Introduction

Since the early 1980s, historical studies on disease and health in modern Latin America have produced a significant body of scholarship. Efforts to renew the traditional history of medicine and the spread of historical studies of population with a social and cultural emphasis are some of the trends that explain this historiographical process. Three ways of writing define the field: the history of public health, biomedical history, and the sociocultural history of disease. There is a good deal of overlap among these three approaches, because all three tend to discuss diseases, health, and medicine as socially generated processes of grouping biomedical and sociocultural phenomena. But they also have some distinctive features. The history of public health focuses mainly on the power—the institutions and professionals—of the so called hegemonic medicine; that is, the medicine of certified doctors and nurses, hospitals, health systems, health insurances, welfare support networks, and so on. It is a history of public health and in public health, because those who practice it—mainly public health specialists and historians—want to influence the production and direction of public health agendas. Biomedical history focuses on scientific developments, but the aim is to contextualize them. It tries to overcome the limitations of the traditional history of medicine, oftentimes a self-celebratory narrative of benevolent doctors and official medicine. Finally, the social and cultural history of disease looks at discourses, policies, and experiences related to health and maladies. This history focuses on problems related to social control, resistance and adaptation, change and continuity. It discusses disease metaphors, the production of political discourses, and its transformation—as (when this in fact occurs) in effective policies; the material conditions of daily life and their influences on morbidity and mortality patterns; and the experiences of the sick, not only in the institutions of the hegemonic medicine but also in the realms of alternative, nonofficial medicines. This bibliography includes studies dealing with the period between the last third of the 19th century—when modern bacteriology became hegemonic—and the first decades of the Cold War period. Historical studies on mental health are not included. References to medical anthropology studies are limited to those cases where the historical dimension is not marginal. The historiography of this field is consistently growing in South and Central America, but it is in Brazil that this process is particularly strong and diverse.

Historiographical Essays

Since general overviews or narratives are not available thus far, historiographical essays are the best entrance to the available scholarship on the history of diseases and health in Latin America. Essays on the state of the field are not abundant. Duarte Nunes 2000 does so in Portuguese, but only focusing on the Brazilian case. In Spanish, Armus 2003 and Armus 2005 aim at the whole region, with an interpretative framework in terms of trends, legacies, and historiographical styles. In English, Armus and López Denis 2010 is the only essay that covers the periods before and after the triumph of bacteriology. Birn and Necochea López 2011 adds some updated information.

An effort to organize recent trends in the historical study of diseases by grouping the available literature along the lines of biomedical history, the history of public health, and the sociocultural history of diseases.

An assessment of the growth of the field trying to connect historiographical discussions with regional and national legacies vis-à-vis matters of health and disease.

A critical discussion of relevant scholarly production ranging from colonial epidemiology and pharmacopoeia to 20th-century public health institutions, urban hygiene, and disease metaphors.
Edited Collections with a Latin American Scope

Edited collections organized around specific countries, including case studies focused on countries, regions, or cities, reveal the dynamism of the field. Cueto 1996 brings together new scholarship. Armus 2002, Armus 2003, Hochman and Armus 2004, and Armus 2005 intend to cover the pluralism that dominates the field both in terms of ways of writing and topics. Hochman, et al. 2012 includes articles focused on different countries but around—broadly speaking—a unifying historical issue.


With essays stressing on the tensions between culture and disease—in particular, hygiene and modern habits, medical pluralism, quacks, vaccination and indigenous peoples, popular music, maladies, and beliefs—this collection includes studies on Mexico, Colombia, Costa Rica, Argentina, Chile and Haiti.


First anthology in English purposely sampling the current three approaches to writing on health and disease. It includes articles on six Latin American countries, dealing with epidemics, disease metaphors, gender, eugenics, and health discourses and policies. Many of the articles advanced partial findings that later became chapters of key books on the field. The introductory essay surveys the scholarly production by 2003.


Organized with the same criteria as in Armus 2003 and Hochman and Armus 2004, this collection offers a selection of articles in Spanish focused on Brazil, Mexico and Argentina.


An early collection of articles on Argentina, Brazil, Colombia, and Mexico dealing with the production of medical science in the periphery, epidemics, foreign influences in the making of public health initiatives, and professional and alternative discourses about diseases. It includes a brief introduction that can guide an initial navigation of the field up to the mid-1990s.


A collection of essays in Portuguese on Argentina, Bolivia, Brazil, Colombia, Costa Rica, Haiti, Mexico, Peru, and Puerto Rico. It shows historiographical tendencies and covers topics that dominated, and continue to dominate, the field.


Examines national narratives on diseases in Argentina, Brazil, Colombia, Costa Rica, Cuba, and Peru. Associated with nation-building processes, these diseases articulated specific concerns and public health agendas related to immigration issues, collective immunities, race, and ethnicity.

Country and Subregional Studies

By and large, studies dealing with health and disease issues on one country—or on cities and regions within one country—tend to offer a gallery of situations, junctures, and problems rather than national comprehensive narratives. Emphases are diverse: Illanes 1993 focuses on discourses and institutions, Danielson 1979 looks at primary health-care institutions, and Cueto 2001 aims at contextualizing medical and health problems. Quevedo and Agudelo 2004; Fajardo Ortíz, et al. 2002; Zulawski 2007; and Danielson 1979 emphasize health changes and continuities shaped by broader political events. Nascimento and Maul de Carvalho 2004 brings together disease case studies. De Barros, et al. 2009 deals with the Caribbean as a transnational region with common health issues.

