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la fiebre amarilla y el cólera en la ciudad de Buenos Aires, 1867-1871

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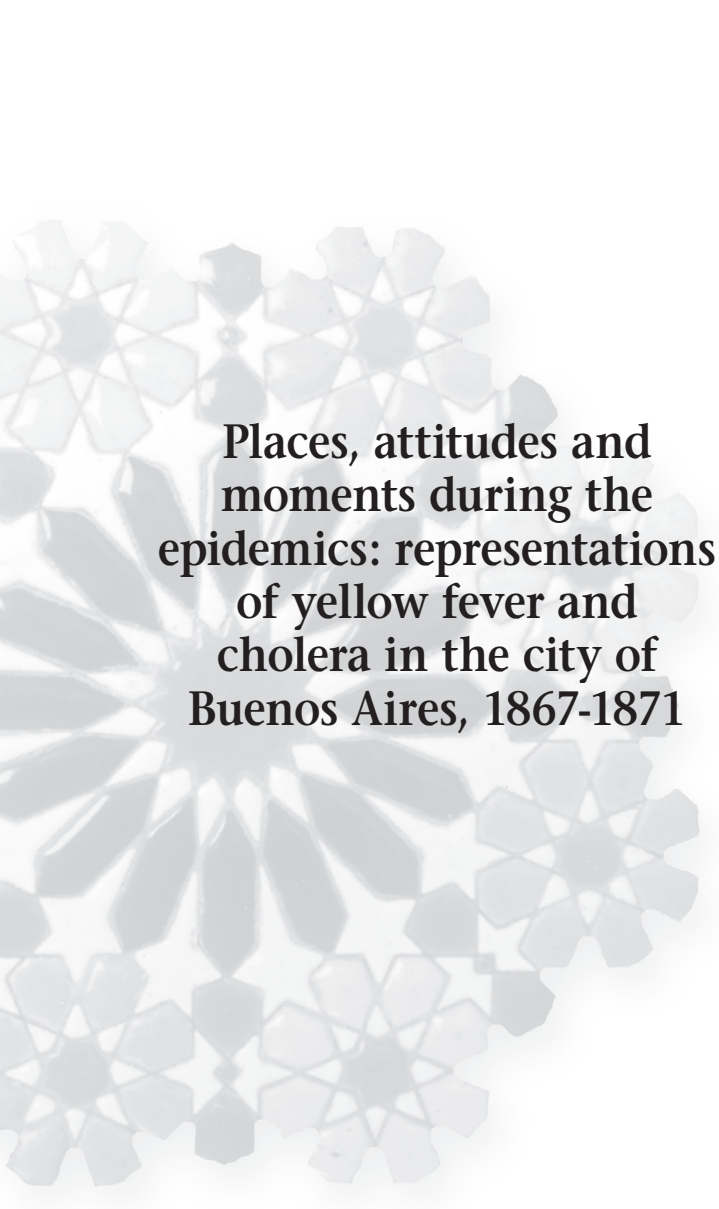
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Places, attitudes and moments during the epidemics: representations of yellow fever and cholera in the city of Buenos Aires, 1867-1871

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Abstract

The goal of this article is to analyze the different representations of health and disease associated with the epidemics of yellow fever and cholera that took place from 1867-1871 in the city of Buenos Aires. It argues that there was a very broad and heterogeneous repertoire of representations that resulted in a variety of attitudes on the part of individuals dealing with the crisis, and led to the transformation of space and social time. In order to handle this traumatic experience, people chose very different methods for maintaining social contact, which was also a way of maintaining their health.

Keywords: epidemics; representations; Buenos Aires; nineteenth century.

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Before the arrival of bacteriology and the growth of modern healthcare systems, epidemics were understood and experienced through a hodgepodge of traditional practices and collective representations. The arrival and spread of diseases like bubonic plague, cholera, yellow fever and smallpox led to real crises in mortality, preventing people from carrying out activities central to daily life (like working, procuring food, and going to school). Corpses – and often patients – were left abandoned, since there was a massive exodus of the population, and the authorities took over the task of burying the dead and assisting the sick and needy. Because people had left the city, there were burglaries of abandoned properties; a swarm of charlatans and sham doctors were hawking infallible cures, and many residents were left without shelter or housing because of the mandatory evacuations carried out by the authorities. But there were also other behaviors that are less well-remembered: on the city streets at night, the remaining residents often lit bonfires. They also gathered in the *pulperías* (gaucho bars), inns and tenements to sing and drink to ward off the epidemic. In Mexico, diseases like cholera, smallpox and typhoid led to similar scenes, often pitting sectors of the population against government authorities (Agostoni, 2016; Márquez Morfín, 1994; Carrillo, 2009). In Brazil, the arrival of yellow fever in the summer of 1849-1850 sparked a great national debate about sanitation. In the city of Rio de Janeiro, there were outbreaks of yellow fever and other diseases every year, and these not only produced huge rises in mortality but hampered all the commercial activities of the growing coffee-producing economy under Emperor Pedro II (Benchimol, 1994, p.247; Chalhoub, 1996). In the Río de la Plata region, smallpox, scarlet fever and measles were the main epidemics, with continual outbreaks throughout much of the nineteenth century. Later in the century, they were joined by two of the most aggressive diseases of that era: cholera and yellow fever (Álvarez, Molinari, Reynoso, 2004).

