

Keeping our immigrants healthy: hygienist doctrine in the Hospedaria de Imigrantes da Ilha das Flores

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Abstract

The Hospedaria de Imigrantes (Immigrant Lodgings) da Ilha das Flores was established in 1883 in accordance with the hygienist thinking of the time. Immigrants were isolated on the east coast of Guanabara Bay because of the epidemics of yellow fever which returned to the Imperial capital every summer since 1849-1850. Hygienists attributed the disease to the precarious health conditions in the city of Rio de Janeiro, which enabled germs to multiply and infect the atmosphere. As physicians reinterpreted the disease in light of Pasteurian theory, new procedures were adopted to receive immigrants, changing the structure and function of the facility on Ilha das Flores.

Keywords: Immigration; Hospedaria da Ilha das Flores; Hygienism.



The second half of the nineteenth century saw the beginning of “the largest migration of peoples in history” (Hobsbawm, 1996, p.207). Approximately 31 million Europeans are estimated to have traveled the continent between 1880 and 1915 to reach one of the ports where they could board a steamer headed to the Americas.¹ With such high numbers of travelers, it was common to see people sleeping outdoors or crowding hostels in the immediate vicinity of the ports while awaiting the arrival of the vessels that would carry them to the other side of the Atlantic.

After crossing the ocean, huddled together in third-class accommodations of the steamships, crowds of immigrants finally disembarked in the Americas. The government began to directly intervene in order to receive and organize all of these people, creating territorial and administrative mechanisms to register, control, and in some cases redirect newly-arrived migrants. This led to large structures for receiving immigrants such as Ellis Island (1892) in the United States, Hotel de Inmigrantes de La Rotonda (1882) in Argentina, the Hospedaria de Imigrantes (Immigrant Lodging) da Ilha das Flores (1883), and the Hospedaria do Brás (Brás Hostel) (1887), both in Brazil.

These structures represented the maturing of previous experiences (namely small public or private accommodations) which were reinvented according to the specific characteristics of the place and local context. For example, in the United States Ellis Island replaced Castle Garden² as the federal government centralized immigration services. In Brazil, more specifically in the province of Rio de Janeiro, the Hospedaria da Ilha das Flores replaced the Hospedaria do Morro da Saúde in a reflection of the scientific precepts of the era, particularly hygienist ideas.³

Rio de Janeiro: a tomb for foreigners

The second half of the nineteenth century was marked by transformations that stimulated the massive displacement of Europeans to other continents, especially the Americas. Although they were not the only causes, the advance of capitalist structures combined with the occupation of “unpopulated” territories⁴ and progressive replacement of slave labor were the main reasons for the movements of the period, which became known as the Great Migration.

In Europe, changes resulting from the process of industrialization left contingents of skilled laborers idle. The impoverishment of a growing population occurred together with political instability, both resulting from liberal revolutions and a number of wars. While Europe tended to expel part of this population, the Americas seemed attractive and promising. For example, the Brazilian government was attempting to attract European immigrants for two reasons. First was the notion of occupying public land based on small land ownership and family agriculture through the formation of colonies (Iotti, 2001). The second idea that drove official policies was to secure labor for the coffee plantations, especially in the newly cultivated land in the western part of the state of São Paulo (Gonçalves, 2012).

The policy on immigration and colonization promoted by the Imperial government drew a reaction from coffee producers, since it directed the flow of immigrants to the

colonial centers just as coffee cultivation was expanding to new areas.⁵ Furthermore, it was becoming increasingly difficult to obtain slaves to work the fields due to the prohibition on transatlantic trafficking of Africans (1850) and subsequently the approval of the Rio Branco law, which freed children born to slaves on Brazilian soil (1871). Within this context, coffee farmers began to look to the foreigners entering to Brazil as labor.

The Imperial government began to share its actions to attract immigrants to the country with the provincial administrations as well as private initiative. The colonizing policy was largely maintained by the Imperial administration, while the provinces and private parties began to encourage the arrival of immigrants to guarantee field labor. Notable in this latter case were the province presidents and coffee farmers of São Paulo, who created guilds to promote immigration.

It should be mentioned that for political leaders and intellectuals, the introduction of European workers meant more just than a solution to settlement problems or substitute labor. According to the racist ideas of the time, foreign immigration – namely, European immigration – would facilitate the arrival of progress. Such ideas can be found in the discourse of Brazilian leaders and publicists defending European immigration, which stated that only with the coming of people considered “superior” and “elevated” could Brazil attain progress and civilization (Schwarcz, 1993; Seyferth, 2002; Menezes, 2013). In other words, in addition to working in the fields, the individuals who came from across the ocean would also act as a whitening and civilizing element.

Given the importance attributed to European workers, the Brazilian government adopted a series of measures to promote and stimulate immigration. In January 1867, government regulations for colonies were approved. The government committed to granting immigrants who wished to establish themselves in the colonial centers land payment in five installments, starting from the second year of their establishment in the country, a special building to temporarily house the newcomers, and free aid amounting to twenty thousand *réis* (Brasil, 1867).