A collection of essays that delves into the social context of diverse epidemic junctures addressing issues of public health responses, medical interpretations, ethnicity, hygiene, health prevention, and development.


A history of health services, from colonial times to the late 1970s.


First edited volume on the history of health and medicine in a multiracial region heavily influenced by Spanish, French, Dutch, and British colonial or neocolonial powers. Chapters emphasize contestations over forms of medicalization and public health initiatives and address the politics of professionalization, not simply as an expression of colonial power but also as the power of a local elite confronting and negotiating colonial or neocolonial control agendas.


A public health history focused on the making of the health system in Mexico during the 20th century, paying special attention to morbidity and mortality patterns and medical-sanitary state responses.


Emphasizing on discourses and policies—not much on its results—this book aims at connecting social organizations and public health priorities and demands with responses coming from state health institutions and the medical profession.


Twenty case studies on different diseases that made an impact on the diverse and vast geography of Brazil since the mid-19th century. Most of the essays offer a social and cultural reading of health and disease issues.


Ambitious discussion of the transition from hygiene to public health in modern Colombia, its socioeconomic contexts, and its actors. Special attention to the role of the Rockefeller Foundation and the United States in shaping the public health agenda in Colombia.


An examination of major medical problems that Bolivia faced during the first half of the 20th century, their social and economic causes, and efforts at their amelioration. Attention to 1930s and 1940s populist politics that consolidated Bolivia’s medical profession and state public health initiatives but could not overcome social, gender, and racial health-care inequalities.

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**The Making of Health Systems and Health Policies**

In the past there was a tendency to approach this issue in a regional fashion—as in the cases of Mesa-Lago 1978 and Fleury 1994—the focus currently is on national cases. Belmartino 2005, Castro Santos 2004, and Hernández Alvarez 2002 underline the generally fragmentary and partial results of those initiatives aimed at building national health systems. In so doing, they emphasize structural constraints and specific national junctures that define the possibilities and limitations certain relevant actors had in pursuing those goals. Feinsilver 1993 deals with the quite unique Cuban effort to become a medical world power. Whiteford and Branch 2009 discusses the public health achievements of the Cuban Revolution.


A study of the making of the official health-care system in 20th-century Argentina, emphasizing on the process of professionalization and specialization of the medical sector as well as the consolidation of health-care institutions and a fragmentary national health-care system. It discusses not only the strategies, tactics, alliances, and conflicts in which doctors, state bureaucrats, and union leaders acted, but also their political outcomes.

An example of public health history addressing issues related to state-building processes in different Brazilian regions, national ideologies, and conservative modernization. A pioneer discussion on the creative reception of the Rockefeller Foundation influences by local and national actors.


An examination of both the health ideology and organization of the Cuban health system, as well as the effort to use public health as a medical diplomacy tool and medical expertise exports to transform Cuba into a medical world power.


An examination of the origins, partial consolidation, and crisis of the Latin American welfare state forms. An effort to weave history and social theory, taking into account specific contexts and avoiding supposedly generalizable laws.


An analysis of the alliances and tensions among professional/medical actors, state bureaucracies, politicians, organized labor, and businessmen in the making of the fragmented Colombian public health system, based on four spheres: public hygiene, health care for the poor, private health care, and social security. As way of introducing the Colombian case, the book discusses the available scholarship on health policies in Latin America, its theoretical frameworks, and the history of social security systems.


A pioneer, comparative study of the origins of social security systems in several countries of Latin America.


Public health history focused on the primary health-care system created after the 1959 revolution, including its policies and its achievements while dealing with child and maternal care, infectious and communicable diseases, and chronic diseases.

**Under Turn-of-the-Century Regimes**

Studies focused on this period discuss the emerging public health infrastructure and policies not as inevitable results but as historical processes. While Hochman 1998 centers its attention on the Brazilian national level, Agostoni 2003, Lossio 2003, and Benchimol 1990 do so for the Mexico City, Lima, and Rio de Janeiro, respectively. Nouzeilles 2000 focuses on literary representations of the public health concerns and state-building processes.


A discussion of why and in what ways public health policies and programs—cleanliness, orderliness, hygiene, and infrastructure sanitary works in the modern city—were of crucial importance for the symbolic legitimacy of the Porfirio Díaz regime.


A close examination of urban renovation efforts in Belle Époque Rio de Janeiro, stressing hygiene both as a sanitary discourse and policy, as well as concrete interventions on the urban layout.


An examination of the conflicts and alliances between the federal, state, local, and regional oligarchic powers and professional groups in the making of public health policies in modern Brazil.
Weaving environmental history and urban history, this book delves into urban epidemics, daily life, and municipal health policies.

A study of disease representations in turn-of-the-century Argentine literature, discussed as metaphors and topics of nation-building discourses.

**Under So-Called Populist Regimes**

These studies examine the making of modern social policies during crucial, foundational times. Ramacciotti 2009 inscribes its case in a process that started before the arrival of Peronism. Oliveira Fonseca 2007 focuses on the creation of national state agencies of health and education. Vieira de Campos 2006 emphasizes how national policies interacted with external influences and agendas.

A study of health policy during the Vargas regime and its institutional consequences, particularly the strengthening of the public power in the Brazilian interior and the foundations of the public health-care system.

An exploration of the tensions between the Peronist rhetoric of a universal health system and the reality of a fragmented health system based on public health institutions, unions’ controlled health services, the private sector, and philanthropic institutions managed by the Eva Peron Foundation.

