

Great Hospital, Vast Backlands:
The Public Health Reform in Brazil (1916-1930)

Gilberto Hochman
Casa de Oswaldo Cruz
Fundação Oswaldo Cruz
email: hochman@fiocruz.br

Prepared for delivery at the 1998 meeting of the Latin American Studies Association, The Palmer House Hilton Hotel, Chicago, Illinois, September 24-26, 1998.

Abstract

The paper addresses efforts by the Brazilian Public Health Movement (BPHM) to construct a new characterization of Brazil and a new definition of what constituted rural/backlands and urban/seaboard areas between 1916 and 1930. Two conditions were held to define rural and/or backlands areas: the absence of public authority and the widespread presence of endemic diseases, such as anchylostomiasis, malaria, and Chagas disease. This standard closely matched prevailing conditions in almost all Brazilian territory including the suburban areas of the most important cities—notably, Rio de Janeiro and São Paulo.

The success of the BPHM efforts can be evaluated by the emergence of central government public health policies during the 1920s. The general conclusion of the paper is that the boundary between urban and rural public health policy is a matter of medical, political and social definition and that the sanitary reform movement had impact in public awareness of government responsibility in health.

I*

Brazil is still a great hospital (Miguel Pereira, 1916)

Let there be no doubt that our backlands begin out at the Boulevard (Afrânio Peixoto, 1918)

The two statements above—both were issued in public addresses by prominent associates of the Faculty of Medicine of Rio de Janeiro, each a member of the National Academy of Medicine—provide a dramatic encapsulation of the view taken by the Brazilian Public Health Movement on the state of the nation, a view which it was keen to promulgate between 1910 and 1930. Brazil was at once a large hospital and a vast backlands which began at the far end of the main thoroughfare bisecting the heart of what was at the time the capital of the United States of Brazil, the city of Rio de Janeiro. A hospital, in that endemic rural diseases ran rampant throughout the national territory; a backlands, in that rural populations were by and large abandoned by the public authorities, which were—at certain times and in certain places—utterly absent. Endemic disease and the lack of public health characterized not only the country's more remote reaches, but also the suburban areas of its largest and most important city, headquarters to the federal government. Hospital and backlands were closer to the élites than they might have supposed—or desired. Far away, yet so close...

The BPHM—also known as the “campaign for rural sanitation,” and the “movement for the sanitation of Brazil”—spread this view through an ably conducted public-opinion campaign. It offered political and institutional solutions which sought to transform a community caught up with the ill effects of rural endemics and abandoned by the state into a healthy population, inhabitants of hygienized country. It was the movement's understanding that disease characterized Brazilian society. Disease challenged its élites as well as its political institutions—chief among these, the federalist principle of states' autonomy from the center—for the struggle would require greater involvement by the federal government, as most of the states had neither the technical nor the financial resources to implement public health policies. The movement successfully instilled a “sanitary awareness” among Brazil's élites, which would in turn lay the groundwork for the emergence of the first nationwide public health policies during the 1920's.

The sanitarian movement is perhaps best viewed as a privileged moment in Brazilian society's slow-moving but growing identification of the dire health problems affecting it since the beginning of the Republic, in 1889. Nevertheless, there is one differentiating factor that justifies closer analysis of the somewhat more restricted timeframe of 1910-1930: never before had the substance of such discernment been so radically worked out, nor so clearly laid before society. The great persuasive energy contained in these ideas—or, at any rate, their capacity to provoke considerable controversy—derived from the fact that they were presented in the context of a broader interpretation of Brazil, and that they offered a striking diagnosis not only of prevailing

* A version of this paper, in Portuguese, was published in *História, Ciências, Saúde-Manguinhos*, vol.V, supplement, July 1998, and it is part of the second chapter of my book *A Era do Saneamento - as bases da política de saúde pública no Brasil*, São Paulo, Anpocs/Hucitec, 1998.

conditions of life and health among Brazilians, but also of the neglectfulness of élites and governments in the face of an impoverished, diseased and abandoned population.

The BPHM's effort can be evaluated as a success, judging from the response of significant sectors of the political and intellectual élites, who would come to share its interpretation, and from the adoption of health and sanitation concerns within the nation's political agenda. This period between 1910 and 1930 was marked by an exponential increase in public awareness of government responsibility in health matters, leading to the accelerated growth in the scope of activities undertaken by the Brazilian state, which would now seek to reframe rural endemic diseases as a political problem affecting Brazilian society as a whole.

II

During the 1910s, Brazil's increasingly intense debate over health and sanitation took place amid the emergence of several nationalistic movements. Indeed, the years coinciding with the Great War and its aftermath witnessed the growth of nationalist movements which sought to discover, affirm and reclaim principles of nationality, and to actualize these through the State (Joll, 1982; Hobsbawm, 1991.) Moreover, there are ample indications on how the impact of warfare—and the attendant problems of recruitment, conscription and military defeat—generated public debate and controversy in which, alongside other issues such as determinism and racial improvement, the discussion of public health conditions were to play an important role. (Porter 1991, p. 161, 172-174; 1993, p. 1256.)

The war in Europe also created problems with immigration, hygiene, sanitation controls for imports and exports, and so on. Several international conferences were called together to discuss and to create regulations and strategies for health control, matters of no slight importance for a country such as Brazil, which was both an exporter of primary goods as well as a receiver of immigration flows. The Great War was a watershed also in terms of civil as well as military mortality, owing to health conditions at and near the war zone. In the war's aftermath, the Spanish Influenza pandemic would prove remarkably lethal as well: in Brazil alone it is estimated to have caused between 30 and 160 thousand deaths.(Fontenelle, 1922; Patterson and Pyle, 1991.)