It is no coincidence that during that same year, the Brazilian government assumed responsibility for providing a suitable location to receive immigrants who arrived in the city of Rio de Janeiro and were headed to the official colonies created by the Empire. To accomplish this task, Minister of Agriculture, Commerce, and Public Works Manoel Pinto de Souza Dantas leased a set of buildings on Morro da Saúde from Dr. José Rodrigues Ferreira, and this became the site of the Hospedaria de Imigrantes do Morro da Saúde (Dantas, 1867, p.69-70).

In 1876, the Inspector General of Land and Colonization was created within the auspices of the Ministry of Agriculture, Commerce, and Public Works, and was responsible for supervising and directing all services relating to immigration and colonization. Among other tasks, this agency became responsible for overseeing the contracts signed with private parties which were required to bring a certain number of “young men and laborers” into Brazil (mostly for agriculture), in addition to guaranteeing lodging and free transportation for the immigrant to their final destination, giving them complete freedom to establish themselves in the colony of their choice, as well as guaranteed access to land, seeds, and tools.

Despite the assurances and benefits granted to foreigners who decided to settle in Brazil, the influx of immigrants did not meet the expectations of the Imperial government. Between 1876 and 1882, Brazil received an average of only 23,000 immigrants per year,⁶ while in the US this number ranged between 732,000 and 800,000 per year (Hobsbawm, 1996, p.204). For Alfredo d'Escragno Taunay, interim president of the Central Council on Public Hygiene, the main reason Brazil was not achieving the desired result was related to the precariousness of health conditions within the Imperial capital, which were constantly reported in the foreign and domestic press.

According to Taunay (1877, p.2),

without strict observance of the precepts of public hygiene, nothing can thrive ... in new countries full of resources, but without a sufficient population to exploit them, and whose progress and development depend not only on the physical and moral activities of their children but also the aid of foreigners who bring them progress in industry, agriculture, arts, and sciences, and take advantage of the major resources available. How, then, to achieve this goal, when the foreigner seeking to emigrate constantly fears (with good reason) becoming the victim of epidemics and endemic diseases that infect.⁷

The hygienists were among the first to formulate an articulated discourse, connecting the epidemics that afflicted Rio de Janeiro with the conditions of life in the city (Benchimol, 2001). In 1851, after the first yellow fever epidemic in Rio de Janeiro, the General Assembly recognized the need to establish a permanent sanitary defense, and created the Central Council on Public Hygiene. The members of the Central Council attributed the development of yellow fever to the presence of fetid swamps, puddles of stagnant water, and decomposing matter that could be found everywhere in the city, since in the absence of a sewer system waste was commonly dumped in places like beaches, ditches, streets, and vacant lots. Furthermore, they believed that the tenements that spread across the central region of the city aggravated health conditions at the Imperial court.

Based on the anti-contagionist theory, the hygienists at the Central Council believed that neglecting the natural and human environment contributed to the emission of poisonous particles from the soil, which rose toward the atmosphere (Chalhoub, 2011). It was believed that in the intense heat of the summer, the production and release of these particles (known as miasmas) could be seen. During the summer, miasmas fanned out more intensely across the city, causing several diseases including yellow fever to proliferate. In this sense, anticontagionists believed that disease prevention required urbanistic interventions that could restore environmental equilibrium (Benchimol, 2001; Chalhoub, 2011).

The measures adopted by the anticontagionists converged with the measures advocated by the contagionists. Dina Czeresnia (1997, p.83) argues that the main difference between the theories was not found in the way a disease was contracted, because "in both cases, disease originates from stimuli coming from the external world and from contact with other men." The heated theoretical debate was motivated by differences with regard to the organization of sanitary practices. While the anticontagionists defended procedures to control the environment, contagionists demanded control of the individual through isolation in hospitals and quarantines.

The debate between contagionists and anticontagionists reveals that knowledge about yellow fever remained imperfect and incomplete, and did not permit certain answers to several questions. However, it can be said with certainty that immigrants were among the groups that suffered most from yellow fever in terms of the loss of human lives, as can be seen in Table 1. Therefore, in the summer of 1876 when a severe epidemic of yellow fever swept through the city of Rio de Janeiro, minister of Agriculture, Commerce and Public Works Thomaz José Coelho de Almeida (1877, p.403) ordered that the immigrants housed at the Hospedaria do Morro da Saúde, along with all the others arriving in the city, should be relocated to “points well respected for their healthful condition.”

Table 1: Nationality of patients affected by yellow fever in the city of Rio de Janeiro in 1876

Nationality	Sick patients	Deaths
Brazilian	420	99
Portuguese	3,808	1,208
Italian	339	191
French	195	93
Spanish	432	138
Other	848	244
Not indicated	224	77
Total:	6,266	2,050

Source: Relatório da Junta Central de Saúde Pública, 1876, cited in Taunay (1877, Anexo F, p.50).