Examines the close Brazil-US relations during the 1940s and 1950s on the sanitary front. Focuses on a federal health agency and its anti-malaria policies in the US military bases in the Northeast and its health policies in Amazonia, where World War II rubber demands fueled internal migrations.

**International Influences**

Most current studies tend to emphasize the complex relations between Latin America and European and, later, US centers of power, rejecting colonial or neocolonial simplistic explanations. Castro Santos 1993 opened up this line of research. Palmer 1998, Almeida 2006, Birm and Hochman 2008, and Stepan 2011 add more case studies, stressing processes of negotiation and adjustments among local actors—political authorities, local health professionals, popular healers, unions, churches, ordinary people and the sick—and national politicians, researchers and policy specialists, international and supranational agencies, and foreign governments. Cueto 2004 offers an institutional account of a health supranational organization, and Almeida 2006 studies the making of early-20th-century professional and scientific networks.

Instead of focusing on the center-periphery, North-South exchanges, this article examines the circulation of ideas, experts, and medical knowledge within the Latin American region.

Covering half a dozen countries, articles in this journal special issue discuss the dynamics that shaped the negotiations between international public health specialists and local experts.

This study explores the tensions among the actors, ambiguities of the discourses, and unpredictable results of the early sanitary efforts in Sao Paulo, Brazil. It takes into account the role of municipal, regional, and federal initiatives as well as the influences of the Rockefeller Foundation agenda.

With a strong emphasis on the first half of the 20th century, and mainly organized around the role of the director generals, this history of the Pan American Health Organization is instrumental to the effort of building a historical image of the organization. It is neither a celebratory study of the institution nor a committed effort to explore tensions between the United States and certain Latin American countries.


A discussion of the relations between national and foreign medical groups in several Central American countries, but particularly detailed for the Costa Rica case, revealing junctures marked by subordination, cooptation, alliance, pragmatism, conflict, mutual adaptation, and adjustment.


An examination of the engagement of the Rockefeller Foundation, Brazilian medical research, and Brazilian ideas of rural sanitarism. It offers a poignant reading of the way the initial ideal marriage of interests between the Brazilian scientist Carlos Chagas and the Rockefeller Foundation did not evolve at all as hoped.

**Experts and Professionalization**

Studies have been exploring the making and consolidation of medical, paramedical, and scientific groups as part of the process of medicalization of urban and rural societies. Current historical approaches underline struggles, alliances, and confrontations that could or could not culminate with legitimization of a certain group by the state as the sole actor entitled to a practice, or as the source of a specialized knowledge. González Leandri 1999 focuses on an early period of the state formation process in Argentina. Palmer 2003 and Sánchez 2007 cover a large period, but whereas the former stresses continuities and processes, the latter emphasizes individualities. Restrepo 2004 deals with doctors and the workplace, Kapeluz-Poppi 2001 with doctors and peasants, Agostoni 2006 with the public depiction of the medical profession in the press, and Miranda de Sá 2006 with the making of the modern bioscientist.


Examines the making of the medical group during the turn of the century in the Mexican capital as a process shaped by each specialization’s particularities as well as cultural dimensions associated with respectability, morality, honor, and patriotism.


Studies early medical strategies of persuasion and institutional control displayed by the medical group in Buenos Aires in order to consolidate its monopoly of legitimate exercise of the curative arts.


Explores the expansion of modern medicine to agrarian reform, the enhancement of citizenship among peasants, and the tensions associated with the self-perceived superiority of the experts and the human targets of their medical/educative interventions.


An examination of the process of specialization discussed as the first stage of increasingly diverse paths the humanities and hard sciences, including biomedicine, will take.


Arguing that there was significant and formative overlap between professional and popular medicines, Palmer explains that while the professionalization of medical practice was intricately connected to the nation-building process, the Costa Rican state never consistently displayed an interest in suppressing the practice of popular medicine. Instead, complementarity and dialogue coexisted with institutional rivalries.

Detailed study of labor and health conditions of railroad workers. Emphasis is on the role of physicians shaping health policies and workers advancing specific political demands that facilitated the creation of health-care institutions not controlled by the Catholic Church.


A study of the hygienists before the arrival of the first Peronism. Although in its narrative contextualized readings of hygienists do not abound, the book is particularly useful for the factual information included in it.

### Individual Professional Trajectories


Contextualized biographies of eight Argentine doctors with a relevant presence on national or provincial public health matters between 1880 and 1980.


The writings of one of the most influential Brazilian biomedical researcher on cholera, yellow fever, and typhoid fever, introduced by an essay that contextualizes his work and career.


An examination of the use and role of the Oswaldo Cruz figure in the making of Brazilian postwar public health agendas, beliefs, professions, and national ideologies.


Examines the trajectories of three doctors—a Brazilian, a Colombian, and a Mexican—and their roles both at the national level and as animators of regional network of specialists very well connected and informed about international trends.


An examination of a not very common case of a Latin American industrialist playing an important role in the sanitary nationalism agenda announced by Carlos Chagas earlier in the 20th century and focused on both public health issues as well as basic research.

*Special Issue: 100 Years of Public Health. Ciência & Saúde Coletiva 5.2 (2000).*

A collection of essays on the history of public health and biomedicine in modern Brazil, including interviews of public health practitioners that reveal their views and convictions on how the past informed the making of contemporary public health policies.