In Brazil, nationalist movements and organizations such as the League for National Defence and the Nationalist League scouted out different routes for the foundation and/or recovery of nationality: health, education, civic awareness and national values, compulsory military service, etc. (Skidmore, 1974; 1990; Oliveira, 1990.) One such movement, the Pro-Sanitation League of Brazil, established in 1918, intended to alert political and intellectual élites to the precarious state of health conditions and to obtain support for effective public action in the Brazil's interior, or as the phrase they coined would have it, "to sanitize the backlands." In a context where the idea national salvation held sway, proponents of public health proved to be finely attuned to the broad current of nationalism sweeping Brazil. (Castro Santos, 1985; 1987; Oliveira, 1990.)

Three signal events set the timeframe for the BPHM, highlighting its re-definition of the boundaries between city and country, between seaboard and backlands. First, the broad repercussions of Miguel Pereira's speech before the National Academy of Medicine in October 1916—already mentioned at the start of this paper—in which he likened Brazil to a vast hospital. Second, the publication, also in 1916, of a report by the medical and scientific expedition organized by the Oswaldo Cruz Institute, and led by Belisário Penna (1868-1939) and Arthur Neiva (1880-1943) into the Brazilian hinterland, where it had encountered a country inhabited by an unrecognized, backward, sickly, unproductive and abandoned population, lacking any identification whatsoever with the fatherland (Albuquerque et al., 1991; Penna and Neiva, 1916, pp 74-224.)¹ Third, the repercussions of writings by Penna—the unrivaled leader of the movement—which appeared in the press from 1916 to 1917 and were republished in book form in 1918 under the title *O Saneamento do Brasil*, along with the growing activities of Pro-Sanitation League of Brazil, led by Penna himself between 1918 and the 1920's, when the federal government would begin to reform its health services.

With regard to the first event, Miguel Pereira's (1871-1918) emblematic captioning of Brazil as hospital was issued in the context of a nationalistic debate about conscription and compulsory military service. As such, it had been intended as a response to nationalist proselytizing aimed at law and medical students. Pereira had taken to task a certain congressman from the state of Minas Gerais for his naïveté and ignorance of the situation on the ground after the latter had declared his willingness personally to march at the head of an expedition to recruit backlanders for the military defense of Brazil in the event of foreign invasion. Pereira reminded his audience that it had been precisely in the home state of this congressman where in 1909 Dr. Carlos Chagas (1878-1934) had discovered the disease that would come to bear his name—Chagas Disease, or tripanossomiasis americana—which incapacitated millions of Brazilians, rendering them quite useless for even menial labor, let alone military service.² How indeed could men ravaged by such a disease be enlisted into Brazil's defense? In Pereira's view, the reality of the backlands put the lie to the romantic rhetoric employed by Brazil's jingoists in their aggrandizement of the backlander (Pereira, [1916] 1922.)

For his prestige as professor at the College of Medicine and as President of the National Academy of Medicine, Pereira's statements sparked a shrill debate in the press and in medical and political circles, prompting motions of solidarity on the one hand, and accusations of having wildly exaggerated his case—which was already one of questionable patriotism—on the other. Pereira's speech had been a bombshell. But it also laid the foundations for a groundswell in public opinion which had appraised disease as the chief national problem and had seized upon in the élites' indifference as the primary reason why so little had been done about it.

¹ The Oswaldo Cruz Institute, previously named Instituto Soroterápico, had been established in Rio de Janeiro in 1900 during the bubonic plague epidemic. Under the direction of Oswaldo Cruz (1872-1917), the scientist who headed the institute from 1903 to 1917, it had become an important research and training center for public health professionals. From 1917 to 1934, its director was Carlos Chagas. On the role of the institute vis-à-vis Brazilian science, see Benchimol (1990); Benchimol and Teixeira (1993); Chagas Filho (1993); Luz (1982); Schwartzmann (1979); and Stepan (1976.)

² For the debate on the Armed Forces and compulsory military service in Brazil at the time of the First World War, see Oliveira (1990, pp. 119-122); Carvalho (1985, pp. 193-195); and Skidmore (1974.)

Pereira had drawn inspiration for his speech from the report of the 1912 scientific expedition organized by the Instituto Oswaldo Cruz which, under the command of Drs. Belisário Penna and Arthur Neiva, had traversed northern Bahia, southwestern Pernambuco, southern Pará, before marching down the length of Goiás—remote areas in Brazil’s Northeastern and Center-West regions.³ The report came as a cornerstone for the diagnosis—or rather, the “rediscovery”—of Brazil, which energized intellectuals and politicians alike, while it drove home the point for the sanitation campaign. Moreover, the portrait of the country it had laid forth was commented and reproduced in the press, in academic and in parliamentary debates, having won over important segments of public opinion to its cold diagnosis.

After a seven-month journey into vast stretches of country beset by seasonal drought, where it carried out preliminary studies for the construction of reservoirs by federal authorities, the Penna-Neiva expedition had amassed substantial information on climactic, socio-economic and epidemiological conditions obtaining in the regions it had surveyed (Albuquerque *et al.*, 1991.) It had ventured into parts of Brazil hitherto practically unknown, and for which, as was the case in certain areas of the Center-West and Northeast, no prior documentation existed in the records of Brazilian or foreign naturalists.