Table 1 shows that the number of foreigners who were sickened by yellow fever vastly exceeded Brazilians. Similarly, the mortality rate among foreigners (33%) was also higher than among Brazilians (24%). As for each particular group of foreigners, yellow fever was most fatal for Italians (56.34%), followed by French (47.69%), Spanish (31.94%), and Portuguese (31.72%) immigrants.

The statistics also indicate that individuals who were subjected to the conditions in the city for a longer period of time were able to withstand the illness better than those who were still in the process of adapting to the environment. Citing Pereira Rego, Chalhoub states that “yellow fever ... was a merciless scourge to ‘newly arrived foreigners and Brazilians coming from the interior,’ but had ‘nearly zero effect on blacks” (Pereira Rego cited in Chalhoub, 2011, p.93; emphasis in the original).

As shown in Table 2, newly arrived foreigners stood out among the victims of yellow fever, possibly because they had had no previous contact with the causal agent (Telarolli Júnior, 1996). Benchimol describes the medical authorities’ concern with keeping the immigrants healthy. In the words of Max von Pettenkofer,⁸ “Perhaps, using albuminium, it might be possible to make white men as resistant to yellow fever as the Negroes are” (Pettenkofer, cited in Benchimol, 1999, p.289). But acclimatization became the Imperial government’s official stance. The recommendations were that during the “hot season,”⁹

when the city was usually affected by yellow fever, newcomers should be brought directly to the warehouses at Mendes, Barra do Piraí, and Porto Real, where they would await the end of the outbreak. As for vessels infected with diseases from outside the country (such as cholera), the prophylaxis was to block entry and direct the ship to the quarantine station on Ilha Grande, or in more severe cases, order the ship to return to Europe.

Table 2: Time that immigrants affected by yellow fever remained in the city of Rio de Janeiro in 1876

Time present	Sick patients
Days to six months	676
Up to one year	523
Up to two years	175
Up to three years	72
More than three years	55

Source: Relatório da Junta Central de Saúde Pública, 1876, cited in Taunay (1877, Anexo F, p.52).

Providing an account of the actions undertaken by his department, José de Cupertino Coelho Cintra (1877, p.3), the Inspector General of Land and Colonization,¹⁰ reported that the houses rented by the government in the village of Mendes were organized to receive immigrants from the Hospedaria do Morro da Saúde, which remained closed during the epidemic period. But the houses in Mendes were not sufficient to house the growing number of immigrants, forcing the government to utilize leased houses in Barra do Piraí and accept favors from the Director of the Colony of Porto Real, who later received immigrants for acclimation, not only those who wished to establish themselves in the colony.

Coelho Cintra also reported that finding locations to lodge the immigrants was not the only problem he faced during his tenure. For instance, bringing the new arrivals from the city of Rio de Janeiro to the mountaintop regions required a joint effort involving the Steam Cablecar Company, the Prainha pier, the Locomotora Company, and the Pedro II train station.

I relied on the steam cablecar company for help, which placed itself at my disposal for the immigrants to arrive and depart, I also used the warehouse and pier at Prainha, which was provided as a location to receive new arrivals and store luggage on the coast. I also came to an agreement with the Locomotora Company to expeditiously transport the immigrants and their luggage from the pier to the central station of the D. Pedro II Rail Road (Cintra, 1877, p.3).

There was a huge, certainly costly, and painstaking effort to expose immigrants as little as possible to the climatic conditions in that region of the coast. Every day at nine o'clock in the morning, the Steam Cablecar Company helped the newly arrived migrants disembark, transporting them to the Prainha pier. After this time, the third-class passengers from the boats that arrived at the port were transferred to the Vassimon transport, which was provided to the Inspector General of Land and Colonization by the Ministry of the Navy

as lodging for all the immigrants who needed to spend the night on the coast. When the Navy was unable to also provide small vessels for passengers to disembark, boats belonging to the Steam Streetcar company were hired, as mentioned. At ten o'clock in the morning, the Locomotora Company shuttle took the immigrants from the Prainha pier to the D. Pedro II railway station, where they would be transported to the warehouses in Mendes, Barra do Piraí, and Porto Real.

Clearly, keeping the immigrants in the warehouses at Mendes, Barra do Piraí, and Porto Real presented major obstacles. Furthermore, the multiple warehouse facilities required hiring more employees. Coelho Cintra (1877, p.2) says that

for such an important and busy service, there was a very limited number of staff belonging to the former official colonization agency ... [therefore] I appointed some more employees alongside me as extraordinary assistants, two interpreters and two guards, as well as those called to serve alongside the administrators of the abovementioned warehouses for the immigrants.

In July 1876, with the end of the yellow fever epidemic, the immigrant reception and accommodation services resumed their normal operations, after the reopening of the Hospedaria do Morro da Saúde. This lodging facility operated under the responsibility of the Imperial government until 1879, when it was contractually ceded to Cardoso de Albuquerque & Co. Two years later, the lodging activities definitively ceased under the argument that during the epidemic, “public health facilities [were required] to receive the immigrants who were newly arrived to the area” (D’Ávila, 1882, p.222).