Given the wide variety of practices that arose during these epidemics, I argue that they should be seen not only as events that disrupted daily life and customary activities, but also as crises fundamentally characterized not only by the rise of a particular disease but also by fear, uncertainty and the sense of a radical departure from central aspects of social life. Sudden widespread death exacerbated this scenario of chaos. These situations led to immediate, large-scale responses from all sectors of society: actions by the state, religious responses, expressions of community solidarity, leisure activities, merry-making and games, but also burglaries, looting and violence towards those thought to be guilty of spreading the disease. Therefore, I propose to examine this particular state of affairs using the concept of a “social crisis,” in order to describe and understand the specific ways that it was experienced and interpreted by social subjects. These responses were both reactions to external conditions and vehicles for constituting states of crisis as events. Those who live through a time of crisis (patients, families and loved ones, healthcare workers and all those linked to the epidemic) are aware that something has been lost, that different forms of suffering have intruded and caused a break from the past that will affect the future (Visacovsky, 2011, p.19; Jones, 1996; Walker, 2012; Dickie, Foot, Snowden, 2002). Thus, in this article I shall examine the ways in which residents of the city of Buenos Aires experienced life during the epidemics of cholera and yellow fever in the latter half of the nineteenth century in outlying neighborhoods with no tradition of these types of diseases.

I shall also examine representations of these events. By representation I mean the work of classification produced by multiple intellectual configurations of the various groups that make up a society; the practices that tend to lead to recognition of a social identity and a particular way of being in the world; and the institutionalized, objectivized ways that the “representers” (either collectively or as individuals) marked the existence of the group, community or class in a visible, ongoing way (Chartier, 2005, p.55).

In other words, how does a community understand health and disease when faced with the challenge of an epidemic? Guided by this question, I argue that notions of health and disease are clearly broader than the framework of regulations governing official medical practices, offering a concept of both health and disease that is linked to central facets of social life such as time, space and the individual body, and that led to a very particular way of confronting the epidemic. Thus, confronting an infectious disease also involved rethinking the city, its inhabitants and the ways they interacted.

To examine these issues, I used a qualitative analysis method, based on a large set of newspapers from the city of Buenos Aires from 1867-1871 (especially *La Nación*, *La República*, *El Nacional*, *La Discusión* and *La Tribuna*). The sources can be consulted at the Archivo General de la Nación, the Biblioteca Nacional and the Archivo Histórico de la Ciudad de Buenos Aires. In the first section, I look at the specific characteristics of both diseases and at the press coverage in Buenos Aires. In the second, I analyze the circulation of theories about contagion and the diseases of yellow fever and cholera, and examine fear as a social category that links notions about health to issues of morality. In the third section, I analyze multiple representations linked to the notion of infection foci and show how they are related to the development of a spatial taxonomy of disease.

Epidemics and representations in Buenos Aires

Like other large Latin American cities such as Lima, Mexico City, Bogotá or Rio de Janeiro, Buenos Aires had a long history of epidemics and diseases: smallpox, measles, scarlet fever and typhoid fever were a feature of everyday life throughout the nineteenth century.¹ However, this scenario was drastically modified by the arrival of two of the most aggressive diseases of the century: cholera and yellow fever. As they spread not only throughout the city and nearby towns but also through the neighboring countryside and the provinces of Argentina, they led to high mortality rates as well as social and even political repercussions due to the combination of a series of factors.

Firstly, in the 1870s there was no unified global consensus on how to control and reduce the incidence of these two diseases. There was opposition between those who supported the theory of contagion, which involved transmission from person to person, and anticontagionism, which held that disease and contagion were caused by atmospheric and biochemical phenomena (such as rotting animal and vegetable matter). Given this uncertainty in the medical community, contradictory methods and healthcare policies were applied, with disappointing results. Secondly, since these diseases were unknown to the population, they generated rumors, fear and growing concern, fanned by the brutal dehumanization undergone by those who fell sick. In late-stage yellow fever, the virus

damages the liver, causing bleeding from the nose, mouth, stomach and rectum, as well as a characteristic yellow tinge in the skin and pupils. This set of symptoms is accompanied by bouts of high fever, delirium and labored breathing (Carranza, 2008, p.57). Cholera, meanwhile, causes acute diarrhea and vomiting, which lead to rapid dehydration of the body, accompanied by fever, intense abdominal cramps, low blood pressure and loss of body heat. The physical manifestation of this collapse is seen in the cyanotic blue color of the skin and sunken eyes. The patient develops severe weakness and lethargy due to dehydration, and starts to look livid, as if already dead. However, in cholera, unlike yellow fever, the patient is conscious most of the time and does not suffer bouts of delirium, which makes the situation even more dramatic, since the sufferer looks like a corpse but is also fully aware of this. Also, all these symptoms come on very rapidly; the patient may die within a day. This particular symptomatology has been seen as central to understanding the social responses – especially the panic – that the sick generated in those around them (Rosenberg, 1992; Evans, 1987; Snowden, 1995; Chalhoub, 1996; Benchimol, 1994; Cueto, 1997; Carbonetti, 2007; Carbonetti, Rodríguez, 2007). Lastly, the transmissibility and high mortality associated with these diseases turned them into a death sentence. By 1871, yellow fever had caused the unheard-of number of 13,614 deaths in the city of Buenos Aires, when the average death rate was 4,500-five thousand per year. As for other cities, Corrientes (which had a population of 11,218) reported two thousand deaths; there are no figures for the death rate in Santa Fe or Entre Ríos (Scenna, 1974, p.188, 404). For the cholera epidemic, it is estimated that there were about 15 thousand victims overall in the province of Buenos Aires, out of a total population of 495,107 (there are no figures for the city). In the city of Rosario alone, there were 1,576 deaths, out of a total of 23,169 inhabitants (Penna, 1897, p.7; Prieto, 2010, p.68). For the city of Córdoba, Adrian Carbonetti (2016, p.290) estimates there were 2,371 deaths, about 8% of the population.