### Women as Experts

The increasing presence of women in the public sphere playing a role in shaping the emerging welfare systems is discussed in Guy 2009 and Eraso 2009. Ramacciotti and Valobra 2008 deals with the making of a female profession, and Lizette and Scarzanella 2011 looks at individual medical careers.


A collection of essays centered on the role of women voluntary associations in the making of the first stages of welfare systems in Argentina, Colombia, Mexico, Peru, and Uruguay.

An examination of female philanthropy within the broader and larger process of welfare state building and women’s rights in modern Argentina.


In line with the rediscovery of the individual subject in the history of biomedicine and public health, these essays focus on women’s professional trajectories in Argentina, Brazil, and Uruguay.


Focusing on the Peronist years, this article explores half a century of feminization of the nurse profession in Argentina.

**Health and Scientific Institutions**

Rather than celebratory biographies of research and health-care institutions, these studies purposely aim at contextualizing their creation, consolidation, or failure. Peard 2000 reconstructs ideas of tropical diseases articulated by doctors in the Brazilian Northeast. Benchimol 1990, Quevedo, et al. 1993, Azevedo 2007, Lima, et al. 2004, and Cueto 2005 emphasize the wider frames in which health and scientific institutions come into being in specific areas.


Written mainly by members of the Instituto de Tecnologia em Imunobiologicos (Bio-Manguinhos), this book looks over thirty years of history of this institution, its achievements and challenges.


A detailed and contextualized study of a key health institution in Brazilian modern history and the production of science in a peripheral country.


A collection of essays—some very general, others quite specific, some theoretical informed, others strongly empirical—on the making of state medicine and its institutions in Central America, Argentina, Cuba, Mexico, and Brazil.


Focusing on the trajectory of the National School of Public Health, this study examines the origins and consolidation of an institution that will play a decisive role not only in the professionalization and specialization of public health experts, but also in its influence on the making of contemporary political agendas.


An examination of how the Bahia School of Medicine adapted Western medicine and challenged the Brazilian medical status quo in order to find new answers to the old question of whether the diseases of warm climates were distinct from those of temperate Europe.


An examination of the development and consolidation of the most important health institutions in modern Colombia, taking into account political and academic dimensions.

**Medicines**

Traditional interpretations have emphasized the importance of the scientific and medical diffusion of novelties that originated in the international centers of power made an impact on the Latin American periphery. The studies listed here take a different approach. Stepan 1976 and Cueto 1989 underline a more dynamic process of creative


By following the trajectory—initially successful, but failed at the end—of Domingos Freire, this study unveils the differences among emerging medical approaches to the problem of understanding yellow fever. Consequently, and contrary to what traditional histories of medicine tend to suggest, this study emphasizes that the triumph of modern bacteriology was much slower and not without tensions.


A study of the production of science in the periphery, challenging the view of Latin American countries as passive recipients rather than producers of cutting-edge science. Emphasis is on the national production of science, not on the international networks associated with it.


Studies the relations between medical plants and the Brazilian pharmacological industry between 1960 and 2000, focusing on the making of a specialized scientific community as well as intellectual property and patent issues.


An examination of the process of medicalization of Medellín, and also the conflicts that shaped the reception and dissemination of the Pasteurian approach in the making of the modern Colombian region of Antioquia.


The story of how rural yam pickers, international pharmaceutical companies, and the Mexican state collaborated and collided over the ability to mass-produce synthetic steroid hormones and new drugs, including cortisone and the first viable oral contraceptives.

Eugenics Narratives have connected health and disease issues to broader problems such as degeneration, depopulation, and efforts for constructing national populations more susceptible to the interests of a certain biopolitics. Stepan 1991 and Rodriguez and Zulawski 2011 emphasize the dominantly preventive Latin American eugenic discourses and practices. Miranda and Vallejo 2005 and Eraso 2008 offer a sort of revisionist reading, stressing the strong presence of negative eugenic approaches. Stern 2005 deals with these issues in a transnational framework.


Using a small number of documented examples, this study highlights invasive surgical procedures as evidence of negative eugenic practices. It tries to connect them to larger demographic anxieties of 1930s Argentina.


Most of the essays in this anthology try to underline the limitations of the preventive eugenics interpretative approach. The argument is mainly based on a close
examination of medical and sociological discourses (experiences are not part of the picture).


A collection of new studies on Brazil, the Latin American region as a whole, Cuba, and Mexico that enhances and builds upon Nancy Stepan's insights into preventive eugenics in Latin America.


An early study of the eugenic movement in Latin America, emphasizing the professional groups involved in it as well as on its discourses, and not as a local version of extreme, Nazi-like eugenics, but as an effort to civilize and improve national populations with mainly welfare-oriented and preventive methods (and also some perverse ones.) Special emphasis on the cases of Mexico, Brazil, and Argentina.


A collection of new studies on Brazil, the Latin American region as a whole, Cuba, and Mexico that enhances and builds upon Nancy Stepan's insights into preventive eugenics in Latin America.

Race and Ethnicity

A number of studies discuss the emergence of biopolitical models based on negative or positive stereotyping of certain ethnic and racial groups and their potential role in the making of the modern nations. Drinot 2011 delves into negative stereotypes when dealing with Peruvians of Indian background, Naranjo Osorio and García González 1996 explores positive stereotypes associated with the white immigration to Cuba, and Armus 2012 discusses both positive and negative stereotypes related to various Spanish groups in Buenos Aires. Ruggiero 2004 focuses on concerns of the Argentine elite with racial degeneration. Rodriguez 2011 surveys past trends and new directions of the literature that connects medicine and race.


