

Foreword

The expansion of the historical agenda caused by transformations in the discipline of History during the second half of the twentieth century and the dialogue with other areas such as demography, anthropology and psychology have contributed significantly to the incorporation of new themes and approaches, expanding the universe of historical investigation and substantially transforming the way topics are investigated. These changes were a fundamental factor that contributed to historians turning their focus towards societies' experience regarding health and disease. Until this period, the history of disease and the history of medicine were marginal themes among historians, practically being the exclusive domain of physicians. According to Charles Rosenberg, the history of medicine was a professional history made by doctors for doctors.¹

From the 1960s on, an increasing movement of disregarding the laudatory narratives and the ones marked by the idea of progress within the history of medicine grew and the amount of research expanded in terms of subjects, documentary sources and theoretical approaches. Beyond the evolution of practices and theories, great discoveries and notable characters, new studies considered the perception of patients; social attitudes towards disease and death; therapeutics; the interaction between ecology and society; the construction of academic knowledge and its relationship to the knowledge produced by non-specialists; the dialogue between medicine, state and society; the professionalization of the health field; institutional history; the construction of scientific knowledge related to the body; the environment; health and disease; and in particular, how certain knowledge and knowledge fields are structured and how this knowledge circulates among peers and in society at large.

Within the specific domain of the history of disease, the social constructivist perspective contributed to surpassing the traditional concept, which was an essentially biological approach whereby illness was treated

1 ROSENBERG, Charles E. *Explaining epidemics and other studies in the History of Medicine*. Cambridge: Cambridge University Press, 1992, p.2.

as a physiopathological phenomenon, an entity conceptually specific and ontologically real formed by its objective, natural and organic evidence and exempt of cultural determinations or social attributes. From that point, diseases came to be seen as historically situated objects whose existence exceeded biological meaning and incorporated significance attributed to them by individuals and groups derived from a complex set of sociocultural relationships.² Considering Rosenberg's words again, we can say that disease is a hybrid entity, elusive and impalpable, an "amalgam that involves biological nature as well as the meanings attributed to it" and, at the same time, "a substantive problem and an analytical instrument."³

Among the diverse themes contemplated in the field of the history of disease, studies concerning epidemic manifestations call special attention. Ephemeral, intense and ravishing, epidemics have revealed themselves to be an important inflection point in the history of societies that make possible to examine varied aspects and dimensions of social life during a specific period of time. Positioned at the intersection of nature and society, epidemic events, like other diseases, surpass the biological aspect and acquire meaning from the human context from which they emerge, from the transformations they cause in everyday life – their social, political, economic impact – and from the way they enlighten cultural values in a society, which they highlight. Similar to other tragic social experiences such as war, hunger or natural disasters, epidemics impose common dilemmas including anguish, fear of death and desire to save oneself from danger. They provoke the necessity of survival, the management of tools that contribute to understanding and explaining an experience that escapes logical and emotional structures of normal existence. In addition, epidemics also enable the study of several forms of understanding and interpreting disease, transmission and proliferation, impacts on public hygiene practices and theories, choices of preventive measures and emergency and remedial interventions.

As historiography suggests, a brief examination of studies devoted to this topic in different periods and contexts points to several similarities in social responses to the impasses caused by epidemic crises. Fleeing from infected areas, criticizing authorities, attempting to identify and stigmatize those considered "guilty", the polarization of preconceptions, reaffirming religious beliefs and ritual practices and social mobilization to aid victims are all components of a narrative structure that follows a specific order of exposure, becoming a recurrent pattern that Richard Evans called "the pla-

2 ROY, Porter. *Das tripas coração*. São Paulo: Record, 2004; PESTRE, Dominique. *Por uma nova história social e cultural das ciências: novas definições, novos objetos, novas abordagens*. *Cadernos IG/Unicamp*, vol. 6, no. 1, 1996.