In both epidemics, the nation's capital city was overwhelmed by narratives circulating in the newspapers and in directives distributed by state agencies. This heterogeneous set of discourses was randomly juxtaposed in the newspapers, which at that time were barely two pages long. Thus, scientific articles would appear alongside political critiques of cholera; advertisements for remedies and infallible cures – of doubtful origin – next to an officially recognized method for preventing yellow fever, endorsed by physicians certified to treat the disease; a police report describing wretched scenes during visits to the sick might appear alongside jokes on the epidemic. I feel that this broad, heterogeneous juxtaposition within the newspapers is an indicator of the extent to which both epidemics affected all spheres of social life. Thus it is challenging to try and establish categories for analyzing these discourses as part of a broader social phenomenon linked to disease. I therefore propose not to separate that reading experience into different analytical categories (for example, analyzing exclusively the political or scientific articles), for three reasons. Firstly, medical science did not yet possess firm scientific evidence either for explaining epidemics, or, more importantly, for preventing or stopping them. Furthermore, physicians were not the main sources of health information, since people preferred to use the services of a *curandero* (faith healer) or an *inteligente* (herbalist), and only visited a doctor as a last resort (González Leandri, 1999; Armus, 2002; Di Liscia, 2002; Lobato, 1996; Álvarez, Molinari, Reynoso,

2004). It would thus be wrong to assume that purely “scientific” elements can be separated from other, “popular” beliefs, or that there were features restricted to a single social class or sector. Lastly, while access to the newspapers did require certain skills, such as reading ability, this did not prevent them from circulating among sectors of society where illiteracy was prevalent. People read aloud in *pulperías* and *cafés*, facilitating the circulation of rumors, advertisements for remedies, political commentary and scientific articles.

At the same time, there was no single way of referring to the epidemic: humorous or satiric pieces could both joke about it and also offer a political critique as well as conveying notions about health and disease. Thus, while the press circulated different types of advice and ways to fight the disease issued by medical circles and municipal authorities, production and circulation of these scientific types of knowledge was not limited to these sectors; they also drew on ancient notions of health and disease that were present in society. Many were thought up by the writers themselves (who were not necessarily specialists on the topic) and their approach allows us to compare different types of reappropriation, often directly contradicting what doctors and specialists were recommending. This is why the funny anecdotes, rumors, advertisements and short stories published in the newspapers during the epidemics are relevant. They all contribute to enriching the narratives of people who commented on, laughed at and worried about the news of the epidemics conveyed by the newspaper in their hands. These images and texts allow us to reconstruct the range of meanings circulating during and after these catastrophes.

The frightened, the cowardly and the reckless: reactions to fear

The arrival of the two diseases, which resulted in a proliferation of cases and mounting social alarm, created a scenario of escalating terror and panic. One of the main reactions among the population was to flee from places considered unhealthy, and people from all over the city retreated to nearby towns. There was abundant press coverage of dramatic, wrenching scenes, criticizing the abandonment of the sick and dying by family members and neighbors who became panic-stricken and fled. However, I believe that it is fundamentally humor that allows us to retrieve a set of representations of fear that are linked to disease and health. Reading the jokes for the assumptions underlying them, we can detect many of the values and themes that were circulating during the epidemic. While certain rules and clichés were upheld (for example, not making obscene or hostile jokes), the presence of this type of humorous narrative on topics like death, cowardice and disease during an epidemic calls for analysis of the content. At a time when so many deaths and acts of violence were occurring, the newspapers were full of jokes, anecdotes and tragicomic vignettes of all kinds that focused, among other themes, upon fear and cowardice.

Although there were fears of different kinds (such as the fear of being buried alive or abandoned), one of the themes most often seen in these jokes is dying from fear of catching the disease. In other words, this was a particular form of fear that could actually lead to death. Thus, in the commentaries and humor section, *La Nación* (1867-1871 [15 ene. 1871]), a daily paper, published the following:

- Daddy, what is yellow fever?
- Yellow fever is a man who gets scared, takes to his bed, calls for the doctor and dies.²

This joke was republished in another daily paper, *La República* (1871 [2 mar. 1871]), thus circulating it even further. On a similar note, during the cholera epidemic, papers like *La Tribuna* and *El Nacional* came up a new nickname for the epidemic: *julepis morbis*. This is a play on words between the medical name for cholera (*cholera morbus*) and an Argentine slang term, *julepe*, meaning a fright or sudden reaction of fear or panic. Playing on the nature of the disease itself, the writers proposed measures both for cholera and *julepis morbis*. The measures for preventing *julepis* were being of “steadfast mind, and establishing the truth rather than giving credit to foolish utterances and the fake news circulated by a few faint-hearted types” (*El Nacional*, 1867-1868 [16 dic. 1867]; *La Tribuna*, 1867-1871 [2 dic. 1867]). *La Nación* (1867-1871 [2 feb. 1871]) also attributed deaths to fear, remarking that “fear is worse than yellow fever/All deaths are chalked up to the latter while the former chuckles at its impunity.” Thus, this type of fear was linked directly to death, the impossibility of preventing it or handling the crisis properly. The expression “dying of fright” thus took on a literal meaning.

