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### On Hygiene In A Modern Peripheral City

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## 9 On Hygiene in a Modern Peripheral City

Buenos Aires, 1870–1940

*Diego Armus*

Hygiene concerns in Buenos Aires have been present since the eighteenth century or even earlier. However, it was with the arrival of modern bacteriology around the 1880s and the making and consolidation of the modern city that the tension between urban spaces and hygiene gained a new relevance and new meanings.

The process was less drastic than the one usually depicted in celebratory readings of the role of modern biomedicine and sanitation. Rather than an almost sudden and conclusive triumph, for quite some time miasmatic and bacteriological approaches coexisted and competed with each other. In any case, the array of novelties related to the efforts aiming at controlling contagious diseases—in the first place sanitary infrastructure—were a harbinger of the beginning of a new era in the history of hygiene in the Argentine capital.

Hygiene was not original to Buenos Aires. The flows of germs, ideas, laypeople, professional networks, and metaphors frame the global dimension of late nineteenth- and early twentieth-century urban hygiene. These flows were present wherever modernities made an impact. Featuring a core of biomedical, cultural, and political dimensions—disease carriers, milestones in the search for an effective cure, basic public health initiatives—these flows molded the making of the modern city. The problem arises when these features are used as evidence enough of a unified, quite monolithic, even global history of hygiene. In fact, and more often than not, these narratives have been quite modest in their geographical scope, mostly encompassing the North Atlantic world and also, at times, some of its former colonies.<sup>1</sup>

The global dimensions of modern hygiene should not invite us to neglect adjustments and contestations present at the local level in specific historical contexts and situated structures. Whatever the definition of the local level—a neighborhood, a city, a region, a nation (themselves problematic categories in biomedical history and history of science)—those flows of germs, knowledge, expertise, and responses run neither as free agents nor in one direction, from metropolitan centers to peripheries.<sup>2</sup>

With the abovementioned points of departure, this chapter discusses hygiene in the making of modern Buenos Aires focusing on the hygienic imagination, the construction of a hygienic consensus, and the limits of hygiene discourses in daily life.

## **Modern Buenos Aires**

The arrival of modern hygiene in Buenos Aires took place during a time of profound, rapid changes that were evident in almost every aspect of urban life, from social geography to politics to culture. The city's demographics are eloquent indicators of this process. By the early 1870s, 200,000 people lived in Buenos Aires. By 1914, and with more than 1.5 million inhabitants, the Argentine capital had become the largest city in Latin America, second only to New York among cities on the Atlantic seaboard. In 1936, its population reached 2.5 million. For decades, transatlantic migration—mainly but not only Italians and Spaniards—was largely responsible for this rapid expansion. By 1910, three out of every four members of the adult population in Buenos Aires were foreign-born. During the 1930s, however, this began to change: In 1936, a third of the population was foreign; domestic migration was becoming the real engine of Buenos Aires' demographic growth, and most of the new immigrants were from neighboring South American countries.

By the last third of the nineteenth century, Buenos Aires was a rather dense port-city, its center located by the banks of the river and a few blocks to the north, west, and south. It was a walking city, with one-story houses with colonial courtyards, large and Frenchified mansions for the rich, more modest Italianate houses, several government buildings, and a great number of precarious, poorly equipped tenements, shacks, and hovels.

During the 1910s, while new and quite impressive buildings were changing the city center, a major expansion outward was taking place. Tramways, first horse-drawn and later electric, as well as the possibility of renting a home or buying in installments a piece of land on which eventually to build a simple house, facilitated the physical growth of the city and the making of new neighborhoods. A fast-transformed city no doubt, but also a city, especially outside the center, that many visitors depicted as surrounded by campgrounds of makeshift houses, dirty roads, and scarce population. In the 1920s, most of these new neighborhoods would get consolidated both in terms of their urban infrastructure and their distinctive sociocultural spaces for working and emerging middle-class sectors. By the end of the 1930s and during the 1940s, the city underwent a second period of physical expansion, this time no longer contained by its legal borders. Large and very popular metropolitan suburban rings had been in the making, with more than 2 million inhabitants living on interstitial and outlying lands barely integrated into the urban grid by railroad and bus networks.<sup>3</sup>

In 1880, Buenos Aires became the nation's capital and from then onward local and national politics in the city were quite often indistinguishable. By the beginning of the twentieth century, it was the only major metropolis in the country. Along with its port, commercial, and bureaucratic activities, Buenos Aires was developing a manufacturing sector with hundreds of workshops and a few huge industrial factories; however, it was not an industrial city but a city with industries, initially spread over several neighborhoods

and later, by the 1930s and 1940s, firmly installed on the first ring of the metropolitan area.<sup>4</sup>

Buenos Aires' downtown, inhabited between the 1880s and the 1940s by the elite, had by 1930 a relatively high population density, with three- to four-story modern apartment buildings and few skyscrapers. Beyond the downtown, in the neighborhoods, Buenos Aires looked like a sea of one-story houses, a horizontal city that dissolved into the open spaces of the *Pampa* plains. In the early 1940s, most of the city dwellings were of brick, and only 10% of its residential houses were makeshift ones located near its borders. By then, the ephemeral city of the beginning of the century, especially in its emerging neighborhoods, was clearly finished and now the campground-like landscape became a feature in many zones of the metropolitan area.