The report stressed the need for prophylaxis to counter the perverse linkage between the availability of water and the breeding grounds for disease in general and malaria in particular. It had also gathered information about climate, flora and fauna, providing moreover a detailed record of the diseases afflicting the inhabitants of the regions it had explored, their living conditions, economic activities. The report went on to present recommendations for action by public authorities (*idem.*)

An important argument contained in the report was that, although the population in question was by and large abandoned, forgotten and diseased, it could still show itself robust and resistant, as it did in certain locations in Bahia and Pernambuco. Nevertheless, the overall picture was described as “hellish,” with an alarmingly high number of carriers of Chagas Disease, especially in the central-western state of Goiás. The authors of the report stressed the contrast between the romanticized rhetoric through which the inhabitants of the backlands had traditionally been portrayed, and what they had been able to observe and record: a people who were ignorant, abandoned, isolated, backward, suspicious of progress, employing primitive tools at work, strangers to the use of currency. Their isolation accounted for the absence of any feeling of national belonging, of national identity, the established symbols for which were altogether unknown to them. Indeed, the only symbols they recognized were religious in nature (Penna and Neiva, 1916, p.121.)⁴

³ During the first two decades of this century, the Oswaldo Cruz Institute conducted wide-ranging scientific expeditions into the Brazilian hinterlands. These expeditions played a leading role in the production of knowledge on the incidence and spread of disease, thus nourishing the debate on national problems. Expeditions were closely associated to railroad construction, to hydrographic surveys which sought to gauge the economic potential of such river systems as the São Francisco, and to civil engineering projects superintended by water-resource authorities such as the Inspetoria de Obras contra as Secas (Albuquerque *et al.*, 1991.)

⁴ Euclides da Cunha’s highly influential *Rebellion in the Backlands* ([1902] 1963) constituted a major textual reference for the Penna-Neiva report. Its portrait of the backlander (*sertanejo*) was colored both by force and frailty: the *sertanejo* is a strong man, but also raw and uncivilized. *Rebellion* had stressed the importance of

According to Penna and Neiva, the overwhelming absence of any identification with Brazil among the inhabitants of the backlands was heightened by their abandonment by the federal government, present only to tax the resources of a population with exceedingly little to spare:

They live their lives bereft of any support whatsoever [...] without protection of the slightest sort, knowing of governments only because it is the latter who collect taxes on their heifers, their cattle, their horses and mules. (*idem*, p.199)

Although otherwise resembling the negative images of backlanders commonly held at the time, the report's portrayal of these populations did in fact bear witness to an important shift in emphasis in such representations, for it lay the blame for the backlander's plight solidly on the government's doorstep, rather than on nature, on race, or on actual individuals themselves—widely held explanations in an intellectual tradition which perceived the inhabitant of the hinterlands as “naturally” lazy, “naturally” poor, and “naturally” backward. Public authorities, whether municipal, state or federal, were regarded as the ones truly responsible for the state of affairs in the backlands, the abandonment of which had left as its legacy rural endemic diseases and their grim consequences. At the height of the report's impact, Neiva recalled that he had found the inhabitants of Brazil's vast interior “left entirely to fend for themselves...” (Neiva, 1917, p.23.)

And so, through this initial exercise the backlands came to be qualified as a place of abandonment, of the absence of national identification and the spread of endemic disease. The public health movement identified the backlander's isolation as a state of abandonment to which rural populations had been subjected by government authorities. This diagnosis formed the basis not only for demands for positive action by the government to address deficiencies in sanitation and public health in the vast stretches of country which it had previously neglected, but also held out the possibility of shaping a kind of Brazilian identity distinct from that whose pervasive characteristic had been disease itself. The backlands were perceived as resembling nothing so much as a vast hospital whose patients had been left to their own devices.

This attempt to establish a novel understanding of Brazil amounted to a rejection of both the romanticized view underlying the jingoist stance (Oliveira, 1990, pp. 95-109) and the pessimistic view, derived from climactic, physical and racial determinisms which saw the country sentenced to barbarism, and which would carry over into the debates surrounding miscegenation and immigration (Castro Santos, 1987; Skidmore, 1974; 1990) It was a diagnosis which served to dispel the sense of impotence and resignation before the presumably inalterable fate of a people condemned to eternal backwardness. For if these populations were afflicted by disease it would be possible to provide for their recovery by means of a course of action founded in medical knowledge and implemented by public authorities. It was not sufficient merely to have discovered a “people whose time had yet to come,” (Penna and Neiva, 1916, p. 198); the pressing task now at hand was to transform these “strange inhabitants” of Brazil into Brazilians. The powers of medicine, together with the powers of the state, were essential to bring this change about. And science—medical science especially—would provide the relief so necessary to those intellectuals

empirical knowledge of the country, a position which undergirded the writings of the public health movement as a whole. See Castro Santos (1985; 1987), Lima and Britto (1996) and Lima and Hochman (1996.)

who hitherto had been unable to glimpse solutions for a nation that seemed condemned by its very racial composition.⁵

The backlands—the setting for these disheartening encounters with sick Brazilians—were not solely located in the Northern and Northeastern regions of the country. Wherever one ventured, the reports, descriptions and prescriptions struck a similar note. In August 1917, the physician and BPHM activist Souza Araújo issued a report of his journey on government service to the interior of the state of Paraná, in southern Brazil. His findings were similar on many of the points raised by the Penna-Neiva expedition regarding rural endemic diseases in the Northeast and Center-West; this time, however, the territory in question was in Southern Brazil, in an area undergoing agricultural expansion, and where malaria posed a growing threat. What is perhaps most striking in the Araújo report is its restatement of the causal relationship between the presence of disease, on the one hand, and governmental absence, on the other. Above and beyond the precarious conditions of cultural, environmental and economic existence that Araújo had encountered—lack of schooling, deforestation, and what he considered to be anachronistic methods for rice-cultivation—the principle factor responsible for the distressing sanitary conditions in the backlands remained the “criminal indifference” of the all three levels of government—municipal, state and federal—in the face of malaria and its endemic character (Souza Araujo, 1917, p. 75.)

