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# Review Of "Doença De Chagas, Doença Do Brasil: Ciência, Saúde E Nação, 1909–1962" By S.P. Kropf

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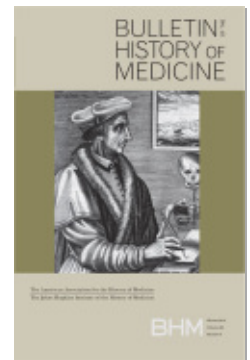
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## **Doença de Chagas, Doença do Brasil: ciência, saúde e nação, 1909-1962 (review)**

Diego Armus

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leitmotif of this biographical study was made explicit. There, after reviewing the main components of his presentation, Hüntelmann writes, “Entgegen dem Mythos war Ehrlich kein Experimentator, sondern vorwiegend Wissenschaftsorganisator” (“Contrary to the myth, Ehrlich was no experimenter, but rather predominantly a scientific organizer”). Surely this is to misinterpret the nature of Ehrlich’s science and indeed the difference between those flashes of intellectual insight that lead to novel concepts and experiments and the slow, brute-force solutions to problems that require three of the “four Gs” that Ehrlich made famous: *Glück*, *Geduld*, *Gelt* (luck, patience, money).

But it was the fourth G, *Geschick* (skill), that accounted for Ehrlich’s early science. Working substantially alone, he introduced landmark changes both in theory and in experimental practice: in histology, hematology, physiology, and immunology, culminating in his side-chain (receptor) theory of antibody formation. These were true intellectual achievements. For all of Ehrlich’s organizing abilities—and they were many—as institute director in Frankfurt, it must be admitted that he had little to show for his cancer research. True, Ehrlich opened up the field of scientific pharmacology with his search for a “magic bullet.” He did this by developing Salvarsan (compound no. 606!) therapy for syphilis, a triumph of organization and fortitude (the *Geduld* and *Gelt* required for the repeated modifications of molecular structure with subsequent lengthy testing for dosage, efficacy, and safety), rather than constituting a sparkling intellectual achievement.

This caveat aside, the volume is an important addition to our understanding of Paul Ehrlich and his work, by virtue of Hüntelmann’s emphasis on the socio-economic conditions that permitted, even encouraged, Ehrlich’s success.

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Simone Petraglia Kropf. *Doença de Chagas, Doença do Brasil: ciência, saúde e nação, 1909–1962*. Rio de Janeiro: Editora Fiocruz, 2009. 596 pp. Ill. (978-85-7541-175-9).

Three dominant and oftentimes overlapping ways of writing define the tone of the recent and fast-growing Latin American historiography of medicine, diseases, and health. The first one, the social and cultural history of diseases, is mainly focused on material living conditions and changing ideas and representations about the normal and sick body in ordinary quotidian times as well as in epidemic outbreaks. The second narrative, the history of public health, centers its attention on the consolidation of the medical profession and health agencies, the influence of international players on national health agendas, and the political economy of health.

The third one is the history of biomedicine. As the oldest one and currently the least cultivated, this way of writing continues to produce not only self-celebratory accounts aimed at reconstructing national medicines and doctors' biographies but also more historically contextualized historical narratives. *Doença de Chagas* is probably one of the most accomplished examples of the latter. Kropf's book could be read as an individual effort that effectively enhances a quite systematic collective endeavor mainly but not solely based at the Casa Oswaldo Cruz in Rio de Janeiro, the academic institution that publishes the excellent Brazilian journal *História, Ciência, Saúde—Manguinhos*.

Inspired by the disease framing approach proposed some time ago by Charles Rosenberg, the book deals with a biological event and the array of constructs that tried to explain, it facilitating its transformation into a disease. *Doença de Chagas* does not pretend to be a total history of the Chagas disease in Brazil, nor a history of a regional disease affecting many Latin American countries. Rural poverty and public health policies are present in the text but only as a backdrop. The experiences of the sick are not discussed. Nor are disease metaphors, with the exception of the Chagas disease as a pathology of the nation. Empirically sound and engaged with the biomedical historiography of this disease, Kropf's aim, explicitly, is to study the interplay among nation-building processes and public health discourses with the complex detours that culminated on the biomedical agreements about the existence of the disease.

Kropf's book deals mainly with two periods in the historical framing of this insect-transmitted zoonosis that is endemic in many poor rural areas of Latin America and in the last decades and as a result of domestic migrations has also been affecting urban settings. The first one, between 1909 and 1934, discusses Carlos Chagas's early identification of the pathology as endocrinological and neurological. Associated with other endemic diseases of poor rural Brazil, Chagas's initial assertions were strongly contested in their epidemiological as well as social dimensions. The second period, between 1934 and 1962, focuses on Evandro Chagas and Emmanuel Dias's redefinition of the disease as cardiac and mainly chronic. They followed the contributions made by Argentine colleagues who built their own assertions regarding the early and contested Carlos Chagas findings. This time Chagas's disease became an epidemiological problem, a recognition that Kropf discusses in connection to a new political and economic climate marked by industrialization efforts, the expansion of the productive western frontier, and the post-World War II developmental ideas and policies about the need of forging a healthy population.

Taking note of the peripheral condition of the region, the most renovated Latin American biomedical historiography has been studying processes of negotiation and adaptation on the periphery of science produced in the center. *Doença de Chagas* offers something different: it unveils through a jargon-free and sophisticated narrative a peculiar and quite unusual case in which tropical medicine reveals itself not as an imperial enterprise but as evidence of the production of scientific knowledge on the periphery.

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