The high mortality rate among immigrants during the epidemics established the reputation of the Imperial capital as the “tomb of foreigners” (Taunay, 1877, p.2). The image of immigrants who contracted yellow fever after arriving in the city of Rio de Janeiro and dying shortly thereafter threatened plans to implement pro-immigration policies. To establish a significant flow of immigrants, this situation had to be reversed. In addition, the Imperial government authorized “the construction of a building suitable to receive immigrants which could accommodate the annual movement of 30,000 individuals, as well as the organization of a service related to reporting, lease, and sale of land that would permit the new colonists to locate themselves properly according to their ability, and as quickly as possible” (D’Ávila, 1882, p.222).

To this end, on January 16, 1883 the General Inspector of Land and Colonization acquired Ilha das Flores and two adjacent islands belonging to the senator José Ignacio Silveira da Motta.

The Hospedaria de Imigrantes da Ilha das Flores and sanitarian thinking

The island had been visited years before by a commission from the Imperial Fluminense Institute of Agriculture, which founds its environment to be healthy, wholesome, and productive¹¹ (Imperial..., 1876, p.3; Reznik, Fernandes, 2012, p.215). The location was consequently deemed suitable for an official Imperial lodging.

Ilha das Flores became a viable option as a place to house immigrants because of its location in Guanabara Bay, a short distance from the port of Rio de Janeiro, near navigable

waterways and railroads. And because it is an island, the region was well suited to build a facility to receive newly arrived immigrants, distancing them from the royal court and especially from the constant epidemics. The objective was to keep the immigrants far from diseases and possible contamination resulting from the feverish city.

In March 1883, Afonso Augusto Moreira Penna, Minister of Agriculture, Commerce and Public Works, decreed that after landing at the port of Rio de Janeiro, all third-class passengers arriving from foreign ports should immediately be transported along with their luggage to Ilha das Flores, where they would be welcomed at no charge for up to eight days (Penna, 1884, p.214). The decree excluded first- and second-class passengers, as well as those who already had people to receive them (family or friends) living within the city of the Imperial court (Reznik, Fernandes, 2012, p.221). The others were to board small barges that would take them to the Hospedaria de Imigrantes, which was built especially to receive them.

After landing on the island, the immigrants were immediately housed in the dormitories. According to the *Guia do Emigrante*,¹²

access to the island is facilitated by a bridge, where all the equipment needed to unload the luggage is located; this is taken to a large, secure warehouse located near the same bridge, to which it is connected by railway, and the luggage is placed on wagons that bring it to its respective destination in a timely manner (Vasconcellos, 1884, p.12).¹³

Later, they all were all directed to the Director's Office, where a scribe registered the immigrants in books, noting information including the name, age, marital status, nationality, and profession of each new arrival. Although one employee was responsible for translation, a single interpreter was not always able to handle the various languages spoken by immigrants of various nationalities, and it was necessary to resort to the passports.

After registration, the immigrants next proceeded to the medical clinic for a checkup to block the entry of contagious diseases. The medical inspection functioned as a type of triage, with the sick directed to the Santa Casa de Misericórdia hospital in the city of Rio de Janeiro, or for simpler cases, hospitalized in local wards. To assist in treatment, the establishment also had an apothecary supplied with a wide variety of medications.

The immigrants shared the same space because initially, the Hospedaria da Ilha das Flores was a large brick-and-mortar warehouse (Penna, 1884, p.215, 216). This space held four large rooms used as dormitories, three rooms for the sick ward, two offices, and the medical clinic. For a long period, the lodging was divided according to the sex and marital status of the immigrants. There were dormitories for young single men, married men, single women, and married women with small children. Once they had a place to stay, the immigrants faced another challenge: Brazilian food. As we know, this is a recurrent theme in interviews with European immigrants who came to Brazil during the twentieth century. A similar experience is seen in criticism of the meals served in the dining hall at the Hospedaria da Ilha das Flores which was published in the *A Folha Nova* newspaper, commenting on the promises contained in the *Guia do Emigrante* (Vasconcellos, 1884):

The immigrants' food, says the pamphlet, 'it is healthy, abundant, and well prepared, and considers the food to which they are most accustomed, according to the habits of

each nationality.’ And as proof, we have the list of dishes comprising dinner that feature cassava flour, which we did not have the pleasure of knowing in such a widespread manner in Europe ... We believe it would be more appropriate for the administrators to replace it ... with a nice dish of soup or polenta that would be more appreciated by the Italians, French, Belgians, or Germans (A Guia..., 13 out. 1884, p.2).