This particular way of understanding fear was not limited to newspaper writers, since similar notions were circulating within the medical discipline. Broadly speaking, there are two medical concepts for understanding the origin and spread of diseases that help us see how Argentine society understood the epidemic. One of them was that of an “imbalance in the passions” (the other will be analyzed in the next section). This concept was not invented by nineteenth-century medicine; it had featured in notions of health and disease from ancient times. It can be seen as a notion shared by different sectors of society. Charles Rosenberg states that doctors and patients shared a common underlying approach to understanding disease, regardless of differences and conflicts about treatment methods. Within that common framework of reference, the body was seen, metaphorically, as a system of dynamic interactions with the environment. Health and disease were thus the result of an interaction between a particular person’s constitution and environmental conditions. Two corollaries flow from this notion. The first is that all parts of the body are inevitably and inextricably linked; that is, that emotions affect and modify the body, and vice versa. This explains why imbalance of the passions was seen as a determining factor: in times of epidemic, hatred, sadness and above all fear were believed to impact the body (the current term for it would be a “psychosomatic” effect). Secondly, the body was seen as an input-output system (taking in food and air, excreting sweat and waste), a system that needed to stay balanced for the individual to remain healthy. The creation of a system of this sort is usually associated with the theory of the humors – and this theory was indeed widely held among doctors of the Royal Academy. However, Rosenberg (1992, p.13-20) proposes that we think more in terms of a “holistic” concept of the body, shared both by specialized circles and by the population as a whole.

References to measures like quarantines, isolation hospitals and health commissions can be seen in the press coverage, but such measures belong to another topic of discussion, since such monitoring was handled by governmental agencies. Articles in the press focused

more on recommendations to city residents. For those unable to flee, doctors recommended moderation in all activities: food, drink, sex, work and rest – all had to be practiced in a restrained manner. The *Revista Médico Quirúrgica* remarked that:

Yellow fever is now present in Buenos Aires ... but whether one flees or stays, it is important think neither of heaven, nor the hereafter, nor of what might happen to one's family if one dies, or anything else that might tend to bring one's spirits down. One should think only of the moment ... It is a good idea to imagine one is faced with a panther; one has to watch its eyes to try and dodge the leap that threatens one's life; if one is caught off guard, the story is over; if the panther misses, one can stab it with a dagger ... 'the coward is like a man overboard' ... in normal times, it might not be so reprehensible for a man to be timid, lily-livered or even loud-mouthed, but when a storm is coming in, cowardice and panic are unpardonable (La fiebre, 23 jul. 1871, p.118; emphasis mine).

In 1871, Juan Golfarini, a physician on the Hygiene Commission for San Telmo,³ also published a newspaper article attempting to reduce the epidemic to a handful of cases (he called it a “very mild epidemic”). He recommended not alarming the population, “because we must not forget that there are people who get sick and die of fright and nothing more than fright” (La Discusión, 28 feb. 1871). The suggestions of physicians and journalists blurred the border between morality and science, since excess (of fear, in this case) was cast as a factor in contagion and propagation of the disease. The paper *La República* tells a joking story in its gossip column or “Gacetilla” in which the paper's own editor falls sick and then is cured of yellow fever. At the end of this account, the writer comments:

Yellow fever, now you know/I'm not afraid of you/and I don't give a fig/who you kill ... I throw you this gauntlet/and challenge you to a duel./Do you think that because you've kept me prostrate/all this time/that I've given up?/You're out and out wrong ... I know that in battle/you use whatever weapon comes to hand/and you attack the anxious/and even more the fearful/and the imprudent, who/eat to excess at lunch and dinner ... If you accept my challenge/and respond to my entreaties/I beg you to send me/a note right away .../(and I'll go to Ternan and you won't see hide nor hair of me again) (La República, 1871 [26 mar. 1871]).

Places and moments during the epidemics

In the previous section, I mentioned that there were two concepts for explaining the spread of disease that were shared throughout society: one of these was “imbalance in the passions.” I will now examine the other concept, which was of “miasma foci.” Miasma theory is very ancient; broadly, it referred to air and soil contaminated by rotting animal and vegetable matter in the environment, as well as overcrowding of human beings in cramped spaces (Larrea Killinger, 1997, p.139). While this notion was held more by the producers of scientific knowledge (mainly physicians and chemists), it was widely-known among the population via the term “foci of infection.” Whether referred to as infection or as miasma, the concept privileged spatial and sensory characteristics (sight, smell) and was associated with the idea of fermentation, which was widely familiar. In some cases, the climate and