Not only was Brazil considered to be as a whole inhabited by disease, so too were the bodies of its impoverished and abandoned inhabitants. Each Brazilian was the host for more than one infection and/or infestation, according to the astonished testimony of a public health official involved in setting up federal services for rural sanitation in the Northeastern state of Paraíba in the 1920's:

Every man is a zoo unto himself; to each region of the body there corresponds a particular variety of fauna.⁶

For the purposes of the sanitation campaign, backlands and rural areas were to be construed as a medical, social and political category, rather than a sheerly geographic one. Its location in space coincided with the presence of the twin conditions of abandonment and disease. In fact, such “backlands” were hardly so distant from the very sources of public authority under pressure to take action on the sanitation front; nor were they solely a symbolic or geographic allusion to Brazil's vast rural areas. The situation was not all that different in São Paulo—the most prosperous state in the federation owing to its leading role in the production and export of coffee, and the one with Brazil's most advanced public health policies (Blount, 1971; Castro

⁵ The sense of relief provided by medical science to the anguish of a generation of intellectuals was perhaps most strikingly captured by the writer Monteiro Lobato in 1918: “Today we can breath more easily. The laboratory has given us the arguments we so eagerly sought. With it, we shall counterpose to Le Bon's sociological condemnation the higher voice of biology.” (Lobato, 1956, p. 298.) For a discussion of this topic in greater detail, see Lima and Hochman (1996.)

⁶ Cited from the correspondence of Acácio Pires, head of Rural Sanitation and Prophylaxis Services for Paraíba state, to Belisário Penna, federal director of Rural Sanitation and Prophylaxis, on 7.7.1921. See *Belisário Penna Archive*, Casa de Oswaldo Cruz/Oswaldo Cruz Foundation.

Santos, 1987; 1993). In 1918, Neiva, then state director of public health, offered these remarks on the state-of-affairs around the otherwise thriving state capital:

On the outskirts of this city which, among all others in Brazil, bears the strongest resemblance to those abroad, we had to prepare a station for the fight against hookworm in Santo Amaro, connected to the capital ... by electric tram. (Neiva, 1918, p.8)

As though echoing Afrânio Peixoto's (1876-1947) shrewd insight that Brazil's backlands began at the point where the monumentality of the nation's capital ended, for Neiva their frontier likewise could be fixed at the edge of that fastest-growing city of them all, São Paulo.

For many, disease constituted the real link holding together the federation. As such, the map of the country itself might be redrawn in its image. For José Maria Bello, a historian and politician, the country was not to be subdivided into states and municipalities, but rather into three distinct regions—the outlying reaches of the Federal District, the seaboard, and the interior—whose contours, rather than geopolitical, derived instead from the three great rural endemic diseases:

At the gates of the capital, hookworm decimates the population of the lowlands, as does malaria all along the coast and riverbanks, while tripanossomiasis harvests its victims in the backlands... (Bello, 1918, pp. iii-iv.)

By equating the backlands with disease and abandonment, these diagnoses extended the rural frontier to the very doorstep of the capital, the centralized seat of state power. From the standpoint of the public health movement, the sickly bits of Brazil were neither so small nor so faraway—and, to judge from the devastation in human terms wrought by endemic diseases left unchecked, so inconsequential—as to be ignored by public authorities. The backlands were not a finite geographical space but rather areas as yet unreached by public health policy and sanitation measures.⁷ By identifying, elaborating and propagating the sense that rural endemic diseases were far closer to the main urban centers than one might suppose, the BPHM redefined the boundaries between what was urban and what was rural, and so closed the distance between backlands and big city. If the consequences of abandonment and disease were already nipping at the heels of Brazil's elite—somewhere out at the end of the boulevard—they had still to tweak its conscience.

III

Belisário Penna's *O Saneamento do Brasil (The Sanitation of Brazil)* ([1918] 1923) if not the most important and most widely known published work to grow out of Brazil's public health movement during the 1910s, at the very least provides the most thorough exposition of the propositions discussed earlier in this paper. Penna, a physician specialized in public health and a health official, interpreted the relations between disease, society and politics in Brazil and went on to propose changes in the role to be played by the state in the areas of sanitation and public

⁷ For a discussion of the backlands as a social and political category in greater detail, see Amado (1996).

health. It is a work which takes dead aim at both Brazilian federalism and the indifference of the ruling élite. The importance of Penna's main argument, which is itself repeated a hundredfold in other articles and speeches, is in no small measure enhanced by the fact that it won over a considerable number of politicians and intellectuals into the sanitarian fold, who in turn extended the public impact of the campaign.