The kitchen and dining hall were located in a building adjacent to the Hospedaria. The building was provided with furniture, utensils, and the support materials needed to handle four hundred people at the same time. Many of these objects were acquired from Senator José Ignacio Silveira da Motta, during the processes of buying and selling the island. Other acquisitions, such as the 28 marble-topped tables that furnished the dining hall, were made as the work was completed or according to the needs of the growing flow of immigrants.

The minister Afonso Augusto Moreira Penna stated that the Hospedaria da Ilha das Flores would undergo changes in the future due to the increased number of immigrants entering the country, adding that “other improvements will be made as needed, so that newly arrived immigrants will not lack comfortable conditions” (Penna, 1884, p.216). The minister’s prediction was correct, because despite fluctuations, the 1880s witnessed steep growth in the influx of immigrants to Brazil, as a result of investments in immigration policies (Table 3) (Gonçalves, 2012; Klein, 2000).

Table 3: Immigrants arriving in Brazil at the port of Rio de Janeiro and the Hospedaria da Ilha das Flores (1883-1890)

Year	Brazil	Rio de Janeiro	Ilha das Flores
1883	24,827	–	7,402
1884	19,608	17,999	8,138
1885	29,408	22,727	10,579
1886	25,741	22,236	12,501
1887	54,990	33,310	18,834
1888	131,745	55,863	33,384
1889	65,187	–	26,848
1890	107,100	85,162	66,494

Source: Relatórios do Ministério da Agricultura, Comércio e Obras Públicas, 1884-1891 (Penna, 1884; Moura, 1885; Prado, 1886; Vasconcellos, 1887, 1888, 1889; Silva, 1889; Glicério, 1890; Lucena, 1891).

Gradually, the Hospedaria da Ilha das Flores began to receive a growing number of immigrants, which demanded an expanded structure. To enlarge the dormitories, a building exclusively for the infirmary was built in 1886 (Vasconcellos, 1887). The new building was divided into a medical clinic room, a labor and delivery room, and two wards: one male and one female. Besides expanding the space for accommodations, the expansion decreased the risk of contagion, since the sick were isolated in the northern part of the island.¹⁴

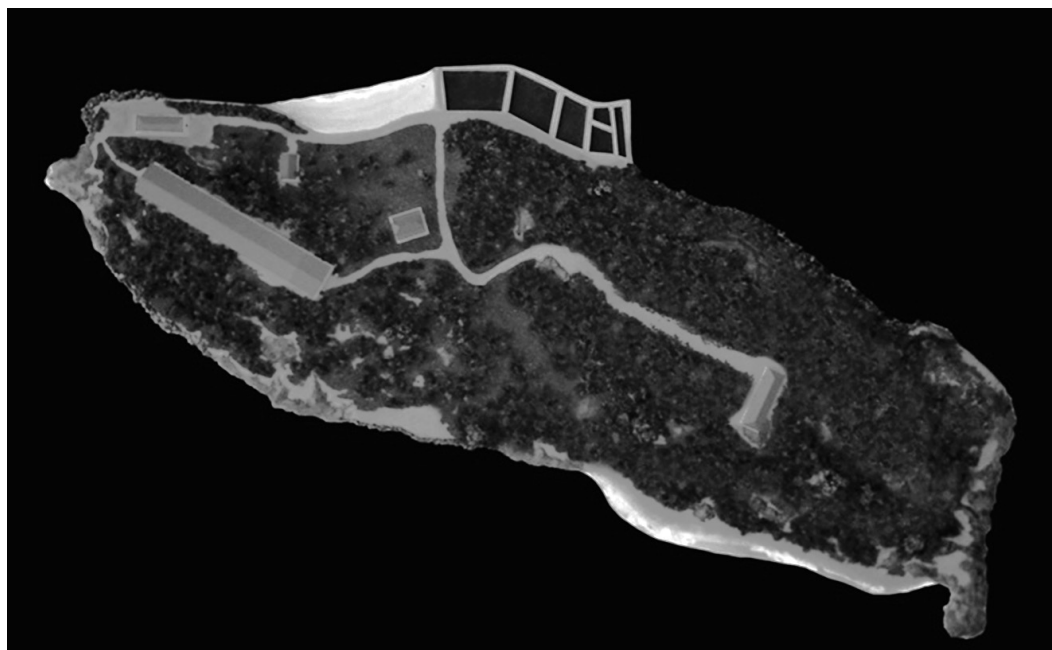


Figure 1: Hospedaria de Imigração da Ilha das Flores, in 1886 (model). At left, immigrant lodging. At right, the infirmary of the Hospedaria da Ilha das Flores (MIIF, 2014).

The following year, in order to meet the growing demand, a budget plan was created to expand the lodging capacity from one thousand to three thousand immigrants (Vasconcellos, 1888). The plan included expanding the luggage storage area and dining hall, as well as constructing a section exclusively for secretarial services and new lodging.