The speed and magnitude of these modern urban transformations were apparent in many realms of city life. They did away with a mid-nineteenth-century distinction between the northern and southern areas, the former better serviced and wealthier, the latter often associated with epidemics and lower standards of living. By the 1900s and for the following three or four decades, another distinction was coming into focus: the difference between the city's downtown and its outlying neighborhoods where immigrant and native-born *criollo* workers and craftspeople as well as small merchants and public employees formed very cosmopolitan yet locally oriented societies. These neighborhoods featured a remarkable social integration, cultural mixing, and Argentinization, as well as various efforts to live respectable lives that tried to somewhat replicate those of the downtown elite but in a popular fashion. Mostly without major social conflicts, in a sort of silent but steady manner, the identities of these neighborhoods were built around the inhabitants' wish to be connected to the rest of the city; availability of spaces for socialization, from public libraries to soccer clubs, from local movie theaters and cafes to neighborhood associations and the pursuit of basic urban infrastructure, such as sewage, drinking water, trash collection, public schools, and health institutions. In spite of its inner stratification, neighbors tended to think of their local social world as largely equalitarian; they believed it could be improved through social reform and collective progress as well as individual thrift and industriousness. Neighborhood life both accelerated and softened the modernization of the urban experience by including the *barrio* in the city as well as offering a strong sense of identity in a context of increasingly impersonal social relations and fast-paced downtown lifestyles.

By the 1920s, limited but real and reachable upward social mobility was possible in Buenos Aires. Previously, when only the elite had political rights, a vibrant workers' movement with strong anarchist tendencies confronted the status quo with a language and actions meant to radically transform society. But in the 1920s and 1930s, labor demands voiced by socialists, anarcho-sindicalists, and communists had more moderate tones, quite

similar—although more focused on the world of work—to those of neighborhood organizers dealing with their constituents' needs as consumers.

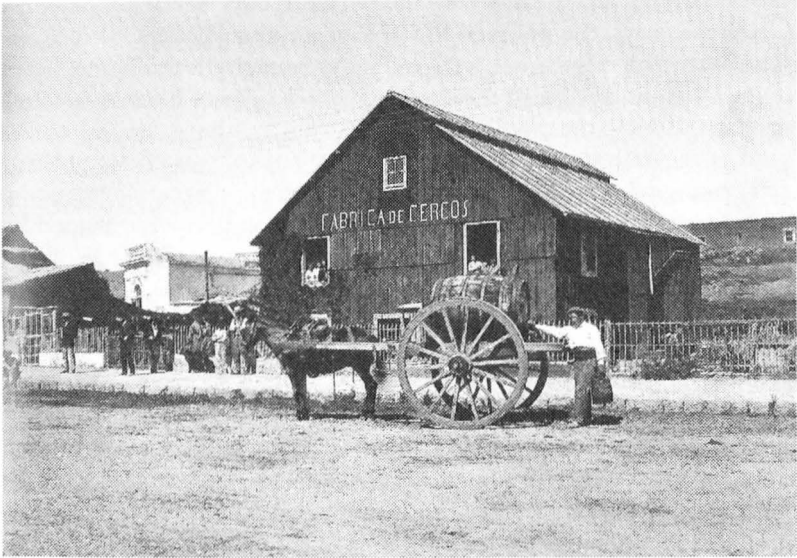
In those years, the political life of the city also became more active and inclusive, with periodic national and municipal elections. Though the president of the nation named the city's mayor, citizens of Buenos Aires elected representatives to the municipal council. This peculiar arrangement was the result of the existence of federal and municipal spheres of city government, each producing and managing its own discourses, urban policies, and public expenditure priorities. These agendas of intervention were shaped by new state agencies whose officials had very specific professional skills, including some engineers and medical doctors who'd had overseas, of-the-moment training. At times, sectors of civil society and neighborhood organizations were also involved and proactive.

Modern infrastructure was strongly associated with urban hygiene. During the last decades of the nineteenth century and the first half of the twentieth century, garbage collection, green spaces, health care institutions, and paving projects were gaining presence in the list of urban urgencies. But the construction of networks for drinking water and sewers were by far the most recognizable priorities.

Rainwater cisterns, shallow, often polluted wells, and daily purchases from water carts filled in the muddy estuary of the Río de la Plata have been the traditional and only available sources of drinking water. Privies discharged human waste into cesspools. And contamination of wells located nearby the cesspools was frequent. Both the provision of water and the disposal of detritus were not state matters. A private railway company built canals and water deposits to run its business and provided water to only a few households.

The 1871 yellow fever epidemic—perhaps the most shocking in years of recurrent outbreaks cycles—generated a wave of demands for access to drinkable water, but the 1873 economic crisis impeded the materialization of any initiative. During the second half of the 1870s, some improvements were made but only when Buenos Aires became the national capital, in 1880, did the construction of drinking water and sewage networks begun a process of consistent and rapid expansion. Primary attention was given to the water supply. The national state managed the project, but English companies, jointly with Swedish, Norwegian, Belgian, and French technicians were in charge. By 1895, the first water network was already built. It served only some areas of the city. Water was taken from the river's upstream via a tunnel to a deposit in the city center. Direct pumping elevated the water to pools where sand filtration took place. The filtered water was then pumped to a large deposit located in one of the highest points of the city, just a few meters over the sea level. From that deposit, pipes distributed water to private residences according to the urban grid. By 1887, only 21.2% of the population had access to the water network; in 1909 it was 53.6% (Figures 9.1a–9.1d).