In a blunt criticism of the Republic, Penna asserted that the country was divided up among an unscrupulous lot of petty local tyrants, heedless of the interests of the populace. The Brazilian Republic amounted to little more than a meeting of "twenty countries" dominated by "three or four" states constituting the central oligarchy that actually ran the country (Penna, 1923, p.122.) According to Penna, in 1891 Brazil had promulgated a "licentious constitution" (*ibid.*, p.157.) which had done away with two of the chief assets of the Empire: unity of command and national solidarity (*ibid.*, p.158). Moreover, the end of slavery had been badly blundered. Abolition drove masses of unprotected and unskilled individuals from the country to the urban peripheries, where they would endure dire problems from the standpoint of education, housing, sanitation. Concurrently, the countryside had suffered depopulation and a substantial decrease in the available agricultural work force.

Following in the footsteps of Brazil's conservative thinkers, such as Alberto Torres, Penna attacked what he perceived to be the artificial character of industrial and urban growth in Brazil, and the neglect subsequently visited upon its natural industrial vocation: agriculture (*ibid.*, p.149). Rural populations, the bulwarks of nationality in the author's view, had become the chosen victims for disease, ignorance and alcoholism, exploited by a "contrived urban industrialism" incapable of surviving without a protectionist tariff which benefited the few at the expense of the many (*ibid.*, p.150.) In the final analysis, the brunt of such artifices were to be borne by agriculture and by Brazil's rural populations. Finally, the ever extensive means of intercourse between city and country—given the absence of adequate public controls—spelled the worst of both worlds: the depopulation of the backlands by means of migration to urban centers which, thus swollen beyond capacity, were to generate further poverty and disease; and, heading in the opposite direction, the re-settlement of the backlands by syphilis, alcoholism, tuberculosis and "immorality" (Penna, 1923, pp. 149-150.)

From the BPHM's standpoint, rural endemic diseases—with special emphasis upon hookworm, malaria, and Chagas' Disease—ought to be the main target for state action. If not curable, such illnesses were believed to be at least preventable. It was in disease rather than in laziness that one was to discern the defining and explanatory attribute of the Brazilian man and his characteristic lack of productivity. Congruently, given the plausibility of the medical diagnosis—if not its accuracy—advocates of public health reform felt sufficiently confident to reject out of hand explanations for Brazil's national character arrived at on the basis of racial or climactic determinisms. As evidence for the sanitarian position, there were estimates that as much as 70% of the rural population was infested with hookworm, which was to be the primary target for a nationwide campaign in sanitation and health education.⁸

⁸ The emphasis on rural endemic diseases, especially hookworm, was in no way unique to the Brazilian public health policy debates. Hookworm disease had also been targeted by a widespread sanitation campaign spearheaded internationally by the Rockefeller Foundation, which played an important role as well in the campaigns against

Because hookworm disease acted so slowly—it neither flew across international borders nor swiftly killed its victims as did yellow fever or smallpox, the two traditional targets of government attention until then—its endemic staying-power had led to a pervasive physical weakening of rural populations, diminishing their immunity to other diseases, and thus compromising the health of Brazil’s labor force while it undermined the national economy as a whole. Unproductive workers, Brazilians had become human collectors for myriad diseases, obstacles to the country’s progress and development. Penna reckoned that Brazilians produced only a third of what they would otherwise be capable of producing under the optimal sort of health conditions which only laborers overseas might be so fortunate to enjoy, a loss all the more painful, in human and economic terms, because it was so eminently avoidable. An unproductive economy in a place where disease ran rampant would hold little attraction for immigrants. In a grimly ironic aside, Penna suggested that immigrants would be brazilianized by their contraction of parasite disease (*ibid.*, p. 55.) Naturalization was less a matter of bureaucratic procedure than one of simple contamination by the strains of disease that imparted an identity to the land.

The campaign for rural sanitation sought to unify a broad spectrum of intellectuals and to persuade political elites and society at large of the gravity of the problem at hand. It would do so by presenting a dramatic diagnosis on the state of illness in Brazil, while offering plausible interpretation of its causes. The most challenging task it faced consisted of generating levels of consensus necessary to bring about the actual policy measures it advocated. Its objective was to appeal to the conscience of the ruling elites, who might then press the federal government to adopt a nationwide a health policy (*Saúde*, 1918, p. 247.)

Once it had it had issued its diagnosis, and stated its case for sanitation policies aimed at national recovery and integration, the Pro Sanitation League of Brazil was able to count on the support of intellectuals, who devoted their time to speech-making, demonstrating techniques for prevention, health education, statistical surveys on the public health situation of Brazil, writing books and articles on the topic, raising awareness wherever they found receptive public settings, and publishing the League’s journal, *Saúde* (Labra, 1985; Lima and Britto, 1991;1996). Chiefly, the movement aimed at pressuring Congress to draft public health legislation, and to make government more accountable on all levels for the overall health of the population.

hookworm in Brazil and later, against yellow fever in Northeastern Brazil between 1915 and 1930, and malaria during the 1930’s (Cueto, 1994; 1996; Faria, 1994.) Literature on the Rockefeller Foundation’s activities in the Southern U.S. reveals striking similarities, in terms of the characterization of local populations, with the findings of Brazilian public health reports. In both instances, the physical frailty and unproductive character of these populations was associated with parasite diseases caused by “the germ of laziness.” Literature on the Southern United States goes on to draw attention to the dilemmas raised by the existence of vast populations of the “indolent and unproductive” vis-à-vis the construction of an American national identity. After a fashion, the controversy and discomfort arising from urban America’s encounter with their estranged compatriots from the rural South—quasi-foreigners—during the Progressive Era predate and foreshadow the perplexity of Brazil’s élites upon their introduction to the inhabitants of Brazil’s backlands, an encounter brought about largely through the efforts of public health activists. The distinguishing feature for both areas—Southern U.S. and Brazilian backlands—was none other than disease. These suggestions for comparison are based on Boccaccio (1972); Breeden (1988); Cassedy (1971); Ettling (1981); Link (1988); Marcus (1988; 1989); and Sullivan (1930, pp. 290-332.)