other atmospheric factors were granted a structural role. It was thought that the atmospheric and geographic conditions of a place (humidity, climate, soil, rainfall) could cause illness *per se* by interacting with other substances in a particular way. This notion complemented the theory of imbalance of the passions, since it emphasized unhealthy places and spaces. The newspapers constantly carried reports of different scientific methods for dealing with such places. Frequently featured were reports by the Consejo de Higiene Pública (Public Hygiene Board), signed by director Luis María Drago and secretary Leopoldo Montes de Oca (El Nacional, 1867-1868 [18 oct. 1867]; La Nación, 1867-1871 [1 mar. 1871]; La Tribuna, 1867-1871 [5 abr. 1867]). Articles from the *Revista Médico Quirúrgica* were republished (El Nacional, 1867-1868 [31 ene. 1868]), as were other pieces by medical professionals such as Golfarini and other less prominent figures such as doctors Abate, Gorry and Weiss. These can be seen as clear examples of the eclectic nature of beliefs among professionals about the causes for the spread of the epidemic. Abate saw it as due to the lack of electrical pressure in the air, a determining factor that prevented the combustion of miasmas and thus generated foci of infection in piles of garbage and other refuse. His advice was to close all the slaughter-houses and *saladeros* (hide- and meat-salting plants). Among other preventive measures to protect people's health, he noted:

it is known that alcool [*sic*] in general and ammonia in particular possess the ability to make dark red blood turnlight red quite rapidly, that is, turning venous blood to arterial blood. I believe that one of the main remedies physicians should use to cure their patients is ammonia, and preferably ammonium acetate, a full teaspoon of which may be administered every two hours (La Nación, 1867-1871 [1 abr. 1871]).

Lastly, he opposed emetics and purgatives, which were frequently used in other types of cure. For Weiss, however, the epidemic could not come from agents in the air, since "air is too widely distributed and moveable an element to be able to constitute the origin and focus of epidemics." He felt that "it is through the 'soil' and not the air that the epidemic spreads, following its course practically from house to house and attacking the available people, leaping around when an infected person travels to another place, and forming new foci of infection and propagation there" (La Nación, 1867-1871 [18 abr. 1871]; emphasis in the original). As for curative methods, he proposes widespread and mandatory disinfection of the city using phenic acid, but does not mention how to treat patients once they have contracted the disease. Gorry, meanwhile, devoted his articles and advice specifically to treating the sick. He does not propose emetics, but does recommend a purgative. His treatment is based on enemas, that is, irrigating the patient's body with asafetida (a plant derivative, now used in cooking), along with quinine (La Nación, 1867-1871 [2 abr. 1871]).

These methods and theories were not the only ones to appear in the newspapers, and this brief description of them is meant to suggest the wide mix of ideas circulating during the epidemics. Thus, while the theory of imbalance in the passions involved individual self-control, the complementary notion of miasma foci involved and constructed different spatial scales, from regions of the world where atmospheric properties caused certain diseases, to different spaces in the city itself that generated and reproduced disease. In other words, the notion of foci separated health-promoting areas from unhealthful ones, diseased

areas from healthy ones. Nevertheless, this process of geographic boundary-drawing was not static, but evolved as the epidemic worsened, reconstructing a whole imaginary of space and how it should be inhabited as the death-toll rose and the crisis worsened.

Once cases of cholera and yellow fever began appearing in the city itself, discussion of infection foci is seen in general articles in all the newspapers (*La Nación*, 1867-1871 [8 feb. 1868, 10 feb. 1868, 2 mar. 1871]; *La Tribuna*, 1867-1871 [12 mar. 1867, 15 mar. 1867, 1 abr. 1867, 26 feb. 1871]; *La República*, 1871 [15 feb. 1871, 27 feb. 1871, 1 mar. 1871, 13 abr. 1871]). In principle, we can establish an initial scale of a broad, regional nature, since both diseases arrived as cycles of major pandemics suffered by the whole region. Thus, in the months prior to the beginning of both epidemics, there were brief articles on the course of the diseases, mostly in western European countries (France, Britain and to a lesser extent Spain) and Latin America (almost exclusively Brazil). The main regional context for the 1867 cholera epidemic was the war in Paraguay, which was considered the principle focus for the new cases. The papers reported the news arriving from Paraguay, as well as other cities like Montevideo, Corrientes and Rosario (*La Tribuna*, 1867-1871 [27 mar. 1867]; *El Nacional*, 1867-1868 [31 oct. 1867]). Other parts of the world were seen mainly as a latent threat to Buenos Aires in this relationship. In the humor columns there were descriptions of “the son of the Ganges and the daughter of the Mississippi” being assiduous visitors to the city, making it a dangerous place (*La República*, 1871 [2 mar. 1871]; *La Nación*, 1867-1871 [11 abr. 1871]). In many of these articles, the two diseases were personified. They were given anthropomorphic qualities, allowing the writers to stage conversations and love relationships between cholera morbus and the Black Vomit – this last personified as a close cousin to yellow fever – in a family that leaves Asunción to come “see the Carnival festivities” (*La Nación*, 1867-1871 [9 feb. 1871]; *La Prensa*, 12 feb. 1871). At this first level of representation, the focus of infection was made up of countries and regions with which the city of Buenos Aires had commercial and cultural connections.

The second level appeared when the first cases were confirmed. Denunciations of local infection foci started appearing. The papers referred especially to a series of places: the Riachuelo (the river south of the city), the meat-salting plants and, to a lesser extent, the tenements. For example, on February 7, 1871, with confirmed cases of yellow fever in the parish of San Telmo, the daily paper *La Nación* (1867-1871 [7 feb. 1871]) asked:

how could the bad seed not have been incubated in the South of the city, when it is only propagated on river banks, when that propagation almost certainly takes place next to polluted waters and when we have that area fertile in decay known as the Riachuelo, which poisons the air we breathe and the water we consume every day?