(a)

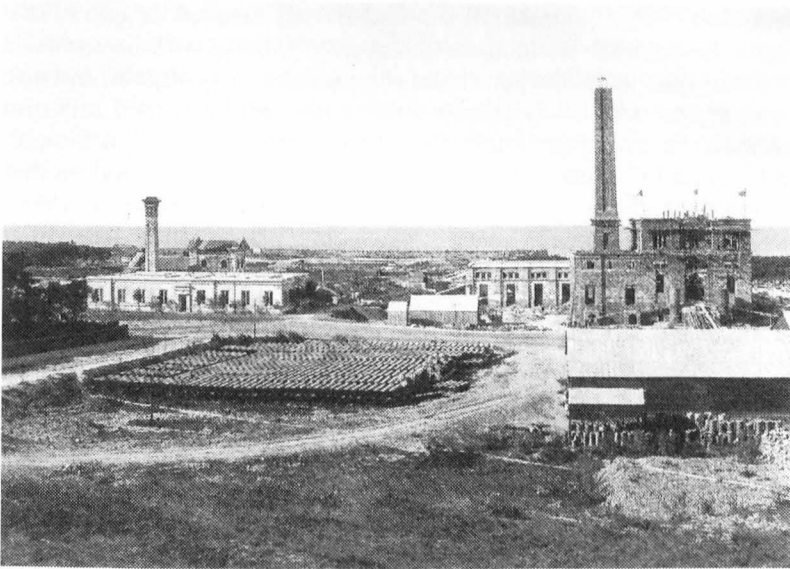


(b)



*Figure 9.1* (a) Water cart filled in the River Plate, (b) Filtered water tank and water pump station in (then) Plaza Lorea, (c) First drinking water plant in (then) Low Recoleta, inaugurated in 1874 and enlarged in 1878. In the photo, the extension is almost finished, (d) Designed in 1877 and completed in 1894 with local and imported materials, the French renaissance *Palacio de Aguas Corrientes* (Palace of Flowing Waters) is both an example of turn-of-the-century eclectic architecture and an evidence of the cultural relevance drinking water had in the making of modern Buenos Aires.

(c)



(d)



*Figure 9.1* (Continued)

The sewage network also followed the urban grid. It was built and came into use after the water network. In 1887, its relevance was still negligible; by 1904, it served 39.8% of the households and by 1909, 41.8%. Pipes converged in deposits connected to the main drain that discharged waste in the river, away from the city. It was the easiest and cheapest form of sewage disposal.

Both networks were thought out for a concentrated city. But the growth of new neighborhoods was fast, and quite soon both national and municipal officials understood there was a need to expand the networks in order

to serve areas off the center. Work started in 1910. World War I stopped them, but by the 1920s the project had already reached its goal of covering 12,000 hectares of urban land. It was an expansion with no technological novelties, just an extension of the previous networks. Again, the drinking water system took the lead and water consumption from 5 million cubic meters in 1870 to 35 million in 1885, 40 million in 1904, 140 million in 1918, and eventually 200 million in 1923. This was a faster growth than the city's demographics. Per capita consumption per day jumped from 15 liters in 1887 to 307 liters in 1923. The massive increases in piped-in water proved to be the major stimulus to speed up the construction of the sewage network. The older cesspool-privy vault methods were simply incapable of handling the load. But by the late 1930s and early 1940s, water and sewage systems covered most of the urban grid. In the metropolitan area, the situation was quite different, somewhat similar to the city neighborhoods in the early twentieth century.

The waterworks of Buenos Aires were a very successful project, and not only in terms of controlling most of the infectious diseases, managing the urban environment, or the rapid completion of its construction. Efficient water and sewage networks gave respectability to the city and were fundamental pillars of a progressive urban ideology that prized efficiency, organization, and cohesiveness, while elevating standards of community health and hygiene by focusing the attention on the city as a whole, not on specific neighborhoods or individuals.

A number of reasons could explain this success. It was a priority in the agenda of the national government. International networks facilitated the transfer of knowledge already tested elsewhere. Argentine engineers and public health doctors collaborated in the development of these projects alongside with foreign technicians and experts. Practice models—from design to know-how to technologies—were received, adapted, localized, and further developed in Buenos Aires. Very concrete and diverse construction and performance experiences that had already taken place after long periods of trial and error throughout the nineteenth century in old cities at the core of the Atlantic economy were key references on which Buenos Aires waterworks were able to capitalize. This comparatively delayed process of becoming a networked city facilitated a rapid catchup, producing notable results for peripheral Buenos Aires in a shorter time span than those of old central cities in Europe.<sup>5</sup> Two are particularly relevant: the very successful decline of mortality and morbidity trends of some infectious diseases as well as the fast spread of hygiene habits among vast sectors of the population.

### **The Hygienic Urban Imagination**

Progress, crowds, order, and welfare were relevant concerns of an urban ideology that, starting in the last third of the nineteenth century, had a major impact on Argentine sociological thought. In the context of a future



challenged by the problems inherent to the modern metropolis and (to a much lesser extent) industrial growth, the discourses on degeneration and regeneration, as well as both deep and cosmetic social changes, were defining their scope, priorities, and limitations. From the beginning, urban hygiene was at the core of these discourses, whether as an exercise of power, a way to deal with recurrent epidemics, or a technology to be used in family homes, neighborhoods, schools, factories, and workshops.