3 ROSENBERG, Charles E; GOLDEM, Janet. *Framing disease: studies in Cultural History*. New Brunswick: Rutgers University Press, 1997, p.XXIII.

gue literature.”⁴ As a “dramatic episode”, the epidemic narrative is similar to a plot that develops along a sequence of predictable acts: denial and progressive recognition; attempt at an explanation that involves scientific, religious and moral elements; the development of a plan of action or response to the episode; and reflection about the experience, seeking to extract lessons from the event.⁵

Considered an intellectual construction, the representations formulated around epidemic experiences acquire vitality since they assume new perceptions about similar events. This can be noted in relation to Thucydides’ description of the Athens plague⁶ or Daniel Defoe’s narrative⁷ on the plague in London. An interesting exercise in this sense is to evaluate the validity and actuality of the representations observed in Thucydides and Defoe using more recent experiences such as AIDS, SARS, avian flu or the present pandemic of swine flu.

However, in spite of these recurrences, the study of epidemics is not limited to a disaster narrative, which is but one way to analyze epidemic episodes. Researchers can use other dimensions as an approach to studying them. It is necessary to recognize that the meaning of these events and their social consequences are framed according to contexts that are specific to the society and the time. The different possibilities of approach and the way epidemic experiences are framed by characteristics that are specific to societies are illustrated in six papers presented in this issue of the *Revista Varia Historia*. Upon its ninetieth anniversary, these texts comprise a dossier devoted to the terrible Spanish flu pandemic that devastated the world in 1918. During the reading of these articles, readers will have the opportunity to observe both common and unique elements that marked the history of this epidemic event in different societies, as well as the richness of problems that can be investigated from an experience of this nature. Here we emphasize a characteristic of the studies that relates to the history of health sciences: well defined delineations in temporal and spatial terms, essential in any historical study, are not always adequate for comprehending the changes in the understanding of the diseases and the epidemics. On one hand it is necessary to compare situations, in different times and spaces, since the virus circulates along with man’s displacement and follows man’s way of living. On the other hand, the forms of understanding the diseases and their epidemic manifestations produce an interpretation about the phenomenon that is altered and adapted throughout time and space. This is not just a matter of protecting a region, but a matter of discussing the disease

4 EVANS, Richard. *Death in Hamburg: society and politics in the cholera years, 1830-1910*. London: Penguin Books, 1987, p.XVII).

5 ROSENBERG, 1992.

6 Tucídides. *História da Guerra do Peloponeso*. Brasília: UNB, 1987.

7 DEFOE, Daniel. *Diário do ano da peste*. Porto Alegre: Artes e Ofícios, 2002.

transmission and the impact of this right into the twentieth century. When we analyse topics in the history of science based on an approach that takes into account cultural interactions, we cannot underestimate the importance of the spread of knowledge⁸ and, in the specific case of the Spanish flu, the spread of the virus as well.

The article written by José Manuel Sobral, Maria Luisa Lima, Paulo Silveira e Souza and Paula Castro reveals the impact of the flu pandemic in Portugal, a country still eminently rural and marked by political and ideological conflicts related to the recent organization of the republic (proclaimed in 1910) and in particular by the government of Sidónio Pais, responsible for the military coup that imposed a conservative, authoritarian government in 1917. The authors address the structural – sanitary, economic and medical deficiencies – and conjectural – the economic and social crises deepened by war and internal political conflicts – aspects to discuss the impact on and the response of Luso-Brazilian society to the pandemic. They trace a broad perspective of the organization of the health services, emphasizing that despite advances in professional training and in the assistance structure, these services were concentrated in major cities like Lisbon and Porto. Associating these data with those related to flu-related mortality, the authors reveal how the disease was more evident in regions lacking administrative control and economic power. The instructions recommended by Luso-Brazilian sanitary authorities to manage the situation did not differ from other countries: map disease expansion through notification; reaffirm methods of individual protection and general hygiene in the absence of specific prophylaxis for the disease; construct temporary hospitals and recruit medical professionals and students to assist the population; and engage and mobilize social resources to aid the poor. Supporting the viewpoint that the epidemic crisis surpassed the government's capacity, the text describes the mobilization of different sectors of the Luso-Brazilian society to face the disease's enormous social impact. Although the health assistance organization in the country was practically unaltered, political alliances instituted by Sidónio Pais' conservative government – opposing some changes initiated with the Republic – seem to have facilitated the organization of the benevolent mobilization that involved the church and sectors of the conservative elite.