The new structures were made of wood so they could be quickly destroyed if epidemics were to erupt, since these buildings would be easier to burn than masonry. In this way, the project at the immigrant housing center was in line with the hygienist precepts which prevailed at this time, which considered certain places to hold germs (Telarolli Júnior, 1996). It should be mentioned that this period saw “the interpretation of transmission as a concept that retained continuity in relation to the theory of contagion” (Czeresnia, 1997), hence the need to construct buildings in wood.

The work to expand the immigrant lodgings shows that during the 1880s, the Imperial government spent significant sums to maintain this institution, placing its hopes in the future success of the immigration policy and the importance of the lodging in realizing these hopes.

“New hygiene,” new practices for receiving immigrants

During the following decade, from 1894-1896, the Republican government delegated responsibility for promoting immigration to the states, as well as welcoming and hosting their respective immigrants (Costa, 2015). Federal expenditures on maintenance of the Hospedaria da Ilha das Flores dropped dramatically as a result, which caused the institution to lose the importance it had in the previous decade.

In this context, the *O País* newspaper published a series of notes decrying the situation of the Hospedaria, as seen below:

We know that some two thousand immigrants are housed in the Hospedaria da Ilha das Flores, and another thousand or so are expected in the coming days.

Considering the epidemic we have just emerged from and knowing how very susceptible foreign newcomers are to yellow fever and other diseases of warm countries, it would be no surprise if we were to see more lamentable large-scale death on the abovementioned island. And this is what awaits us, given its consequences, knowing that on the Ilha das Flores there is no disinfection chamber or pavilion to isolate the sick, nor even accommodation for so many people, and finally no drinking water, since this is transported daily in barrels from here. ... Ilha das Flores decidedly requires urgent improvements, and most necessary, essential, and urgent among these are those intended to remedy the shortcomings we have indicated (Sabemos..., 23 fev. 1896, p.1).

Another ten years passed, and the government backtracked in relation to its previous move. In 1907, the federal government again centralized immigration policy, with the explanation that except for São Paulo, no state was able to sustain subsidized immigration (Almeida, 1908). Therefore, in July of that year, under the responsibility of the Director General of the Settlement Department, the Hospedaria da Ilha das Flores was completely restructured to provide better reception services, lodging, food, medical treatment, and referral for the immigrants. During this period, a new concept in health served as the backdrop for the reforms at the institution.

The late nineteenth century and the early twentieth century were marked by changes in the standards for preventing and combating epidemics such as yellow fever. The old antagonism between contagionist and anticontagionist theories was giving way to a search for links with pathology, and as a result the differences between the two theories became less intense.

In describing findings by the physician Henle, Czeresnia (1997, p.91) indicates that

Contagion is therefore the agent of an inflammation, whose physical and chemical properties indicate that its issue is organic and, moreover, alive. It multiplies in the body and is excreted at the end of the illness. ... It no longer matters whether 'contagion' or 'miasma' comes from the atmosphere or clings to the body's fluids and solids. What defines the vehicle of contagion is its specific nature, which produces an inflammatory process that is also specific to each type of disease.

After Henle, subsequent discoveries by Pasteur and Koch led to the new science of microbes. Bacteriology proved that diseases could arise in a certain place, and that unhealthy conditions could make the environment suitable for the multiplication of microorganisms that cause disease. These organisms could be easily spread in such conditions, which made large groupings of people in dirty, unventilated places an imminent risk to public health.

The new perceptions about the forms of disease transmission were widely discussed and disseminated at international conferences and congresses on medicine and science (Almeida, 2006), which in turn generated conventions and especially conceptions about health measures. Special emphasis should be given to the 11th International Sanitary

Conference in Paris in 1903, in which the mosquito *Stegomyia fasciata* was recognized as the vector of yellow fever.¹⁵

The sanitarian medical conventions held in Europe and starting to appear in Latin America as of the 1880s spurred the universalization of sanitarian measures. According to Shapiro (2013, p.773-775), actions taken in the name of the “new hygiene,”¹⁶ which were meant to systematize the practices of receiving immigrants and, consequently, transatlantic ships, were not restricted to public health, since the decisions involved political and economic issues.

Traditional maritime prophylaxis (i.e., quarantines) undermined the interests of traders and owners of large factories. Restricting the entry of people and goods into a country because of possible epidemics meant losses and limits on business expansion. In this sense, Rebelo argues that bacteriology eventually aided these interests; ships were no longer detained, but rather potentially contaminated materials were disinfected using a Clayton gas apparatus,¹⁷ and the new arrivals were subjected to medical surveillance.

In the case of Brazil, the new rules were established in the Health Service Regulations of 1904 after the Sanitary Convention between Argentina, Paraguay, Uruguay, and Brazil, which was signed in Rio de Janeiro that same year. The prophylactic measures adopted since that time included health surveillance and health letters among its main components. Article 12 of the convention stated, “health surveillance should be understood to mean medical observation carried out by the health authority on passengers or travelers from contaminated or suspected locations, within a period of time that does not exceed the incubation period of the disease it intends to avoid” (Rebelo, 2010, p.184).