Hygiene was also instrumental in imagining alternative urban scenarios in which progress and science would facilitate the envisioning of reformed or radically different worlds. *La Ciudad Argentina Ideal o del Porvenir*, written by Emilio Coni in 1919, is one of these imagined cities.<sup>6</sup> Although Benjamin Richardson's *Hygeia: A City of Health* influenced Coni's ideal city, *La Ciudad Argentina Ideal* deals with issues that only partly coincide with Richardson's concerns or Coni's hygienic agenda of the late 1870s. In *Hygeia*, published in England and Buenos Aires in 1876 (an early evidence of the intense circulation of ideas between Buenos Aires and Europe), social problems related to urban and industrial growth were reduced to sanitary problems. In *Progrès de l'Hygiène dans la République Argentine*, written in 1887, Coni's main focus is urban hygiene and sanitary infrastructure.<sup>7</sup> But, by the 1920s, Coni's imagined city articulates a broad, ambitious, welfare-oriented agenda. In other words, if in the 1870s and 1880s Coni was a tenacious advocate of the expansion of drinking water and sewerage networks, by the early 1920s, he had become an unfaltering organizer of public health institutions dedicated to prevention, moralization, and individual improvement.<sup>8</sup>

*Welfarism is the most peculiar issue of Coni's city.* It is not merely a discourse aimed at guaranteeing basic living conditions in the city; it is also a tight grid of institutions—hospitals, neighborhoods' centers, schools, municipal restaurants—managed and coordinated by doctors, architects, and sanitary engineers, all of them urban professionals increasingly legitimized as experts by the urban modernization process.<sup>9</sup>

Coni rendered the city as a sanitary unit in which prevention, surveillance, and fair compensation for individual efforts reigned. Production and productivity issues were absent. His main concern was to regulate an urban world that had burgeoned astoundingly quickly, to control not only its geographical expansion but also to reaffirm and celebrate a pace of urban life that mirrored that of the emerging neighborhoods in the Buenos Aires Coni has seen and lived firsthand.

*La Ciudad Argentina Ideal* was not free of disease. Thanks to a biological and social equilibrium ensured by welfarism, state philanthropy, and prevention, most contagious diseases were under control. Coni's city reveals a hygienic realism born both of a recognition of the medical impotence of his time when it came to controlling certain diseases as well as his acceptance of disease as a fact of human experience.

Coni's approach superseded the classical and repressive criteria with which disease, abnormality, indigence, and criminality had been discussed

and confronted. In his city, hospitals and asylums were no longer places of banishment. By intervening in both public and private spheres, with social sensibility, paternalism, and sometimes rigor, the state was supposed to be the great social agent in the effort to keep the population from physical and moral deterioration. Hygienist doctors, acting as social engineers, were responsible for governing and handling the conflicts and difficulties resulting from fast urban and demographic growth. Coni's city seems to be in conversation with Plato's "guardians of order" or Bacon, Condorcet and Wells' urban utopias where scientific and technical elites control everything. But it is Hertzka's *Freiland*, which depicts a city with powerful doctors strategically positioned in many state agencies, where Coni's urban imagination finds plenty of similarities.<sup>10</sup>

*La Ciudad Argentina Ideal* unveils the strength of an urban public reformism embodied by professionals and experts—Coni among them—who work from key positions in state bureaucracies. They are professionals advocating for philanthropy and for welfare initiatives aimed at guaranteeing progress and social harmony, transforming people's habits at home, and broadening social citizenship to a point in which none, or almost none, will be left out.<sup>11</sup>

### Urban Hygiene Consensus

The triumph of hygiene culture as a catalog of detailed indications for people's daily behavior was part and parcel of the medicalization process that gave shape to a new consensus about normalized urban manners. Hygiene entailed not only a preventive and prescriptive discourse emphasizing individual responsibility, but also the notion that if everyone acted properly contagious diseases could be avoided.

The spread of the hygiene catalog occurred via many means, from rational appeals to social learning to coercion, intimidation, and propaganda. In the end, the habits of common people, it was expected, would gradually become altered as a result of a diverse set recommendations: defensive, involving prohibitions and punishments; informative, emphasizing instruction; and educational, aiming to develop, especially from the 1920s onward, behaviors and values where health and hygiene intermingled with ideals of beauty and modernity.

Common people internalized many of those hygienic practices to different degrees. Such internalization was due not necessarily or exclusively to a resigned acceptance of the disciplinary initiatives of the modern state but in recognition of the apparent material benefits and improvements some of those recommended practices could provide.

Regardless of their political or ideological inclination, hygiene was a set of postulates that used technical language to articulate highly diverse political concerns as well as a value that, in a relatively short period of time, was celebrated by both the elite and the working classes. Beyond the meaning each person or social group bestowed upon it, personal and collective

hygiene turned into both civilizing and socializing practices. From the 1870s to the 1940s, hygiene became not only a sort of obligation for people who wanted to feel they belonged to society, but also a new right, an entitlement which more and more social sectors demanded.

By the end of the nineteenth century and into the first decades of the twentieth plenty of voices, some sophisticated and others less so, from a variety of ideological and political positions, contributed to a discourse attentive to the reformation of daily habits. In 1899, for instance, a pamphlet written by an anarchist physician harshly criticized the capitalist system but exalted the benefits of and need for personal hygiene.<sup>12</sup> In 1911, the Buenos Aires city government distributed thousands of flyers in seven languages free of charge instructing how to raise children in accordance with modern hygiene.<sup>13</sup> In the late 1920s, *La Semana Médica*, a weekly medical journal, stated that key factors in the struggle against urban diseases included not only improving standards of living, particularly in nutrition, housing, and income, but also teaching hygiene to the common people.<sup>14</sup> In 1935, both social Catholics and socialists wanted to instruct not only the poor but everyone, regardless of social status, on how to keep their homes hygienic.<sup>15</sup> And in 1943, a magazine financed by the owners of one of the largest textile factories in Buenos Aires included a section on personal hygiene aimed at its readership of female workers.<sup>16</sup> Its contents were similar to those in the women's column of *CGT*, a weekly publication of the national confederation of unions.<sup>17</sup>

In these examples, hygiene appears as a universal value that went beyond social differences and could be an instrument of social inclusion and social change. Regardless of its disciplinary content, it meant to provide respectability, social integration, and recognition. It articulated normative and edifying endeavors in which consensus seems to have been more prevalent than ideological and political differences.