An exploration not only into the quite arbitrary discursive constructions of positive stereotypes (the Basques as TB resistant individuals) and negative ones (the Galicians as potentially tuberculars), but also into the lack of real influences of those discourses in shaping the arrival of these groups in Buenos Aires and their incorporation into the porteño society.


An examination of the racialized ideas and initiatives of the early-20th-century Peruvian elite in order to shape a white, non-Indian working class for whom the modern state would try to provide social and health insurance.

Naranjo Osorio, Consuelo, and Armando García González. Medicina y racismo en Cuba: La ciencia ante la inmigración canaria en el siglo XX. Tenerife, Spain: Centro de la Cultura Popular Canaria, 1996.

An examination of discourses about the desirable immigrants and the making of a national Cuban race as they were addressed by 19th-century Cuban medical and social thinkers.


This essay reconstructs the resilient influences of Nancy Stepan’s scholarship on the history of biomedicine, and connects them with the current historiographies of gender, science, and race.


Examines racial degeneration as a modern disease threatening the making of the modern state wanted by the elites. Sometimes this degeneration was associated with immigrant groups, and sometimes with the so-called colored races. The scenario under discussion is Buenos Aires, not Argentina.
Hygienic Discourses and Practices

The ideology of hygiene as a means of articulating political concerns in technical terms and the ideology of public health as an instrument in the nation-building process have become quite recurrent topics. Freire Costa 1979, Barrán 1992–1995, and Pedraza Gómez 1999 read this process as a successful consequence of medicalization trends aimed at controlling souls and bodies. While recognizing the relevance of these disciplinary trends, Armus 1996, Palmer 1998, and Agostoni 2008 also underline the relevance of individual and collective hygiene as a “civilizing” discourse and practice increasingly embraced by vast sectors of society, independent of their ideologies. Recalde 1997 approaches hygiene issues as they are presented by medical doctors, whereas Rodríguez 2006 approaches them as social control strategies needed to build the modern state.

Includes articles focused on hygiene as a practice and discourse, on state public campaigns dealing with a single disease, and on medical discourses on prostitution, abortion, and child malnutrition.

Discusses the modern credo and consensus of hygiene and its place in the radical discourse of the Argentine anarchism.

Combining a sound empirical foundation, mainly based on discourses and a social control frame of analysis, this study examines the role of medical expertise as co-constructer of new and modern sensibilities, mores, and daily behaviors where hygiene was central.

Early reading of medicalization in urban Brazil, focusing on discourses aimed at forging an ideal set of bourgeois daily norms. No major attention given to tensions between discourses and practices.

A discussion of hygiene, race, and daily life among popular sectors in turn-of-the-century Lima.

An examination of discourses (hygienic, sexual, medical, on fashion) addressing the common citizen and aiming at the shaping and education of the individual body in modern Colombia.

A very general introduction to the problem of urban workers' health, based on the writings of medical doctors and hygienists. Marginal attention to organized labor and workers’ perspectives of such problems.

A reading of hygiene as a social control tool used by the Argentine elites to build the modern state, to breed future generations of selected citizens, and to purge the nation of undesirables. Criminology more than medicine organizes the narrative.

Hygiene and Education

Some studies have explored how hygiene impregnated educational discourses and practices in order to shape pupils as the future nations’ citizens. Scharagrodsky 2008 focuses on gymnastics in the school environment, Noguera 2003 and Di Liscia and Salto 2004 look at hygiene in the primary school curricula, and Pimenta Rocha 2003 examines the international dimensions of the hygiene agenda.

Essays on hygienic discourses and education, some dealing with the national level and others focused on a province in the Argentine interior, not on Buenos Aires.


While examining social and cultural dimensions of hygiene with respect to housing, drinking habits, and prostitution, this book surveys personal health care taught at school, addressing the ways in which the medical discourse was trying to penetrate daily life.


Looks at the spread of the new catechism of hygiene by examining the trajectory of an institution closely connected with the Rockefeller Foundation interventions in Brazil.


Examination of discourses about the healthy body and physical education in modern Argentina, Brazil, Colombia, and Uruguay.

**Gender, Sexuality and Health**


Armus explores the tensions between discourses and experiences and the risk of writing history of disease. In tango narratives of the period, tuberculosis mainly appears as a female disease with strong punishment connotations, morbidity and mortality, though studies indicates that the disease affected more men than women.


A study of how people in revolutionary Mexico made decisions about the risk of contracting syphilis in the context of a popular campaign aimed at prevention while advancing the medicalization of urban society.


An examination of social protection initiatives for working mothers as evidence of a way for them to both gain access to the public sphere and become objects of social policies.


Public discourses about modern everyday life, domesticity, and hygiene—public and private—as they were articulated by male medical doctors and women writers during the early 20th century.


Broad discussion of the medicalization of the female body, with a more detailed reading of this process as it appeared in the late-19th and early-20th-century theses of the Bahia and Rio de Janeiro medical schools.

**Rosario, Argentina: Beatriz Viterbo, 1995.**

A history of the body of the nation and its maladies, using medical sources. Homosexuality is at the very center of the analysis. A narrative that exemplifies the possibilities and limitations of writing history as history of discourses.


Deals with venereal diseases as part of a broader discussion on prostitution and racially contingent definitions of decency and disreputability.