Health letters were a type of entry visa, given to the ship so it could circulate freely within the port. A ship was considered “clean” if there was no record of diseases at the port of origin or stops along with the way, and “dirty” if an epidemic occurred on board or if there were isolated cases of pestilential ailments. If everything was in order, the immigrants (who were the main targets of the inspection) were sent on to the Hospedaria da Ilha das Flores.

The “new hygiene” was concerned with subjecting public health prevention measures to the theory of bacteriology, which explained the measures adopted in the Hospedaria da Ilha das Flores, such as the installation of disinfection chambers near the central pier. A report by Miguel Calmon Du Pin e Almeida (1908, p.1.521), Minister of Industry, Transportation, and Public Works, describes that

In front of the landing bridges on Ilha das Flores are two sheds and a veranda. In one of the sheds, chambers should be installed to disinfect the immigrants’ clothing and luggage, as well as a steam laundry using the same boiler used for that purpose; the other that is made of wood should be replaced by more installations more suitable for the various branches of the administration, such as an office for receiving and registering immigrants, guardhouses, storage area for heavy luggage etc.

The replacement of the wooden buildings was not limited to the shed in front of the landing bridges, because in 1907, only the facility administrator’s residence was in good repair. The wooden lodgings were all demolished, and three new pavilions were built of reinforced concrete to replace them. Each pavilion measured 80m long by 12m wide, and

was also surrounded by verandas. Internally, the buildings had 3m ceilings, which allowed greater air circulation and thus avoided certain types of diseases.

The reports by the Ministry of Industry, Transportation, and Public Works corroborate that while plans were drawn up to build the new lodgings, concern with sanitary conditions was constant. Each one of the pavilions could accommodate 500 immigrants, who slept side by side in iron bunkbeds. It was therefore essential to create an aseptic and well-ventilated environment to prevent the proliferation of disease-causing microorganisms, as seen in the following excerpt.

The doors, 54 in number, have blinds and iron screens, and small lanterns beneath each aperture above, which also have blinds, maintaining the necessary aeration and convenient indoor lighting, even when closed.

The vast basement is not divided, is well-enclosed, ventilated, and illuminated by six doors and a series of rectangular mezzanines, well designed for health measures or storage of suitcases, luggage etc., it is so clean, dry, ventilated, and of course could serve as a dormitory if there should be a sudden large accumulation of immigrants (Almeida, 1908, p.87).

The use of masonry also confirms a departure from the idea that buildings should only be constructed with wood, since this practice considered the need to quickly destroy these places considered to store germs if future epidemics were to occur. The advent of microbiology and the notion that a set of factors spread diseases which are transmitted by vectors caused wooden buildings to be replaced by masonry.

Other measures were adopted with regard to the wholesomeness of the Hospedaria, including construction of a sewage network that treated waste in septic tanks and thus avoided discharge directly into the sea. Not only did this prevent pollution in Guanabara Bay, these tanks allowed immigrants to swim in the sea without risking diseases caused by contaminated waters.

The cholera epidemics of the 1890s led to greater concern with the discharge of wastewater into Guanabara Bay, after the physician Francisco de Castro connected the disease to a specific germ found in the intestines of victims which could be transmitted through their feces or by objects and water they contaminated (Benchimol, 1999).

As for the water supply, a holding tank with storage capacity of four hundred thousand liters was built in the north wing. At that same time, the water supply was shifted to pipelines linking the island to the city of Niterói. These measures solved the problems with the water supply, which had been an inconvenience for cleanliness at the Hospedaria as well as a health risk for the immigrants, who sometimes had to resort to bathing in the sea and drinking brackish water.

Final considerations

Concerns with the health conditions at the Hospedaria da Ilha das Flores were symptomatic during its renovation in 1907, as well as its original construction in the 1880s. The sanitarian precepts of both eras were important to decisions related to receiving the waves of immigrants, and consequently how the facility was organized and functioned.

In the 1870s and 1880s, when the Hospedaria was established, emphasis was placed on anticontagionist theories, i.e., the belief that poison from rotting animal and vegetable matter caused diseases. It was therefore necessary to receive the newcomers far from such environments, which were characteristic of the city of Rio de Janeiro. In this context, Ilha das Flores (with its “proverbial wholesomeness”) became the ideal location to establish a facility to receive immigrants. Some buildings were made of wood, in accordance with the concept of transmission and its connection with the germ theory, so that they could be quickly and completely destroyed if epidemics broke out.

A little more than twenty years later, the centralization of immigration policy in 1907 and subsequent resumption of the importance of the Hospedaria da Ilha das Flores as a prime space for receiving immigrants to the country took place among the emergence of new perspectives in hygienism. International conferences advanced new prophylactic measures against epidemics, amid advances in bacteriology. The acceptance of these ideas by the scientific and medical community¹⁸ resulted in the restructuring of the Hospedaria, with the construction of large, well-ventilated lodgings and installation of modern equipment for disinfecting, which promised to exterminate all types of vectors.