Spurred by concerns about the mortality and morbidity produced first by infectious diseases and later by the so-called social ills such as tuberculosis, syphilis, and alcoholism, the culture of hygiene began to emerge in the last third of the nineteenth century. By the turn of the century and as a result of a stubborn attempt to bring together medicine, social sciences, and politics, social hygiene emerged as a new discipline, a corpus on which, later on, public health would be based.

Driven in large part by professional and political sectors strongly influenced by positivism, social hygiene brought together a range of strategies and objectives. Among them were providing the elite with a safe urban environment in which epidemics were under control; protecting vast sectors of society from the risk of contagion in the broadest sense; defining normal and abnormal behaviors; and shaping respectable, efficient and productive urbanites.

Over time ideas of collective and personal hygiene became more sophisticated. The development of modern bacteriology was decisive to their social

and cultural acceptance. By the turn of the century, the catalog of hygienic behavior demanded not only be free of microbes, germs, and bacteria, but also to believe that these agents, no matter their inconspicuousness, were the materialization of disease.

In a relatively short period of time, the hygienic code had worked its way into plenty of social and personal realms: the world of the hospital, where hygiene was supposed to be asepsis; the world of the home, where hygiene was associated with cleanliness and ventilation; the world of work, where hygiene was linked to labor conditions and overwork; the world of the street, where hygiene insinuated the risk of indiscriminate contact with other people and with any kind of trash; the world of the school, where the future of the nation was supposed to be shaped; and the world of each individual, where not only hygienic daily rituals but also vaccinations were increasingly thought to be crucial to boosting immunity.

Hygiene became a complex field of intersecting values. In addition to the specific task of fighting disease, hygiene was steeped in ideas of morality and respectability, as well as in psychosocial phenomena that involved questions of self-approval, individual responsibility, self-discipline, narcissism, ideas about enjoying life, and the consumption of new symbolic and material goods that were thought to promote health.

By the end of the nineteenth century and especially during the first half of the twentieth, changes in the health care infrastructure as well as in contagious diseases' morbidity and mortality rates were accompanied by an emergent secular catechism of hygiene.<sup>18</sup> Books, brochures, pamphlets, and (starting in the 1920s) radio broadcasts prescribed, with varying degrees of enthusiasm, how to live a healthy life. Many of these prescriptions became fundamental to material and moral life in the contemporary city. And their scope was broad: sports and free time, sexuality and child rearing, dress codes and eating habits, school and workplace routines, household management, and the use of public spaces.

At the turn of the century, when the discourse of fear and defensive hygiene dominated a social agenda designed to fight epidemics, hygienic behaviors were associated to contagion prevention. These communication strategies had also been used in the 1920s, when modern advertising celebrated the discourses of a healthy life and positive hygiene in order to introduce other and more general ideas of social harmony, justice, and citizenship.

Building the hygienic consensus demanded dealing with persistent and resilient habits and beliefs. In the long run, it was a very successful project. However, not few doctors and hygienists complained about the slow pace of the changes. Some suggested the need to "impose, by law, preventive rules and practices, to suppress or alter peoples' habits, customs, and tradition which—though they will deny it—cannot be changed without coming up against deeply ingrained concepts and modalities."<sup>19</sup>

In the last third of the nineteenth century, contagious diseases were seen as problems that had to be controlled through improved urban sanitary

infrastructure, the spread of a sense of emergency, fear of contagion, and the need to disinfect almost everything, from mattresses to clothing, furniture, household appliances, and so on. Although there were concerns with disorder, degeneration, instability, and even a certain alarmism owing to a relatively recent history of devastating epidemics, by the early twentieth century a much more optimistic vision of the future had emerged. Based on the beneficial expansion of the drinking water and sewage systems, this discourse insisted on the need to strengthen peoples' bodies and to forge the "national race." There was still talk of diseases—especially of tuberculosis and syphilis, much less so of other infectious diseases that were becoming part of the past—but what was new was a focus on health, not only its preservation but also its improvement.

Concerns with physical wellness, morality, family, and social harmony were important to the agendas of all reformists, regardless of their ideology. The 1916 Primer Congreso Nacional de Medicina heralded "the ideal of bestowing each organism with the aid of a perfectly hygienic life, enough resistance to triumph against contagion."<sup>20</sup> This ideal of integral individual health, as opposed to the collective emphasis that characterized the struggle against infectious diseases, got more and more sophisticated. In 1940, "physical robustness" was associated with "correct moral attitudes," "spiritual serenity," and "immunization against the attack of foreign germs."<sup>21</sup>

It is very difficult to assess the impact of the hygienic code on mortality and morbidity trends. Hygiene preaching, however, had an undeniable impact on daily life in Buenos Aires. The informal group of doctors who articulated it, in their capacity as members of state agencies or civil associations, succeeded in designing an ambitious agenda that was supported, if dispassionately, by people of very different political persuasions. They emphasized certain aspects of the hygiene agenda and downplayed others. Their explanations of the deep social causes of the so-called modern city maladies differed, but they all tended to agree that hygiene was necessary to improve living conditions, that hygiene education had to gain ground rapidly, and that the supply of and access to health care services had to expand.

It's true that there were not unexpected tensions and conflicts owing to differing perspectives on certain issues, especially when they were framed in broad ideological outlooks. But when dealing with more specific problems, these differences tended to lose relevance, getting dissolved in or contained by the actions and discourses of a medical group who, though ideologically heterogeneous, shared an agenda of professional intervention with more coincidences than discrepancies.

Like many other processes that marked modern life, the spread of this hygienic culture involved social mimicry, learning, novelty, tradition, and coercion. It defined not only behaviors that were believed to be clean and healthy, but also those regarded as filthy and antihygienic. The reception of those recommendations—some moralizing, some associated with good

taste, some clearly disciplinary, some simply in keeping with the new hygiene rationale—bore meanings that were not necessarily in line with the intentions of professional groups animating the hygienic campaign.