The founding members of the League were members of the National Academy of Medicine, professors at the Medical Colleges of Rio de Janeiro and Bahia, scientists of the Oswaldo Cruz Institute, employees of the federal health services, military officers, educators, lawyers, journalists and politicians. The League's extensive membership rolls, drawn from across the country, reflected the degree of support among intellectual elites, and sectors of the political elite, for more vigorous state action in the fight against disease in general and the "unholy trinity" formed by the three above-mentioned rural endemic diseases (Penna, 1919, p.223.)

Summarizing the League's activities, Penna noted that from 1918 to 1920 it had distributed twenty thousand copies of the brochure *Opilação ou Amarelão* (layman's terms for hookworm disease), among other educational pamphlets; delivered "over one hundred" speeches and hygiene demonstrations in schools, military bases, public squares, etc.; published "over one hundred" articles in magazines and newspapers; aside from having provided health-care for the poor and peasants, including professional services free of charge on farms (Penna, 1922, pp. 10-11.) This is not to mention the activities conducted by League members in their daily practice—regarded as an intrinsic part of the movement--as physicians, professors, and civil servants.

Among the objectives and overall strategy of the movement—in addition to its educational and "consciousness-raising" aims—was the establishment of rural prophylaxis stations. In April 1918, Wenceslau Bráz, president of Brazil, paid an official visit to one such station, located in Penha, a suburb of Rio de Janeiro. The president's visit had itself been occasioned by the impact of the sanitation campaign and its persistent visibility in the press, in professional and scientific meetings, in congressional debate, and in the proceedings of Brazil's various state legislatures (Britto, 1995; Castro Santos, 1987; Hochman, 1993; Labra, 1985; Lima and Britto, 1991; Lima and Hochman, 1996.) During his review of station premises, Bráz appeared to have been won over to the cause for greater action against endemic diseases. The president was reported to have been moved at the sight of "the cruel truth ... of the morbid situation on the doorstep of the nation's capital" (Fraga, 1926, p.528) and seemed to have taken the point about the "calamity arising from rural endemics..." (Fontenelle, 1922, p.52.)

The League's principal aim consisted of the creation of a federal agency entrusted with nationwide delivery of standardized and coordinated public health services. The brief of such an agency would, however, exceed constitutional limits imposed on the center, whose theater of operations were by law restricted to the Federal District and port areas. In order to overcome these constitutional strictures and create such an agency, congress would have to approve a Health Code to be nationally enforced by federal sanitation authorities, a measure which did not preclude or supplant the need for states and municipalities to create their own public health services. The autonomy of these agencies, envisioned in purely technical terms, would assure that science would prevail against the political interests which the public health movement had identified as its adversaries, or at any rate, as targets of its critique. The centralization of sanitation services under the purview of the federal government proposed by the BPHM challenged the prevailing state of political affairs. The diseased populations forgotten within the immense hospital that was Brazil would become the main victims of the constitutional and political *status quo*. It was to be an unnecessarily cruel fate, in light of the medical means available for the prevention, if not the cure.

IV

From the BPHM's standpoint, Brazil was a sick country; that is to say, it was characterized by the widespread presence of endemic diseases, a condition which in turn arose from the absence, neglect or indifference of public authority—which might otherwise have checked the spread of “catchable” diseases—throughout vast portions of the nation territory. The sanitarian movement saturated society with an interpretation of Brazil which foregrounded two defining metaphors: the hospital and the backlands, where the former suggested the inescapable presence of rural endemic diseases and the latter pointed to the abandonment and absence of public authority. By calling attention to public health issues, the movement was able to draw together rural and urban Brazil, as they closed the distance between the poor, the sick, the forgotten and the country's political and economic elites. Its efforts would pay off during the 1920's, when the federal government would undertake a nationwide campaign against rural endemic disease.