Christiane Maria Cruz de Souza analyzes the trajectory of the flu pandemic in Salvador, Bahia. Focusing on data published in the media related to the spread of disease, the author indicates how the pandemic was an event that reached a wide spectrum of the “baiana” society, ignoring distinctions between the rich and the poor, which was due to the virus' airborne transmission route. Despite presenting a form of transmission considered by many

8 PYENSON, Lewis. Comparative history of Science. *History of Science*. XL, pp. 1-33, 2002.

to be more “democratic”, the statistics reveal that the pandemic’s impact was greater in areas with higher concentrations of poorer populations who were more exposed to transmission whether due to living or work conditions, including those confined to reduced spaces, such as laborers or prisoners and those who had to be on the streets and in uncontrolled contact to guarantee their existence like mailmen, dockworkers, beggars and prostitutes. This observation is corroborated by the absence of recorded disease among nuns in the Convento da Lapa. According to the author, the geography of Spanish flu mortality in the capital of Bahia followed the same trend seen in the transmission of the disease, having a much greater impact on the city’s poor. Besides a greater likelihood of disease exposure, precarious living conditions, particularly regarding food, are also identified as predisposing factors for a higher number of victims among the poor. The analysis afforded by the data also contributes to revealing aspects of the spatial occupation and the everyday reality experienced by residents of the Bahian capital. The article also addresses aspects of the authorities’ response to the disease including a delay in recognizing the epidemic, mobilization to aid the poor and actions (at times contradictory) undertaken by public entities. Additionally, the paper illustrates how the epidemic interfered with certain practices and rituals, especially those related to death such as funerals or pilgrimages like for the Day of the Dead.

Unlike the majority of studies devoted to the history of epidemics and the Spanish flu in particular, Elisabeth Engberg focuses her analysis on rural communities in northern Sweden. The author begins with the premise that urban areas are more suitable to organizing effective measures to face epidemics compared to rural areas where public health infrastructure is less developed, more basic and dependent on fewer professionals and a distinct institutional organization. This is one of the factors that helps explain the authorities’ relative lack of action to prevent and face the pandemic as well as the dearth of information recorded in city registers regarding the episode. Even though Sweden was not directly involved in World War I, its population experienced privations caused by the conflict, which significantly influenced the impact of the pandemic as well as the capabilities authorities possessed to face the disease. It is interesting to note the different levels of power involved in health-related matters and, in this sense, the role attributed to local community institutions, which helps clarify the absence of data about the pandemic in city records. As Engberg shows, the sanitary authorities’ hesitation and delay in implementing measures against the pandemic is explained by rather unclear legislation towards the attributes of different levels of power and by the divergence among medical professionals about the nature of the disease and how to fight it. In this perspective, the author evaluates that the actions put into practice by health authorities had a more reactive than preventive character. Furthermore, the majority of the

measures implemented by national authorities to fight the pandemic were more concerned with urban areas and not well adapted to the peculiarities of a rural setting. Through her analysis, Engberg shows how the pandemic experience in rural areas was different than that in the urban context, and thus had a distinct pattern of social response.

Popular reaction towards the pandemic is the theme of Liane Maria Bertucci's article. Presenting a brief description of the expansion of Spanish flu in Brazil and the opinions espoused by sanitary authorities, the author concentrates on the fear that the news of the disease provoked in the population and how preoccupation with this atmosphere of fear was evaluated by those responsible for fighting the disease. The perception that a fearful and restless spirit worked as a destabilizing factor that predisposed an individual to illness had been believed since medieval times and defended by different theoretical schools ever since. As the author illustrates, beliefs in "psychosomatic" medicine were updated and widely held throughout the 1918 pandemic. In that context, arguments by those who advised calm and even the need for a dose of optimism and public entertainment were understandable and were evident during other epidemics of the time and in articles of the present collection. Despite the fact that these beliefs were publicized throughout the country, fear generated by the disease significantly influenced social reactions: isolation, discrimination, escape and the abolition of rites and behaviors that were judged as inappropriate in times of epidemic created city life that the author describes as having a "pace of the epidemic". In addition to the flu's impact on the rhythm of daily life, fear of the disease also led to changing perceptions and sensibilities, often causing brutality and indifference among individuals. On the other hand, increasing anguish and uncertainty caused by fear gave rise to opposite behaviors such as solidarity and generosity as expressed in the broad mobilization to help the ill with donations, food distribution and the frequent prevention tips and homemade remedies published in newspapers. These recipes also illustrated practices and beliefs towards disease and sickness that demonstrated secular experience in which elements of everyday experience, religious beliefs and diverse medical theories mingled. The similarity between social practices seen during the 1918 pandemic and those reported in other epidemics is a revealing example of what historiography has shown to be common social responses during epidemic events.