Occasionally, efforts encouraged by other groups—Catholics, socialists, anarchists, and communists—sought to connect hygiene and ideology. Depending on the case, these efforts could result in further moralizing of the disciplinary contents of the hygienic code or questioning the habits it advocated as their being instruments used to perpetuate an unjust social system. Nevertheless, the daily habits of common people vis-à-vis their hygiene seem not to have been much informed by ideology. Instead, material limitations and domestic and popular translations of modern bacteriology had a more decisive role.

During the late 1930s and early 1940s, some doctors warned about the limitations of spreading the hygienic code and suggested discarding spectacular and sporadic campaigns which, though well intended, had a limited impact on common people's hygienic education. They thought that such strategies were as ineffective as the "hygiene sermons one hears on the radio, which are invitations to change the radio station as fast as you can," or the "amazingly tedious conferences of major figures" whose impact on the audience was negligible. These doctors encouraged going after a targeted audience. They said hygiene had to be accepted "just as the brand of a product is imposed on the market."<sup>22</sup>

Starting in the 1940s, and more intensely during the first Peronist administration (1946–1955), most urbanites entwined themselves around some aspects of the hygiene culture as part of a newly established right to health and health care, a right in which individual and state responsibility largely complemented each other. It was an urban hygiene consensus not only encouraged—and at times imposed—from above, but also strongly embraced from below. By then, no doubt, hygiene in the city had achieved a civilizing status.

### **Hygiene and Common Sense**

The vehement fervor aimed at spreading the hygienic code also motivated reactive distrust. For some, this distrust was predicated on the conviction that certain diseases were products of the injustices of the prevailing social system that clearly went beyond hygienic issues. Alternately, distrust stemmed from the belief that the obsessive efforts to normalize daily habits of the healthy and the sick, adults and children, men and women were out of all proportion.

These perspectives had been in the making for quite some time. In 1870, a hygienist wrote,

When there is poverty, hygiene is impossible [and even] the wealthiest man necessarily commits a hundred thousand hygiene sins per day. There is insufficient time and resources to verify the demands of

hygiene, [and anyone who sets out to follow all hygienic advice will become] a tormented and miserable victim of its exacting cares. [Hence], and due to its impossibility, hygiene has been expressly put together in order not to be obeyed on the whole.<sup>23</sup>

Years later, in 1905, an article published in a magazine with a huge circulation wondered if “the respected hygienists believe in the positive usefulness and undeniable efficacy of their advice. Do they want us to duly heed their high knowledge?”<sup>24</sup>

In the early 1920s and into the 1930s, some doctors wrote about the

mental plague of contagion, [...] the absurd contagionist aberrations that have led some to adopt precautions so excessive that they seem victims of blind panic, [and] the practices inspired by physicians who dream of quarantines, making use of old systems of terror.

They listed individual and group reactions that could be explained only as the result of “atavisms,” “mad fears,” “false medical legends,” and “groundless beliefs.”<sup>25</sup>

Printed media contributed both to the wide spread of contagious fears as well as some very critical interpretations of it. A magazine’s page-length comic strip published in 1906 entitled “The model street” made fun of the detailed catalog of hygienic manners, citing “spittoons, like works of art designed to help passersby not spit on the sidewalk”; [...] “antiseptic deposits every thirty paces where the city’s inhabitants could exterminate the microbes that infested their hands and, hence, offer their hand to others without fear of contagion”; [...] “monetary disinfectants that cleaned the paper money and coins in circulation”; [...] “special pavements that combated the homicidal dust, and globes of oxygen that renewed the air when many people converged on sidewalks.” The main characters in the strip were not impoverished people but dressed up men and women who had probably already internalized the anticontagion message, though they still needed “the watchful eye of a policeman in charge of making them comply with the hygienic habits” to make this street a “model street.”<sup>26</sup>

In the 1920s, an article signed by Doctor B. A. Cterio (read as Doctor Bacterium) in the science column of a popular newspaper focused on the anti-spitting campaign, calling for a sensible, not moralizing use of science in daily life: “passerby [should be encouraged] to spit anywhere because spit left on the street is the least dangerous [since] the bacillus cannot survive in direct sunlight; [citizens should not aspire] to live under a crystal ball that was always being sterilized; [and should attempt] to increase their defenses, producing enough antibodies, the true barriers that the organism uses to oppose the invasion of bacillus.”<sup>27</sup>

Opposition to the contagion obsession was grounded both in science and common sense. Along with doctors and journalists, there were also anarchist

critics of the hygienic excesses. For them, the debate around hygiene facilitated an ideological criticism of customs and capitalist society. With a fatalism that denied any possible cure or prevention, some stated that

what we see everyday in the newspapers is a brand of sarcasm. These doctors are either dumb or they act dumb. To combat disease they call on hygiene. But under a regime of lies, social injustice, and exploitation, hygiene is like cutting off the branches of a tree that is infected at its roots and leaving the trunk, which will later reproduce even sicker branches.<sup>28</sup>

Workers' newspapers of the 1920s used the same tone, criticizing those who "consider themselves protectors of the poor" and pretend to explain the lack of hygiene as a consequence of people's ignorance. Instead, the workers' newspapers claimed "human beings were hygienic by nature," but that the difficulties of the material environment in which they lived prevented them from practicing what they already knew.<sup>29</sup>