Thus the coastal – and imported – nature of both epidemics was connected to the image the Riachuelo as a precipitating factor for cases of the disease, which threatened to spread to the whole city and the neighboring towns (*La Nación*, 1867-1871 [15 feb. 1871]; *La Tribuna*, 1867-1871 [28 mar. 1867]; *El Nacional*, 1867-1868 [20 sep. 1867, 7 dic. 1868]). It is important to understand that in the mid-nineteenth century, the commercial, political and cultural life of the city of Buenos Aires ended just one kilometer south of the Plaza de Mayo, in the parish of San Telmo; between that and the meat-salting plants on the banks

of the Riachuelo there were smallholdings and wasteland. Therefore, while the mouth of this river and the “town of la Boca” were neighboring areas, geographically speaking (the Plaza de Mayo is only five kilometers from the Riachuelo to the south), they constituted a second periphery to the city center, and thus a separate focus of infection (Silvestri, 2003; Scobie, 1986). The almost immediate association with the Riachuelo rapidly progressed to describing the activities of the meat-salting plants as the principal polluters, to the point where the city government proposed shutting them down and the Provincial Senate decided to go ahead and do this in early March 1871.

The third and last level can be seen in complaints within the city. These began to arise as large numbers of cases began emerging across the different parishes. The places that were the prime object of complaint were the tenements (La Nación, 1867-1871 [1 mar. 1871]; La Tribuna, 1867-1871 [1 mayo 1867]; El Nacional, 1867-1868 [17 dic. 1867]). But, as cases rose, street corners, sidewalks, empty lots, streets, and even the city’s soil were considered infection foci. This idea spread throughout the city, and the city itself came to be seen a focus. One of the most widely circulated articles was entitled “The death-rate and its causes,” published in *La Nación* when yellow fever cases spiked in 1871.⁴ The piece refers to all the issues identified above, giving a picture of a city surrounded by and built upon filth and neglect. It also adds an element that reinforces previous representations by presenting “a painful contrast” between private and public space. The author’s tour of city space begins in houses with “marble moldings and windows through which piano-playing can be heard,” in which everything is clean and in good taste: the yards, furniture, clothing, decorations and even the people who live there. These homes “of modest families” are the victims of pestilent vapors emanating from the garbage heaps that are never collected by the city. The writer then leaves the private sphere and starts listing places around the city, showing it not only surrounded by rotting refuse but infected itself, reproducing diseases. After mentioning the Riachuelo, “handed over to the salting-plant owners for them to poison,” it describes multiple miasma foci: poisoned underground water sources, fetid air because the streets are full of refuse, cemeteries that have become public rights of way and where “the dead and the living mingle in terrifying promiscuity,” hospitals in the city center, slaughter houses that allow “the blood and entrails of everything Buenos Aires eats to rot on the ground,” mud that appears with the firstlight rains, and “human stockpiling” (tenements), where hundreds of people lived crammed together. All these elements make for a sick city, and the author begs readers to fight “to cure the cancer devouring us” (La Nación, 1867-1871 [4 mar. 1871]). The articles on infection foci give long, detailed descriptions in a narrative style that invites the reader to walk through the streets full of filth, tenements and refuse.

These scales and concepts can also be seen in other writers, fundamentally the private diary of Mardoqueo Navarro, one of the most valuable documents for examining representations of the 1871 epidemic.⁵ In it, Navarro records brief commentaries and perceptions of various topics. For the purposes of this article, it is interesting to see when the places I mentioned earlier start to appear. Thus, after the first confirmation of yellow fever cases in the parish of San Telmo, on February 8 we find the first mention of the Riachuelo and the meat-salting plants. For the rest of that month, the Riachuelo is mentioned almost exclusively. The epidemic lasted from late January through late June of

1871, but a qualitative change occurred in late February and early March. The rate of cases in the 1871 epidemic spiked at the end of February, and that is when references to other unhealthy places began to occur. On February 24, Navarro wrote: "The fever has jumped from San Telmo to Socorro," and he stops discussing the Riachuelo, referring instead to the increasing numbers of reports of infection foci (March 1), then focusing more on the tenements and markets (March 4). He writes that "everything is being done against the foci and everything is a focus" (March 7), and then claims that there are "thousands of foci" (March 8) (Scenna, 1974, p.475).

Thus, the different ways of referring to the infection foci construct a geographic framework of the city that is not random, but shapes the protagonists' own representations of the city and its surroundings, its healthy and unhealthy places, in accordance with contemporary hygiene doctrines about the spatial structure of the city. Authors like Fernando Aliata (2006, p.129-130) and Graciela Silvestri (2003, p.163) have shown that in the late nineteenth and early twentieth century, reflections and discussions on the causes of disease turned from the climate to the urban environment as a source of contagion. The fundamental principle was to locate everything that was "useful and healthy" in the city center and move things that were dangerous or inharmonious to the outskirts of the city. A real taxonomy of space began to evolve in which there were proposals to decentralize the city, on the grounds that the Riachuelo and the countryside south of the city should be designated as places where the city sanitation problem needed to be addressed. The evolution of references to the Riachuelo, the meat-salting plants, the tenements and then all parts of the city show not only that these beliefs were at work but also that a spatial representation of the city was emerging from the discourse and redefining it. Buenos Aires would always have meat-salting plants, garbage dumps, livestock pens and tenements, but in the context of the epidemic these were re-identified and re-signified as pestilential places.