References

- Albuquerque, M. *et alii.* (1991), *Science Heading for the Backwoods - images of the expeditions conducted by the Oswaldo Cruz Institute scientists to the Brazilian hinterland - 1911/1913*. Rio de Janeiro, Casa de Oswaldo Cruz/Fiocruz.
- Amado, J. (1995), “Região, Sertão, Nação”. *Estudos Históricos*, nº 15, pp. 145-151.
- Pereira, M. (1922) [1916], “‘O Brasil É ainda um Imenso Hospital’ - Discurso Pronunciado pelo Professor Miguel Pereira por Ocasião do Regresso do Professor Aloysio de Castro, da República Argentina, em outubro de 1916”. *Revista de Medicina - órgão do Centro Acadêmico "Oswaldo Cruz"/Faculdade de Medicina e Cirurgia de São Paulo*, vol. VII, nº 21, pp. 3-7.
- Benchimol, J. (ed.) (1990), *Manguinhos: Do Sonho à Vida - A Ciência na Belle Époque*. Rio de Janeiro, Casa de Oswaldo Cruz/Fiocruz.
- _____ & Teixeira, L. A. (1993), *Cobras, Lagartos & Outros Bichos: Uma História Comparada dos Institutos Oswaldo Cruz e Butantan*. Rio de Janeiro, Editora UFRJ.
- Blount, J. A. (1971), *The Public Health Movement in São Paulo, Brazil. A History of the Sanitary Service, 1892-1918*. Ph.D. Thesis, Tulane University.
- Boccacio, M. (1972), “Ground Itch and Dew Poison - The Rockefeller Sanitary Commission 1909-14”. *Journal of the History of Medicine and Allied Sciences*, vol. XXVII, nº 1, pp. 30-53.
- Breeden, J. O. (1988), “Disease as a Factor in Southern Distinctiveness”, in T. Savitt e H. Young (eds.), *Disease and Distinctiveness in the American South*. Knoxville, The University of Tennessee Press, pp. 1-28.
- Britto, N. (1995), *Oswaldo Cruz: A Construção de um Mito na Ciência Brasileira*. Rio de Janeiro, Editora Fiocruz.
- Carvalho, J. M. de. (1985), “As Forças Armadas na Primeira República: O Poder Desestabilizador”, in B. Fausto (org.), *O Brasil Republicano. Sociedade e Instituições (1889-1930)* (3ª ed.). São Paulo, Difel, pp. 183-234.
- Cassedy, J. H. (1971), “The ‘Germ of Laziness’ in The South, 1900-1915: Charles Wardell Stiles and The Progressive Paradox”. *Bulletin of the History of Medicine*, vol. 47, pp. 159-169.
- Castro Santos, L.A. (1985), “O Pensamento Sanitarista na Primeira República: Uma Ideologia de Construção da Nacionalidade”. *Dados-Revista de Ciências Sociais*, vol. 28, nº 2, pp. 193-210.
- _____. (1987), *Power, Ideology and Public Health in Brazil (1889-1930)*. Ph.D. Thesis, Harvard University.

_____. (1993), “A Reforma Sanitária ‘Pelo Alto’: O Pioneirismo Paulista no Início do Século XX”. *Dados-Revista de Ciências Sociais*, vol. 36, nº 3, pp. 361-392.

Chagas Filho, C. (1993), *Carlos Chagas, Meu Pai*. Rio de Janeiro, Casa de Oswaldo Cruz/Fiocruz.

Cueto, M. (1994), *Missionaries of Sciences: The Rockefeller Foundation and Latin America*. Bloomington, Indiana University Press.

_____. (1996), “Los Ciclos de la Erradicación: La Fundación Rockefeller y la Salud Pública Latinoamericana, 1918-1940”, in M. Cueto (ed.), *Salud, Cultura y Sociedad en América Latina: Nuevas Perspectivas Históricas*. Lima, IEP-OPS, pp. 179-202.

Cunha, E. da. (1963) [1902], *Os Sertões: Campanha de Canudos*. Brasília, Editora UNB. (translation in english: *Rebellion in the Backlands*)

Ettling, J. (1981), *The Germ of Laziness - The Rockefeller Philanthropy and Public Health in the New South*. Cambridge, Mass., Harvard University Press.

Faria, L. R. de. (1994), A Fase Pioneira da Reforma Sanitária Brasileira no Brasil: A Atuação da Fundação Rockefeller (1915/1930). Tese de Mestrado, Instituto de Medicina Social/Universidade Estadual do Rio de Janeiro.

Fontenelle, J. P. (1922), “Higiene e Saúde Pública”, in *Dicionário Histórico, Geográfico e Etnográfico do Brasil - Comemorativo do Primeiro Centenário da Independência*. Rio de Janeiro, mimeo, pp. 1-101.

Fraga, C. (1926), “Saneamento Urbano e Rural”, in *Livro do Centenário da Câmara dos Deputados*. Rio de Janeiro, Imprensa do Brasil, pp. 521-535.

Hobsbawm, E. (1991), *Nações e Nacionalismo desde 1870*. Rio de Janeiro, Paz e Terra.

Hochman, G. (1993), “Regulando os Efeitos da Interdependência: Sobre as Relações entre saúde Pública e Construção do Estado (Brasil 1910-1930)”. *Estudos Históricos*, vol. 3, nº11, pp.40-61.

Joll, J. (1982), *A Europa desde 1870*. Lisboa, Publicações Dom Quixote.

Kunitz, S. J. (1988), “Hookworm and Pellagra: Exemplary Diseases in the New South”. *Journal of Health and Social Behavior*, vol. 29, pp. 139-148.

Labra, M. E. (1985), O Movimento Sanitarista dos Anos 20: Da Conexão Sanitária Internacional à Especialidade em Saúde Pública no Brasil. Tese de Mestrado, Escola Brasileira de Administração Pública/Fundação Getúlio Vargas.

Lima, N. T. & Britto, N. (1991), *A Campanha do Saneamento Rural na Imprensa do Rio de Janeiro*. Casa de Oswaldo Cruz/Fiocruz, Rio de Janeiro, mimeo.

_____. (1996), “Salud y Nación: Propuesta para el Saneamento Rural. Un Estudio de la Revista *Saúde* (1918-1919)”, in M. Cueto (ed.) *Salud, Cultura y Sociedad en América latina: Nuevas Perspectivas Históricas*. Lima, IEP-OPS, pp. 135-158.