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**Women’s Health**

Strongly focused on birth control and family planning issues, and with the backdrop of new contraceptive technologies, discourses on overpopulation, and a partially and uneven renovated cultural and moral climate, these studies delve into the complex processes of adaptation and negotiations between international trends and local and national realities. Ramirez de Arellano and Seipp 1983 and Briggs 2002 discuss these issues under colonial rule. Necochea 2008 connects them to religious actors, while Soto Laveaga 2007 connects them with popular culture. Felitti 2007 and Rohden 2003 deal with medical debates, Zárate 2007 with medical specialization, and Pieper Mooney 2009 with public policies.


Careful discussion on ideologies of sexuality and colonial medicine, birth control, and politics of sterilization in 20th century Puerto Rico.


An examination of the 1960s medical debate on the use of the contraceptive pill in women’s health and on its perceived political, moral and demographic consequences.


An discussion of how the Catholic church adopted and adapted family planning initiatives in Peru, not only as a means to limit births or as an individual prerogative, but also as a way to promote the duties of responsible parenting


Examines women’s rights in Chile during the 20th century, from the early 1900s health planners’ interest in mothers to the dictatorship years of the 1970s. Emphasis is on the discourse and practices of government agencies, politicians, and medical doctors manipulating the promotion of birth control as part of national development projects rather than as women’s right.


One of the first studies focused on the links between international aid and the provision and implementation of contraceptive polices.

**Rohden, Fabiola. A arte de enganar a natureza: Contracepção, aborto e infanticídio no início do século XX. Rio de Janeiro, Brazil: Fiocruz, 2003.**

An examination of ideas, representations and practices about contraception during the first half of the 20th century informed by medical, gender and social policy issues.

**Soto Laveaga, Gabriela. “‘Let’s Become Fewer’: Soap Operas, Contraception, and Nationalizing the Mexican Family in an Overpopulated World.” *Sexuality Research and Social Policy* 4.3 (2007): 19–33.**

A contextualized discussion of the contraceptive pill, paying careful attention to soap operas and its role on shaping demographic policies in recent Mexican history.

**Zárate, Maria Soledad. Dar a luz en Chile, Siglo XIX: de la ‘ciencia de hembra’ a la ciencia obstétrica. Santiago, Chile: Universidad Alberto Hurtado, Centro de Investigaciones Diego Barros Arana, 2007.**

An exploration over the popular and official medicines vis-à-vis childbirth, paying special attention to relations among doctors, midwives, and women in labor, as well as precedents of later maternal/child-care policies. Also looks at abortion as a matter of scientific and public discussion among medical doctors.
Alternative Caregivers

Some studies of perceptions, experiences, and explanations of disease, health, the body, and death explore the transactions that take place between the hegemonic and popular/alternative medicines and knowledge. Dumas dos Santos and Aguiar Ferreira Muaza 2002 focuses on folk healers and medicines. Palmer 2002, Sowell 2001, Di Liscia 2003, and Teixeira Weber 1999 delve into the trajectories of healers who circulate between official and unofficial health-care systems. Módena 1990 and Crandon-Malamud 1991 explore the mutual influences, exchanges, and competition between officially certified and popular medicines from the perspective of both the caregivers and the care seekers.

A study on the reasons why Indians and Mestizos choose or combine indigenous and cosmopolitan medical systems in the Bolivian highlands. A history of class formation and the fluidity of both medical theory and social identity.

Explores the relations between native, popular, and scientific medicines, not in Argentina, but in the Pampas region. A narrative that combines history of ideas with history of science.

Examines practices and knowledge related to medicinal plants by native and rural peoples in the Brazilian Amazon, as well as their understandings of spiritual maladies and body diseases.

A study of the different and frequently complementary health-care alternatives—from doctors, to home care, to popular healers, to quacks—of ordinary people in a mainly Mestizo Mexican town.

The life of a popular healer that avoids the stereotypical accounts of non-university-trained practitioners by characterizing him as a hybrid healer who was able to deal with diverse medical traditions and gave his services to vast social sectors as well as the elite.

A detailed and very contextualized study of the career of a popular healer ignored by the histories of Colombian medicine. Religion receives careful attention.

Stories of popular healers and quacks in southeastern Brazil. An exploration into popular knowledge and health practices, not as isolated cases but in relation to official or semi-official medicines.

The Perspective of the Sick

Studies exploring the ability of the sick to negotiate or question medical power are not abundant, but they are emerging as a relevant dimension that cannot be neglected. Meade 1986, Armus 2001, De Ipola 2002, Fleitas 2007, Brotherton 2012, and Vergara 2005 focus on individual and collective actions and perceptions of ordinary peoples that reveal they are not merely passive objects of medical practices and knowledges. Raimundo de Nascimento and Beltrão Marques 2011 delve into patients' individual memories. Guimarães 2002 explores the domestic health-care world.

An examination of the diverse ways tubercular patients negotiate with or defy medical power. Whether individually by ignoring a physician's recommendation or collectively by organizing strikes, pressuring the political establishment and using—and being used-by the mass printed media, tuberculars asserted what they perceived as their rights to access vaccines not approved by official medicine or to obtain better internment conditions in health institutions.

An examination of the ways Cubans adjusted to the changes of the public health-care system during the past two decades. In so doing, health care appears as a window through which to view and understand the “new Cuba,” with elements of the pre-revolutionary period, the Soviet era, and the post-Soviet era.


Analysis of patients’ demands to have access to a medicine perceived as an effective cancer treatment but criticized and questioned by the medical and scientific establishment.


A study of ordinary peoples’ collective demands for having access to the curative services of a popular healer in an Argentine Northwest province capital.


