimulant for uterine contractions during birth.
- Saline solution: For injections, for the treatment of bacillary dysentery (produced from the bacillus of Chantemesse–sgiga).
- Tea: Used in infusions for treatments of yellow fever.
- Aromatic Vinegar: General massages. For the treatment of yellow fever.
- Iodine: For the treatment of yellow fever, potions. Also used as a disinfectant.

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