Maria Isabel Porras Gallo's paper discusses how the sanitary crisis caused by the 1918 pandemic contributed to illustrate the conflicts within the sanitary professions – medicine, pharmacy and veterinary – and to stimulate the professional modernization process experienced by Spanish pharmacists and veterinarians during the first two decades of the twentieth century. According to the author, attention in the historiography related to the health professionals involved in the epidemic in Spain focused mostly

on the role played by doctors and nurses, ignoring other important actors. Prior to the pandemic, doctors and other elites in Spanish society were unanimous in support of improving the country's backward sanitary situation. The improvement process mobilized doctors, pharmacists and veterinarians to renovate and reorganize their professions thus guaranteeing economic and social prestige. Among doctors, this mobilization took place in academic and scientific societies, through parliamentary representation and by identifying sanitary problems and their solutions, which emphasized the scientific preparation of the group founded on triumphant discourse nourished by conquests provided by bacteriology. The epidemic crisis was thereby transformed into a privileged moment for doctors to strive to reaffirm their authority and readiness, if not to control the disease, at least to identify and suggest measures to minimize the deficiencies responsible for the problems caused by influenza. As the author describes, pharmacists and veterinarians would have to take advantage of the same devices used by doctors, with an emphasis on the appeal to possibilities and conquests in laboratory science, to affirm their professional importance, demarcating and guaranteeing their place in the new sanitary organization that was being formed in the country.

The final article of the collection presents an epidemiological focus on the flu in the Department of Boyacá, Colombia. In this analysis of the 1918 pandemic, authors Abel Fernando Martínez Martín, Juan Manoel Ospina Díaz, Fred Gustavo Manrique-Abril and Bernardo Francisco Meléndez Álvarez go beyond the data regarding the Spanish flu, registering the mortality impact attributed to the disease in the 1912 to 1927 period. 106,408 death records in 68 cities of the Department of Boyacá were examined, revealing the impact of the disease in that region including the fact that the pandemic presented behavior relatively distinct from that reported in other regions of the world. The authors divided the period into pre-pandemic (1912-1917), pandemic (1918) and post-pandemic (1919-1927) and report that it was not possible to observe the three waves of transmission seen in the United States and European countries nor the significant increase of victims among young adults that would have given the flu's age-group mortality graph a form distinct from what was normally observed (the U pattern, with mortality concentrated in two extreme age groups and the W pattern, in which the mortality impact was very expressive also among young adults, as verified in studies devoted to the 1918 pandemic in different countries). For the region under study, the data indicate that the groups most affected by increased mortality during the pandemic continued to be individuals older than 60 and younger than 7. It is also possible to verify that, contrary to observations in the pre- and post-pandemic periods, there was a significant increase in the proportion of flu deaths among young adults, even though they did not surpass the increase seen in the two age groups noted above. In spite of

these differences, the data also indicate the significant mortality caused by the disease in 1918 (about six times higher than in the pre-pandemic period) and the concentration of deaths in the last semester of that year, which was also seen in most other countries, confirming the drastic virus mutation in mid-1918. For the post-pandemic period, the data suggest that influenza was recognized as the cause of mortality in the population, assuming a high proportion among recorded deaths, which was not seen in the pre-pandemic period. Together with these data, the authors describe the impact of the disease on daily life in different regions of the Department of Boyacá. As in the other articles of the current collection, criticism of authorities, limited preventive action, social mobilization around victims and appeals to religion and the supernatural for assistance are recurring themes.

The present dossier does not intend to exhaust the possibilities of approaches to the topic of the Spanish flu pandemic. On the contrary, by presenting research from different parts of the world, it seeks to illustrate the potential of the history of the diseases and the epidemics for new researchers. The diversity of perspectives presented in the articles indicates, in addition to the multiplicity of possible approaches, that there is much to be studied and discussed in this field, which is by nature interdisciplinary. We present alternative ways of reading and interpreting an episode that occurred ninety years ago. We look forward to the growth and proliferation of this field of research in Brazil, and we hope it spreads with the same virulence as the Spanish flu.

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