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DOSSIER: PHILANTHROPY, HEALTHCARE AND EPIDEMICS IN BRAZIL

Guest editors: Gisele Sanglard, Luiz Otávio Ferreira, Maria Martha de Luna Freire, Maria Renilda Nery Barreto and Tânia Salgado Pimenta

Philanthropy, healthcare and epidemics in Brazil

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ABSTRACT: This article aims to examine the provision of healthcare for the population of Rio de Janeiro in the mid-19th century and describe its reorganization during the crisis caused by outbreaks of yellow fever and cholera. In this context, it is essential to consider the significant changes taking place in healthcare during this period, also affecting the spaces in which hospital care was offered. Therefore, we focussed our investigation on Santa Casa da Misericórdia Hospital, the most important hospital in the capital of the Brazilian Empire. The sources used are the correspondence between the government and the hospital, the hospital annual reports, archives of the Central Board of Public Hygiene, and wide-circulation medical journals.

Epidemics, State and Society: the case of Minas Gerais in the second half of the 19th century

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ABSTRACT: One of the characteristics of historical analyses of epidemic diseases is the notion of crisis: epidemics are generally perceived as events that do not fit within the framework of everyday order and practices and go beyond individual experiences (suffering, threat of death), jeopardizing social structures, public order, economic activities and moral values. However, epidemic events also shed light on how societies organize healthcare in times of normality, including the extent and limits of the action of health authorities and the role of populations in meeting their own daily needs. This article discusses the organization of healthcare in Minas Gerais province of Brazil during two epidemic episodes, i.e., smallpox (from 1873 to 1875) and cholera (from 1855 to 1856), with the aim of identifying the problems experienced by the population of Minas and the actions taken by the public health authorities during these epidemics. We suggest that the difficulties caused by the arrival of cholera and/or intensification of the smallpox epidemic contributed to expose and exacerbate the shortcomings characterizing healthcare in that society. We also observe that the social mobilization of patients during these events was nothing new, given the low participation of the state in public health during this period, which counted on initiatives and support from civil society.

The arrival of the plague in São Paulo in 1899

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1.—Introduction. 2.—The plague approaches Brazil. 3.—The port of Santos. 4.—The plague arrives in Brazil. 5.—Investigations by representatives of the Department of Public Health . 6.—The plague in Sao Paulo. 7.—Final comments.

ABSTRACT: In October 1899, the bubonic plague arrived in Brazil through the port of Santos. A city of intensive port activity, Santos was the gateway for a plague epidemic that devastated several cities in Brazil in the early 20th century and prompted joint action by several states to fight it. More importantly, given the difficulties and delays in importing anti-plague serum from Europe, it led to the creation of the Butantan Institute in Sao Paulo (in 1899) and the Municipal Serotherapeutic Institute in Rio de Janeiro (in 1900), which developed and standardized anti-plague serum and vaccines according to the particular conditions of the country. Until then, public health efforts had been isolated and had not reached the whole country. Oswaldo Cruz, newly arrived after three years of specialization at the Pasteur Institute in Paris, worked with scientists Adolfo Lutz and Vital Brazil on identifying the plague in Santos. This article analyzes the arrival of the bubonic plague epidemic in the state of Sao Paulo and the public health measures taken to combat the disease and provide patient care in the early part of the

20th century. The primary sources for this analysis were the São Paulo newspapers, especially O Estado de Sao Paulo, and reports from the Ministry of Justice and the President of the State of Sao Paulo.

The development of a healthcare network in Bahia, Brazil devoted to fighting the epidemics.

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1.—Introduction. 2.—Public health in 19th century Bahia 3.—Development of a healthcare network. 4.—Conclusion.

ABSTRACT: This article aims to analyze the roles of the State and local elite groups in the development of a healthcare network in Bahia, Brazil during the Empire until the First Republic. We show that the fight against epidemics in Bahia was the main motivation of health actions taken by the public authorities from the beginning of the 19th century until the 1920s. Our observations are supported by a range of primary sources, including messages from provincial presidents and governors, legislation, reports from engineers and doctors (health inspectors, consultants, etc.), among others. We also sought to establish a dialogue with sociology, examining historiography texts on Bahia and Brazil as well as studies in the specific area of the History of Health.

The creation of hospitals by charities in Minas Gerais (Brazil) from 18th to 20th century

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1.—Introduction. 2.—Renewal of the discourse on charity: The case of the Vincentines. 3.—Does healthcare need hospitals? 4.—Association of Catholic Physicians.