Faced with infection foci, the alternative was to flee to healthier locations or to combat the infection by disinfecting the environment in various ways. Fleeing involved physically relocating, which had an impact on conceptions of space, both the place left behind and the destination. Thus, when the city became seen as a focus of infection, it turned neighboring towns like Morón, Flores and even ones further afield like Chivilcoy into examples of healthful locations. Their physical distance from Buenos Aires became a positive feature, and there was a spate of advertisements for houses in Morón deemed healthy "against cholera" (La Tribuna, 1867-1871 [10 abr. 1867]). This also happened in Lomas de Zamora, Quilmes and other towns. During these months, advertisements in the daily newspapers for house rentals carried titles like "Healing Methods," "Great Prophylactics," or "Escape, Escape, Escape!" (La Tribuna, 1867-1871 [22 mar. 1871]).

The mass relocation led to strong condemnations of those who abandoned the sick, but as the days and months of the epidemic passed, a dynamic grew up whereby many working people traveled from the countryside to their jobs in the city every day and then returned to the town where they were living. The frequency of commuting led in both epidemics to requests by residents for a reduction in the price of train fares, which was granted by the authorities.⁶ Likewise, while this experience of relocation was generally a

dramatic one for the less affluent, it also constituted a very particular kind of experience for wealthier folk, who – according to the newspaper correspondents dispatched to these towns – saw the epidemic as a chance to take a vacation. Spatial relocation to places outside the city was connected to a particular experience of time, marked by the festivals that these towns held daily. The papers mentioned that while in the city “people are going around in a state of disguised panic, the panic-stricken who fled to the country are having a great time dancing in Moreno, Morón, Flores, Villa de Mercedes and Chivilcoy. There are non-stop social gatherings. If it is true that a cheerful frame of mind is a good preventive against cholera, we should be delighted to see these dances continue” (*La Tribuna*, 1867-1871 [23 abr. 1867]).

This notion of merry-making as a way of combating the epidemic was not only seen outside the city. At night, residents who had stayed in Buenos Aires lit bonfires on street corners. People gathered in the *pulperías* and tenements to sing and dance to ward off disease. An article by the Hygiene Commission for the Cathedral parish in the south, published in the newspapers, ordered its inspectors to “break up any gatherings going on after nine o’clock at night in the ‘taverns, *pulperías*, slums’ etc., and oblige the people present to follow habits of life that are more in accordance with the regulations issued by the Hygiene Board” (*La Tribuna*, 1867-1871 [8 mar. 1871]). In a similar vein, *El Nacional* (1867-1868 [24 dic. 1867]) commented on the “hullabaloo” of people gathered on “the corner outside the Café de los Catalanes” (at the intersection of the streets now known as San Martín and Tte. Gral. Juan D. Perón) who were watching two horsemen vying with each other by jumping over the bonfires set up “in the very middle of the street.” On a less critical note, *La Tribuna* (1867-1868 [25 abr. 1867]) celebrated the fact that “the populace fills the streets with bonfires at night, believing them to be a prophylactic against cholera.”

The residents’ initiative, which some newspapers suggested extending to all city blocks, shows a use of light-hearted entertainment that was, once again, a mixture of science and custom, since the bonfires were seen as a type of disinfection. This practice, which was widespread in towns and cities in Europe and Latin America, sought to disinfect and cleanse the atmosphere when the threat from rotting matter in the miasma foci loomed, in a kaleidoscope of bad smells. Rue, juniper and tar were all used to combat fetid air (Corbin, 1987; Snowden, 1995, p.145; Evans, 1987, p.365). During the yellow fever epidemic, the Public Hygiene Board decided to ban the fires, which led to pointed criticism from the daily paper *La República* (1871 [4 mar. 1871]), which argued that the bonfires on the city streets provided a cheering sight that helped people forget the threat of death. The belief that fire was a way to eradicate pestilence meant that parish hygiene boards were criticized for prohibiting city residents from lighting bonfires, when they themselves were building fires to burn the clothes and possessions of the sick and deceased found in their inspections. In any case, these municipal ordinances do not seem to have been obeyed, since in late April 1871 (when the number of new cases in the epidemic had abated notably) the topic was still being discussed in the news. *La Tribuna* (19 abr. 1871) agreed with other papers that “even though bonfires may at times be dangerous, because of some of the materials being burned, they clearly provide a powerful means of cheering up the residents, however sad

the situation they find themselves reduced to nowadays! ... Fire is undoubtedly the thing that provides the greatest distraction for the spirits!"

Other, similar popular practices included the burning of "Judas" effigies. *El Nacional* (1867-1868 [23 dic. 1867]) invited residents around the Plaza de Lorea to get together on December 24, 1867, "to provide a relaxing interlude burning a Judas, and celebrating the moment with a brass band. So go to Lorea to support Death to Cholera". In April of that year, *La Tribuna* (1867-1871 [12 abr. 1867]) had commented on an initiative by some Italians who built a "large Judas and hung it up in the street, causing a crowd to gather round." The effigy held a watermelon in one hand and a tomato in the other, and wore a sign saying: "Il colera quemay in forma di Juda Iscarioti con sucomitiva di pepino, sandia e tomate" (Burning cholera in the form of Judas Iscariot with his committee of cucumber, watermelon and tomato). This elicited "approval from all who saw it." Along similar lines, in February 1868, when the cholera epidemic was drawing to a close, a mob paraded round the streets carrying a coffin and other allegorical objects such as brooms and spades, to symbolize the burial of cholera.