Nonetheless, when it came to dealing with the more concrete and daily aspects of contagion—that is, when the discourse was removed from the undisguised ideological—many of the same anarchist publications revealed not only a less radical reading of the problem but also the fact that the hygienic consensus was not foreign to anarchist perspectives. Though criticizing the "hygienic impositions" of the powerful, they recognized hygiene as a resource that, if well implemented, could promote some of the social harmony promised in the new libertarian age: "In the name of hygiene, the spread of right habits would prevent contagion." Thus, they supported educational campaigns geared toward avoiding contagion, but emphasizing that "hygienic measures should be kept within practical and rational limits, complementing the true prophylaxis of improving the human environment to make it resistant to evil."<sup>30</sup> They also believed that social innovation might be possible if "hygienic, rational, and delicate ways were put into practice among workers."<sup>31</sup> Not surprisingly, the anarchist press published handbooks on child hygiene and disease prevention and promoted guides—also recommended in mainstream media—on how to be a "good mother."<sup>32</sup>

Even more, they deemed hygiene

a means to emancipation since, without it, there could be neither progress nor health. Hygiene is born of the same consciousness as man, so it cannot be regulated. Everything that has been done, ordinances and laws, has failed in the face of the workers' unconsciousness.

The blame for this regrettable situation lay not with the men whose natural right to health was curtailed but with the degraded social environment in which "a poverty of spirit and anti-hygienic ways of living" prevailed. The



solution was in the hands of “workers’ societies, [in charge of] sowing this love of hygiene, morality, and education.”<sup>33</sup>

### **The Hygienic Urban Green**

Starting in 1870 doctors, hygienists, politicians, city planners, and educators regarded parks and plazas as valuable resources to deal with the problems caused by quick urbanization. Picking up on European and American reformist urbanism, the pragmatism of local reformers, and the ways people were using open spaces, ideas about the urban green entailed rethinking about how the modern city was breathing. They brought together a concern with urban diseases and living conditions; neighborhood life; the unequal distribution of services in the city’s northern, western, and southern areas; efforts to control urban expansion; the real estate business; the illusion of developing bucolic rural enclaves in the city; and the political will of furthering the moralization and nationalization of the urban masses.

Three recurrent images of green urban spaces appeared throughout the late nineteenth century and into the 1940s: green spaces as the city’s lungs, green spaces as civilizing agents, green spaces as recreational areas. These representations were part of a regeneration program in which the metaphor of the green city converged with the enduring goal of equipping the urban grid with more open spaces.

Already in 1869 an article published in *Revista Médico Quirúrgica* affirmed that “city squares ought to be large warehouses where the air is purified and then spread through the arteries we call streets, bringing life or death to the people, depending on whether the air is pure or foul.” Plazas were places for “laborers, craftsmen, employees, and merchants to go during their spare time to receive the benefits of sunlight, thus enlarging their lungs, which were often sick from breathing harmful air.”<sup>34</sup>

Images of urban green spaces as “city lungs” or the city as “a patient with asphyxia, who needs sunlight and air to revitalize its lungs” were recurrent.<sup>35</sup> With changing intensities over time they carried some of the meanings of the civilizing and recreational greens (Figures 9.2a and 9.2b). In 1882, the hygienic virtues of parks and plazas providing the chance to “breathe fresh air” were highlighted.<sup>36</sup> By the turn of the century, the socialist newspaper *La Vanguardia* defended the right of “penniless girls and shoeshine boys to a bit of oxygen.”<sup>37</sup> And in 1902, while inaugurating a new park, the mayor of Buenos Aires explained his initiative as one of the city’s many efforts to “avoid diseases.”<sup>38</sup>

The metaphor of the urban green as lungs and the city as a human body led to outdoor spaces being seen increasingly as “appendixes to the modern houses in need of the necessary sunlight.”<sup>39</sup> The 1925 urban plan for Buenos Aires referred to the riverside bathing areas as “one of the few lungs this city has” and recommended creating a woody greenbelt “which would benefit

(a)



(b)



*Figure 9.2* (a) The urban elite enjoying civilizing green space, a “lung” for the city. Parque 3 de Febrero, Avenida de los Lagos, c. 1916 and (b) A more democratic and recreational green space, another “lung” for the city. Area de Juegos Infantiles. Parque Chacabuco.

the city’s atmosphere while saving a great deal of money on hospital expenses.”<sup>40</sup> In 1946, a pessimistic reading of the making of modern Buenos Aires underlined that “the metropolis’s lungs lay outside its body [...], the city only breathes on its edges.”<sup>41</sup>

The lung image was closely associated with individual and collective health. In the 1920s, summer camps in several city parks received much praise

for giving children “a rural experience for at least one month”; also, outdoor spaces in the neighborhoods were celebrated as a way to “breathe fresh air and take a rest from the suffocating atmosphere of unhealthy households and menacing traffic.”<sup>42</sup> In fact, turn-of-the-century urban reformism had been addressing the need for “city lungs.” After resignedly accepting the absence of parks in the city’s downtown, hygienists began to work on the idea of a network of peripheral parks that would surround Buenos Aires with a greenbelt and limit its growth. Starting in the 1890s, mayors sought to define the boundaries of a dense city and the parks they designed by the 1900s aimed to limit any urban expansion. Nonetheless, at that time as well as during the 1920s urban expansion totally overran the green obstacles placed in its path. Fostered by real estate speculation, the possibility of buying lots on installments, and the growth of transportation systems, expansion advanced steadily, turning the closest and most precarious settlements into well-consolidated neighborhoods inhabited by masses of working families interested in leaving the city’s most central areas.