ABSTRACT: This article is the fruit of research into the cultural heritage of healthcare in Minas Gerais (Brazil) and explores the construction of hospitals supported by Catholic charities from the 18th to 20th century. Catholicism has always been strong in Minas Gerais, partly because the Portuguese Crown prohibited the free travel of priests, who were suspected of illegally trading in gold from the mines. A brotherhood was responsible for creating the first Santa Casa, in Vila Rica. Another very important religious group in Brazil, the Vincentians, was also devoted to charitable works and propagated the ideas on charity of Frederico Ozanan, based on the work of St. Vincent de Paul. This group comprised both a lay movement, supported by conferences organized by the St. Vincent de Paul Society, and a religious order, the Vincentian priests and nuns. Catholic physicians make up the third group studied here, organized in a professional association promoted by the Catholic Church. The brotherhoods, Vincentians, and associations, with their Santa Casas, represent a movement that is recognized worldwide. The enormous Catholic participation in these charitable works brought in the physicians, who would often make no charge and exerted efforts to create hospitals that served the population. Although the capital of Minas Gerais was the creation of republicans and positivists in the 20th century, with their ideas of modernity, it remained dependent on Christian charity for the treatment of the poor.

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1.—Introduction. 2.—Redefinition of maternity in the contemporary age. 3.—The controversial issue of lactation. 4.—Traditional baby care practices. 5.—Standardizing child care. 6.—By way of conclusion.

ABSTRACT: The first few decades of the 20th century represent a period of transition in attitudes to maternity and childcare. Attempts are made for mothers to interiorize new approaches established by the medical collective, still giving considerable weight to traditional childcare practices, using initiatives of different types for this purpose. Women take on these discourses but are able to readapt them in accordance with their situation and particular needs.

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1.—Introduction. 2.—Two institutions in parallel, SERE and JARE. 3.—Establishment of the medical-pharmaceutical department. 4.—The development of the medical-pharmaceutical department. 5.—The dissolution of the medical-pharmaceutical department. 6.—Discussion and conclusions.

ABSTRACT: Between 1940 and 1942, the Mexican delegation of the Junta for Aid to Spanish republicans founded and supported its own medical-pharmaceutical department in Mexico City, formed by recently exiled Spanish professionals. It initially dealt with home medical care, making a charge for each medical service performed by specialists and each drug prescription. It later included a polyclinic with a staff of specialists and its own pharmacy. Finally, a small hospital and a laboratory for medical tests were planned, but circumstances prevented the project from getting under way. The study addresses the reasons for the birth of the Medical Pharmaceutical Service, its funding, organization and functioning, the professionals on whom it depended, its lines of action and its immediate projects. It also covers the main problems faced during its development and the reasons for its forced dissolution.

The Cinchona Program (1940-1945): science and imperialism in the exploitation of a medicinal plant

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1.—Introduction. 2.—Cinchona and its alkaloids. 3.—The War and the need for raw materials. 4.—The quest for Cinchona in the Andes. 5.—Extraction and sale of Cinchona. 6.—Nurseries, plantations and alkaloids factories. 7.—The end of the Cinchona Programme. 8.—Epilogue.

ABSTRACT: During World War II, the United States implemented programs to exploit hundreds of raw materials in Latin America, many of them botanical. This required the participation of the country's scientific community and marked the beginning of intervention in Latin American countries characterized by the active participation of the United States in negotiations (and not only by private firms supported by the U.S.). To this end, many federal institutions and companies were created, others were adapted, and universities, research centres and pharmaceutical companies were contracted. The programmes undertaken by this coalition of institutions served to build and consolidate the dependence of Latin American countries on United States technology, to focus their economies on the extraction and development of resources that the United States could not obtain at home (known as «complementary») and to impede the development of competition. Latin American republics had been historically dependant on raw material exports (minerals and plants). However, during World War II, their dependence on US loans, markets, science and technology reached record levels. One example of this can be appreciated through a careful examination of the Cinchona Programme, implemented in the 1940s by US agencies in Latin America. This program for the extraction of a single medicinal plant, apart from representing a new model of scientific imperialism (subsequently renamed «scientific cooperation») was the most intensive and extensive scientific exploration of a single medicinal plant in the history of mankind.

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ABSTRACT: Between around 1491 and 1513, three draft general ordinances were drawn up to regulate Castilian medical practitioners (physicians, surgeons and apothecaries). None were finally enacted because of disagreement among those responsible for their drafting, namely the court-appointed physicians, mayors with exclusive jurisdiction over these activities, and the Royal Council, which was the supreme organ of governance and justice of the Crown of Castile. Consequently, health activities could not be standardized throughout the territory of Castile, and the court-appointed physicians continued to regulate them locally in a unilateral and uncoordinated manner

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