It discusses popular medicine manuals, a tool used mainly at home where most of the times the sick began receiving some type of care and assistance.


Sick and non-sick people confronting smallpox vaccination policies, charging the reaction with meanings that went beyond the public health intervention itself.


Oral history of lepers in 20th-century Brazil. Careful attention given to processes of adjustments of the sick in enclosed institutions that aim (not always successfully) to fully control the life of the interns.


Argues that the recognition of this occupational disease was part of a national debate on the social role of the state and its responsibility toward working people’s health and safety. Underlines the role played by organized labor.

### Disease Studies

Works in this area include approaches aspiring to offer an inevitably elusive total history of a certain disease (Armus 2011), studies focused on an epidemic outburst (Briggs and Mantini-Briggs 2003) or on several diseases over several decades in a region (McCrea 2011), explorations into the history of a disease but mainly framed around one problem (Birn 2006, Palmer 2010), discussions focused on broad issues of sickness and poverty (Schepper-Hughes 1992), studies on one disease comparing several national contexts (Smallman 2007), and edited books dealing with one country but covering several diseases (Raimundo do Nascimento, et al. 2006).


Tuberculosis discussed as a mirror of broader problems of modernity and medicalization in a cosmopolitan city, paying attention to issues of urban and medical utopian thought, state-building processes, immigration and race, labor, gender, quotidian life, moralization, hygiene and social control, material living conditions, and medical specialization. Strong emphasis on the perspective of the sick.


A study of hookworm focusing on the influences of a key international organization engaged in shaping the national public health agenda as well as local actors, in the form of Mexican physicians, politicians, and administrators.

Briggs, Charles L., and Clara Mantini-Briggs. *Stories in the Time of Cholera: Racial Profiling during a Medical Nightmare*. Berkeley: University of California...
An ethnographic chronicle of an early 1990s cholera epidemic in eastern Venezuela, paying very close attention to class and race, and to attitudinal and institutional dimensions. A study of disease, stigma, and social inequalities.

Examines and contextualizes the construction of modern Yucatán through the lens of the crushing epidemics of smallpox, cholera, and yellow fever.

A nuanced discussion of the anti-hookworm campaigns launched by the Rockefeller Foundation’s International Health Board in six Central American and Caribbean countries. A study that not only weaves biomedical, social, and cultural local histories and global health studies, but that also explores the clash and accommodation of local and foreign narratives and popular and imperial medicine practices.

A continuation of a previous edited volume, this one deals not only with well-defined diseases such as cholera, malaria, AIDS, yellow fever, and gastrointestinal diseases, but also other medicalized practices and environments, such drinking and the workplace.

Ethnographic study of sickness in the context of urban poverty in the Brazilian Northeast, with special emphasis on maternal and child behavior and living conditions.

A discussion of AIDS, drawing evidence from Mexico, Cuba, Haiti, Brazil, and, to a lesser extent, Honduras and Nicaragua. It frames the disease in a broader context shaped by the international drug trade, migration, war, NGOs, the church, private organizations, and the state.

Smallpox
Brazilian historiography on smallpox is particularly developed. The 1904 revolt against the vaccine has attracted the attention of many scholars, who discuss it with various emphases (Sevcenko 1984, Murilo de Carvalho 1987, Needell 1987). Hochman 2009 focuses on a very successful 1960s vaccination campaign regarded as crucial in shaping new policies and new understandings about the role of immunization. Chalhoub 1996 approaches the history of smallpox in the second half of the 19th century by addressing issues of race. Fernandes 1999 discuss institutional dimensions of the anti-smallpox campaign.

Urban hygiene in the second half of the 19th century in Rio de Janeiro is discussed in connection with popular habitats, yellow fever, and smallpox. Chalhoub offers an exhaustive analysis on the peculiar ways black communities reacted to smallpox vaccination efforts.

Detailed study of the institution and professionals involved in the production and distribution of the anti-smallpox vaccine in Rio de Janeiro.

With a focus on the 1966–1973 campaign to eradicate smallpox, this study deals with the emergence and consolidation of a “culture of immunization” in modern Brazil. This culture is associated with a long process of introduction of vaccines, vaccination campaigns, and mass vaccination undertaken by the Brazilian government since the late 19th century.

A discussion of the 1904 popular revolt against smallpox vaccination as a reaction articulated with arguments ranging from individual rights to moral political opposition, resistance to urban sanitary policies, and medical uncertainty.

An effort to contextualize the anti-vaccine revolt, avoiding one definitive explanation. A case study that reveals that vaccination initiatives can end up charged with meanings that go beyond the vaccine itself.


An analysis of the 1904 anti–smallpox vaccine revolt in Rio de Janeiro, overemphasizing issues of top-down disciplinary social control as the decisive, almost sole, dimension of any public health initiative.

Tuberculosis

Tuberculosis is a disease of the modern experience in the city, and studies on it focus their attention on the triad of institutions, doctors, and patients (Bertolli Filho 2001), on the epidemiology of the disease in a provincial, midsize city (Carbonetti 2011), or on imagined cities where tuberculosis is absent or controlled (Armus 2013). Carbonetti 2012, a special journal issue, underscores the growth of tuberculosis studies as a subfield in a region where rural-related diseases have dominated—and continue to dominate—scholarly production.


An examination of Western urban utopias and the relevance diseases, particularly tuberculosis, had on them as a way of introducing a study of an imagined hygienic city in early 20th-century Argentina.