A vertical expansion, less dramatic than the horizontal, also took place. Many high-rise buildings and some skyscrapers transformed the city’s downtown. In 1940, the newspaper *La Nación* bemoaned “a regime of shadows that is invading entire areas of the city; small squares are becoming anti-hygienic places where the benefits of green urban areas are undermined by these urban curtains.”<sup>43</sup> Off the downtown, “the overcrowding of houses” led some to consider Buenos Aires neighborhoods as “conglomerates without empty spaces, [parts of] a city with a terrible pulmonary problem.”<sup>44</sup> Articulated in this way, the concern was nothing new. In 1891, and grounded on ideas of hygiene, accessibility and urban concentration, politician and hygienist Guillermo Rawson had advocated building small squares away from the coast.<sup>45</sup> But in 1908, an assessment of the city’s growth by Benito Carrasco concluded that it was pointless to keep on thinking about Buenos Aires as a concentrated city. Both inventive and realistic, he accepted urban expansion and sought to provide emerging neighborhoods with well-equipped parks and plazas that that would serve as civic centers.<sup>46</sup>

By then, it was apparent that parks and plazas had failed to limit urban growth as the city’s mayors had wanted. Instead, they had facilitated the creation and consolidation of new neighborhoods and their very localized identities. However, during those years and well into the 1940s, city planners claimed time and again that this type of urbanization had led to very intensive occupation of urban land, high residential density, and a lack of green spaces. In 1927, Eduardo Schiaffino indicated that the practice of joining one house to another, without leaving “a single gap to breathe in,” as well as the scarcity of open spaces made it urgent to create a “central network of avenues and greenways” to connect medium-sized and large parks.<sup>47</sup> And in 1946 Carlos Della Paolera stated that city officials as well as neighborhood associations had a paradoxical “notion of what green space means”: On the one hand, they deemed parks and plazas great weapons against “urban

suffocation,” and, on the other, they celebrated “neighborhood progress” in terms of building on almost any vacant lot.<sup>48</sup>

In the 1940s, the image of green spaces as lungs was as in vogue as it had been in the 1880s. This time, though, the aim was not to design a modern city, concentrated and self-contained in accordance with the tastes of its ruling elites, but to create parks and plazas throughout the urban and metropolitan grids.

The language of green spaces as the city’s lungs accompanied the arrival of modernity in Buenos Aires, both when the city was a kind of large village and when it was becoming a metropolis. With local adjustments this discourse echoed some tenets of European and North-American urban reformism. Absent, however, was the discourse of the lungs both in the industrial city of the 1880s, when Buenos Aires was still relatively small and surrounded by open fields, as well as in the early 1940s, when it had just begun its first phase of metropolization. This absence should not surprise. After all, Buenos Aires was a city with industries, not an industrial city.

### **Concluding Remarks**

Urban hygiene was discussed in the broader context of an imprecise public ideology which sought to lay the groundwork for the protection and well-being of Buenos Aires’ population. Ambitious and reformist, this ideology invoked to varying degrees the figures of social solidarity, order, and the advancement of social rights. It also created and consolidated state agencies staffed by experts who would produce an array of specific policies geared toward moving beyond private charity by civil or religious organizations.

As a public and private issue, hygiene was part of this ideology of the public. Although clearly shaped by biopolitics, its history between 1870 and 1940 does not unfold in tandem with the milestones of political history. The 1890 revolution, World War I, and 1930 military coup d’état were not particularly decisive in terms of social or health policy novelties, biomedical advances, urban infrastructure, changes in morbidity and mortality patterns, or people’s habits vis-à-vis their health care. Other factors seem to have been more relevant: fast physical and demographic growth, advances in modern bacteriology, the use of statistics, efficient state agencies executing public health initiatives or supervising private companies’ undertakings, and the increasingly relevant role of professional experts—primarily medical doctors—in public affairs as well as in individuals’ private lives. And as a central tenet of this ideology, modern hygiene came into being as a biopolitical endeavor with utopian, prescriptive, scientific, moralizing, and practical dimensions.

The hygienist urban imagination, the urban hygiene consensus, and the idea of the urban green were constitutive discourses of the arrival of modernity in Buenos Aires. Common sense reactions vis-à-vis hygiene’s catalog of norms underscore, on the other hand, that such discourses were not and are not enough to understand the making of the modern hygienic city. Tensions that crisscrossed not only those discourses but also policies and

experiences were at the very core of a historical process that took place in times of changing patterns of morbidity and mortality, from decades dominated by infectious diseases to decades when the weight of the so-called diseases of civilization was becoming paramount.

Marked by biomedical uncertainties, those were times when the limitations of science, medicine, and human agency were apparent. And so was the quest to successfully spread hygiene. In discussing these issues, both sociocultural histories of diseases and historical studies of public health have strongly focused their attention on metaphors and public health initiatives, but only occasionally on people's experiences with diseases, and only very seldom on the complicated relationships between culture, society, microorganisms, and history.

This last disengagement could be quite problematic. An insufficient recognition of the reciprocal relationships between humans and germs implies the risk of overestimating what public health can achieve without taking into account the natural history of certain diseases. While it is true that socially and culturally constructed diseases and public health initiatives have served to advance diverse social and political agendas, sometimes with notable success, it is also true that a wider and complex epidemiological universe could seriously limit the performances of biomedicine and public health.

That universe is always in flux and can change as a result of human actions, both intentional and unintentional, and at times simply by itself. Human agency cannot always effectively modify those epidemiological scenarios. When it does, it is because of the interwoven influences produced not only by science, culture, power relations, society, technology, and the economy, but also by nature. This is also a crucial and necessary dimension to be taken into account in the history of successes and failures of hygiene in the modern city.

## Notes

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  - 5 A detailed discussion of these different *tempos* in the incorporation of novel technologies—for what I know a topic barely addressed in the historiography—exceeds the scope of this article.
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