Lima, N. T. & Hochman, G. (1996), “Condenado pela Raça, Absolvido pela Medicina: O Brasil Descoberto pelo Movimento Sanitarista da Primeira República”, in M. Chor and R. Santos (eds.), *Raça, Ciência e Sociedade*. Rio de Janeiro, CCBB-Editora Fiocruz, pp. 23-40.

Link, W. A. (1988), “Privies, Progressivism, and Public Schools: Health Reform and Education in the Rural South, 1909-1920”. *The Journal of Southern History*, vol. LIV, nº 4, pp. 623-642.

Lobato, J. B. M. (1956) [1918], *Mr. Slang e o Brasil e o Problema Vital*. São Paulo, Brasiliense.

Luz, M. T. (1982), *Medicina e Ordem Política Brasileira*. Rio de Janeiro, Graal.

Marcus, A. I. (1988), “The South’s Native Foreigners: Hookworm as a Factor in Southern Distinctiveness”, in T. Savitt and H. Young (eds.), *Disease and Distinctiveness in the American South*. Knoxville, The University of Tennessee Press, pp. 79-99.

_____. (1989), “Physicians Open a Can of Worms - American Nationality and Hookworm in the United States, 1893-1909”. *American Studies*, vol. 30, nº 2, pp. 103-119.

Neiva, A. (1917), *Discursos - Pronunciados no Banquete que lhe Foi Oferecido a 18 de novembro de 1916 no Rio de Janeiro*. Rio de Janeiro, Tipografia Besnard Frerés.

_____. (1918), “Programa Apresentado pelo Dr. Arthur Neiva ao Conselheiro Rodrigues Alves para a Reforma da Higiene no Brasil, por Ocasão do Convite que Daquela Estadista Recebeu para Diretor da Saúde Pública, e por Ele Aprovado Integralmente”, in *Arquivo Arthur Neiva*, CPDOC/FGV.

Oliveira, L. L. (1990), *A Questão Nacional na Primeira República*. São Paulo, Brasiliense/CNPq.

Patterson, K. D. & Pyle, G. F. (1991), “The Geography and Mortality of 1918 Influenza Pandemic”. *Bulletin of The History of Medicine*, vol. 65, nº 1, pp. 4-21.

Peixoto, A. (1922), “Discurso Pronunciado no Banquete Oferecido ao Prof. Miguel Pereira, em 19 de maio de 1918”, in P. Leão *et alii* (eds.), *Afrânio versus Afrânio*. Niterói, Tipografia “Jeronimo Silva”, pp. 29-37.

Penna, B. (1919), “Discurso Pronunciado pelo Dr. Belisário Penna na Sede da Sociedade Nacional de Agricultura, a 11 de fevereiro de 1919, em Sessão Comemorativa do 1º Aniversário da Fundação da Liga Pró-Saneamento do Brasil”. *Saúde*, vol. 2, nº 2, pp. 218-230.

_____. (1922), *Defesa Sanitária do Brasil*. Rio de Janeiro, Tipografia Revista dos Tribunais.

_____. (1923) [1918], *O Saneamento do Brasil*. Rio de Janeiro, Editora dos Tribunais.

_____ & Neiva, A. (1916), “Viagem Científica pelo Norte da Bahia, Sudoeste de Pernambuco, Sul do Piauí e de Norte a Sul de Goiás”. *Memórias do Instituto Oswaldo Cruz*, vol. 8, nº 30, pp. 74-224.

Pereira, M. (1922) [1916], “‘O Brasil É ainda um Imenso Hospital’ - Discurso Pronunciado pelo Professor Miguel Pereira por Ocasão do Regresso do Professor Aloysio de Castro, da República Argentina, em outubro de 1916”. *Revista de Medicina - órgão do Centro Acadêmico "Oswaldo Cruz"/Faculdade de Medicina e Cirurgia de São Paulo*, vol. VII, nº 21, pp. 3-7.

Porter, D. (1991), “‘Enemies of the Race’: Biologism, Environmentalism, and Public Health in Edwardian England”. *Victorian Studies*, vol. 34, pp. 159-178.

_____. (1993), “Public Health”, in W.F. Bynum and R. Porter (eds.), *Companion Encyclopedia of The History of Medicine*. Londres, Routledge, pp. 1231-1261.

Revista Saúde - official journal of the Pro Sanitation League of Brazil (1918-1919).

Schwartzman, S. (1979), *Formação da Comunidade Científica no Brasil*. São Paulo, Companhia Editora Nacional.

Skidmore, T. E. (1974), *Black into White: Race and Nationality in Brazilian Thought*. New York, Oxford University Press.

_____. (1990), “Racial Ideas and Social policy in Brazil, 1870-1940” in R. Graham (ed.), *The Idea of Race in Latin America, 1870-1940*. Austin, University of Texas Press.

Souza Araújo, H. C. de. (1917), *O Impaludismo no Norte do Paraná e sua Profilaxia. Apresentado ao Dr. Affonso Alves de Camargo, Presidente do Paraná, em 31 de julho de 1917 e lido perante a Sociedade de Medicina do Paraná, em 6 de agosto de 1917*. Rio de Janeiro, datilografado.

Stepan, N. (1976), *Beginnings of Brazilian Science - Oswaldo Cruz, Medical Research and Policy, 1890-1920*. Nova York, Science History Publications.

Sullivan, M. (1930), *Our Times - The United States, 1900-1925*. Nova York, Charles Scribner's Sons, vol. III.