Keeping immigrants healthy was the objective of both the Imperial and Republican governments, since both believed that Europeans were mainly responsible for progress and civilization in the country. The Hospedaria de Imigrantes da Ilha das Flores, as the facility that received these immigrants, was not exempt from the scientific precepts of the day. In this way, the installations which were part of the immigrant complex were more than simple buildings, but rather reflected the sanitarian thinking that prevailed when they were built.

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NOTES

¹ Klein reports that between 1880 and 1915, Brazil and Argentina received 2.9 and 4.2 million immigrants, respectively, numbers only exceeded by the United States, which recorded over 21 million immigrants during the same period (Klein, 2000).

² Castle Garden was managed by the state of New York, and received immigrants who came to the United States between 1855 and 1890 (Moreno, 2003).

³ The Hospedaria do Morro da Saúde operated from 1867 to 1881, and was forced to halt its activities in the summers of 1876 and 1881 due to yellow fever epidemics (Almeida, 1877, p.403; D’Ávila, 1882, p.222; Oliveira, nov. 2008).

⁴ According to the logic of occupying the Americas, the land inhabited by indigenous population was considered empty.

⁵ During the imperial government, there were two distinct immigration policies. The first, promoted by the government itself, created colonial centers of small landowners. The second was promoted by the farmers, who were interested in field labor (Iotti, 2001, p.24).

⁶ Average calculated based on information contained in the *Relatórios do Ministério dos Negócios da Agricultura, Comércio e Obras Públicas* (Almeida, 1877, p.411; Sinimbú, 1878, p.58; 1879, p.45; Silva, 1889, p.154).

⁷ In this and other citations of texts from Portuguese, a free translation has been provided.

⁸ Max von Pettenkofer (1818-1901) studied pharmacy and medicine in Munich, graduating in 1843. In the mid-nineteenth century, he monitored an outbreak of typhoid fever in Munich from infected water. Pettenkofer recommended abandoning wells and channeling water directly from lakes. His studies on cholera and typhoid served as an analogous explanation for transmission of yellow fever.

⁹ Period between the months of December and March, characterized by intense heat.

¹⁰ In 1876, the Inspector General of Land and Colonization was created within auspices of the Ministry of Agriculture, Commerce, and Public Works, and was responsible for supervising and directing all services relating to immigration and colonization. Among other tasks, this agency was responsible for providing immigrants with lodging and free transport to the destination of their choice, with complete freedom to establish themselves in the colony of their choosing to reside, as well as guaranteeing access to land, seeds, and tools (Lotti, 2001).

¹¹ In its report, the commission described it as follows: “The land on the island is largely untouched, but the part which has been utilized for gardens, vegetable patches, fruit groves and farmland shows its natural fertility through the development and vigor of the trees and plantations” (Imperial..., 1876, s.p.). The productivity was noted in the large number of trees (there were 800 heavily fruiting grapevines) and vegetables in the gardens, and cassava was planted to produce starch. The island also had chicken coops and livestock pens.

¹² *O Guia do Emigrante para o Império do Brasil* was published in 1884 under the orders of the Inspector General of Land and Colonization, Francisco de Barros e Accioli de Vasconcellos, in order to publicize the support and benefits granted to immigrants to Brazil in Europe (Vasconcellos, 1884).

¹³ This was advertising material distributed in Europe that described the aid and benefits provided to those who decided to immigrate.

¹⁴ In the 1880s, all the other buildings except the infirmary were located in the south of the island.

¹⁵ Later, the mosquitoes *Aedes aegypti*, *Aedes albopictus*, and *Haemagogus janthinomys* were also named as intermediate vectors of the yellow fever virus.

¹⁶ The expression “new hygiene” appears in government reports surveyed by Rebelo (2013), and was used as a way of pointing out certain differences in legislation and in sanitary practices between the end of the nineteenth century and the beginning of the twentieth century.

¹⁷ In 1903, the Clayton gas device emerged as the new star of modern prophylaxis and was used to disinfect ships, cargo, and baggage, promising to eliminate any type of vector (mouse, flea, mosquito) and microbes (Rebelo, 2013, p.781).

¹⁸ From a reading of Benchimol (1999), Rebelo (2013, p.778) argues that a certain convergence between contagionists and anticontagionists came along with the advancements in bacteriology: “In the place of antagonism between the old miasma hygiene and the new science of microbes, what occurred was a rectification of the action of the old assumptions in the light of the strategy of the new, creating a reciprocal translation of beneficial interests for the goals pursued by various parties. For each disease it intended to combat, the old hygiene had to wage battles against the forces of nature, the topography of the cities, the soggy soils. With a specific microbe for each illness, the pasteurians indicated the direction of the battles”. According to Benchimol (1999, especially ch. 7 to 10), the 1890s and 1900s saw intense debates about the prospects of curing and treating epidemics, and the management of Oswaldo Cruz in directing health services in the city of Rio de Janeiro were an important inflection point.

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