A study of institutions, specialists, and, to a lesser extent, patients relevant to the history of tuberculosis in some regions, not Brazil as a whole.


A study of tuberculosis in an Argentine provincial city. It addresses political and cultural dimensions, but with less detail and depth than the demographic and epidemiological dimensions.


First publication that brings together but not in a comparative fashion studies on tuberculosis in Argentina, Brazil, Colombia, Chile, Mexico and Peru between the end of the 19th century and the 1950s.

Malaria

First studies on malaria approached Latin America as a whole (Agudelo 1990). Currently, the scholarship not only tends to be national or regional in scope (Alvarez 2010, Carter 2012) but also begins to discuss the disease during the Cold War decades (Cueto 2007, Hochman 2008).


An overview of the endemic presence of malaria in the Latin American region from a public health history perspective.


This book underlines both the significant changes in scale brought by the anti-malaria initiatives under the first Peronism as well as its lines of continuity throughout the first half of the 20th century.

A study of anti-malaria policies in northwest Argentina, with a strong emphasis on environmental, biomedical, and policy dimensions, and not much so on social and cultural ones.


Explores the politics of a malaria eradication program in Mexico supported by the United States. An example of public health history that deals with the international, national, and local dimensions of those eradication efforts, including their actors, tensions, and impact.


An analysis of the local and international dimensions in the making of the mid-20th-century Brazilian anti-malaria program.

Yellow Fever

Yellow fever studies reveal approaches that weave national and international dimensions with political and biomedical issues. Benchimol 2004 confirms that the acceptance of modern bacteriology was a process that needed the construction of a complicated and not easy to achieve consensus. Löwy 2006 explores the relations between scientific centers and peripheral Brazil. Espinosa 2009 discusses yellow fever in the context of Cuban nationalism and North American imperialism.


Paying attention to scientific developments that were not successful but played a decisive role in shaping the modern biomedical arena, this study explores the arrival and relative triumph of the Pasteurian revolution in Brazilian scientific circles.


A history of yellow fever in colonial and neocolonial Cuba, dealing not only with quarantines and sanitation but also with the politics of medical research.


A discussion of several scenarios in which knowledge production and public health practices related to yellow fever articulated the tensions between world scientific centers and Brazil.

Chagas’ Disease

A very Latin American disease, studies on Chagas’ disease have emphasized scientific careers related to the disease (Coutinho 2003), biomedical history (Kropf 2009), and scientific and sanitary policies (Zabala 2010). They reveal a case—in fact one of the few cases—of a scientific development and disease discovery located in the periphery and on tropical medicine—usually discussed as an imperial enterprise.


Explores the career of Carlos Chagas and his role in the production of specific scientific knowledge for this very Latin American disease strongly associated with poverty.


Biomedical history of Chagas’ disease framed as a national pathology, paying attention to the uncertainties of the local production of knowledge throughout different political and scientific conjunctures in the first half of the 20th century.

An examination of researchers, knowledge production and biomedical policies focused on Chagas’ disease in Argentina during the 20th century, but with stronger attention on the last decades.

**Syphilis and AIDS**


An ethnographic study of the experience and treatment of AIDS in the Brazilian poor neighborhoods of Salvador. Bahia explores new geographies of access and marginalization that have emerged alongside pharmaceutical globalization. He also elaborates on networks of care that poor urban patients create in their daily survival struggles.


Journalistic account of the early years of the epidemic in Chile illustrated with individual cases.


An examination of syphilis in Brazil during the 20th century, as a site where many issues took place: the fight against the disease, the care of the sick, the building of the nation, the spread of state social controls, the consolidation of professional groups, racial issues, and moral and sexual reform.


The first full-length ethnographic study of AIDS in a poor society. First published in 1990, this new edition has been updated and a new preface added.


An examination of AIDS prevention educational materials as evidence of Brazil’s responses to the epidemic, and of efforts to modernize and develop the nation and its sexuality.


Focusing on the literary corpus connected with the AIDS epidemic, this book underscores the epidemic as both an artifact of globalization and a mechanism to represent globalization issues and center/periphery problems.


Examines the medical construction of syphilis as a racial poison, the state’s inability to adequately police female prostitutes’ health, and the requirement that men had to submit to a prenuptial medical test before marriage.


Traces the development of AIDS treatment policies in Brazil during the country’s tumultuous path to democracy, when accessing to health care was redefined as a basic right. Drawing on dozens of interviews with politicians, activists, people living with HIV/AIDS, pharmaceutical executives, and health-care providers, this book explains the key role of Brazil in raising global AIDS consciousness.
Focusing on diseases on which the literature is less abundant, Teixeira, et al. 2012 offers an overview of cancer in Brazil, Raimundo do Nascimento 2010 discuss anti-polio campaigns, and Obregón Torres 2002 situates leprosy in Colombian politics, society, culture, and medicine.


A comprehensive discussion of leprosy, considering biomedical and sociocultural dimensions, including the making of a medical specialization and specific anti-leprosy campaigns. Particularly relevant is the discussion on leprosy as a national pathology that will facilitate the broader process of medicalization of modern Colombian life.


A collection of articles dealing with the anti-polio campaigns between the 1960s and 1980s in a country where the right to an effective vaccination was not a given and the accessibility of popular sectors to medical services was very hazardous.


Explores the trajectory of cancer in the 20th century in Brazil, from a disease perceived as transmissible and contagious, to a medical problem to be treated in medical institutions, to a public health issue.