Lastly, the bonfires in the streets and the celebrations in the countryside contrasted with the silence and desertion of the city. In 1871, Mardoqueo Navarro mentions in various entries in his diary the depopulation, the disappearance of business activities, and the repeated burials of the dead as being the only disruption to social life.⁷ This different experience of time during the epidemics was also signaled in the humor columns, which show how people felt about living in an altered time. On the one hand, it meant the end of church bells marking time (initially because, with so many deaths, the bells tolled constantly, and later because the violence of the epidemic created such silence that one never knew what time it was). On the other hand, as commercial life vanished at the docks and in the stores along with the mass exodus from the city (few people stayed in Buenos Aires), contemporary accounts described a new way of experiencing the passing of time, altered by the epidemic. These helped create a representation that was revived when the first books were written on the yellow fever outbreak: during those months, Buenos Aires "died." Paul Groussac (2001, p.74), one of the first to commemorate the epidemic, recalled the following:

as we rode through the countryside, passing farms, we had been chatting almost cheerfully. As we drew closer to the Retiro, however, without realizing it, our conversation started to lag and there were long periods of silence. As we entered Florida Street, which was mute, empty, and dark, with no other life apparent, the tar fires on some of the street corners with their flickering flames cast fantastic shadows among the 'visible twilight.' I can still hear the good Englishman, who had fallen silent some minutes ago, saying to me in a hoarse murmur, 'This is too sad: let's gallop.' So we galloped full speed into that immense necropolis.

Final considerations

In this article I have tried to reconstruct the meanings, representations and attitudes associated with the epidemics that swept through the city of Buenos Aires from 1867 to 1871. As we saw, representations of these epidemics were not limited to portraying

the demographic catastrophe that was occurring; rather, there was a very broad and heterogeneous repertoire of reactions, which led to different attitudes among individuals facing the crisis, and caused a transformation of space and social time. This shows that during an epidemic, just as in wars or natural catastrophes, people need ways and practices for rationalizing the crisis that will also lend meaning to the experience of witnessing massive death in a community over a period of months. Those who live through what has been termed a “state of crisis” are aware that something has been lost, that different types of suffering have intruded, and that a break with the past has occurred that will affect the immediate future (Visacovsky, 2011, p.16; Walker, 2012). A cultural roadmap is needed to make sense of the epidemics by connecting that traumatic event with the history of the society in which it occurs. I use Colin Jones’ proposal that epidemics offer a dystopic vision of the individual and the community, since the social connections and conventions that govern everyday life are strained and broken (Jones, 1996, p.109). The interesting thing is that in order to deal with this traumatic experience, people sought a variety of very different ways to maintain social connections, which was also a way of staying healthy. These included following the suggested hygiene measures and notions about contagion, holding gatherings and bonfires, even using short stories and humor as a way of handling the experience. Humor is clearly one of the first attitudes to be overlooked when epidemics (especially the yellow fever epidemic of 1871) first began to be commemorated in books published in the early twentieth century. What got lost in the process was not only a particular way of handling and representing social crisis but also an entire way of understanding and conceptualizing health, the body and disease.

NOTES

¹ The percentage of the overall mortality rate due to infectious and contagious diseases was particularly high from 1869 to 1889: on average, it was 14.4%, and some years it was over 20%. The diseases included, by order of magnitude, tuberculosis in first place, followed by smallpox. Diphtheria and typhoid fever were the most widely feared, but were less prevalent by comparison (Álvarez, Molinari, Reynoso, 2004, p.24).

² In this and other citations of texts from non-English languages, a free translation has been provided.

³ The Hygiene Commissions were a type of association set up by the city government to combat the epidemics. Following the division of the city into parishes, each commission was composed of a member of the city government, who acted as president, and a group of residents who handled administrative tasks and provided resources for the sick and needy.

⁴ The article was reprinted in other papers like *La República* (el 5 mar. 1871). *Revista Argentina* (a literary review edited by Juan Manuel Estrada and Pedro Goyena) also carried it, adding that “it contains a great truth of observation and rigorous and terrifying conclusions that should teach us a lesson. It was originally published in the daily newspapers ... and we wish to rescue it from the rapid oblivion to which such pieces, however worthy, are consigned in that publishing medium” (La mortalidad, s.f., p.516-527).

⁵ Mardoqueo Navarro was an Argentine businessman and diarist who was born in the province of Catamarca, in 1824. In the mid-1840s he moved to Buenos Aires and then spent the whole of the following decade in Rosario, where he worked as the manager of a meat-salting plant belonging to General Justo José de Urquiza. By the late 1860s he had been living in Buenos Aires for some years and writing articles for the newspapers. He was well-known for the diary he published in 1871 after the yellow fever epidemic. In later years, he traveled around the coast of Argentina and in 1881 published his last book, *El territorio nacional de Misiones* (Navarro, 1881). He died in his native city the following year, at the age of 58.

⁶ In 1871, this took place in March; for the cholera epidemic, it occurred on December 18, 1867.

⁷ March 22: Death. Panic. Loneliness. Muggers. 300 tons of garbage a day./April 9. Businesses closed. Streets deserted. Doctors scarce. Dying people untreated. Anyone who can is fleeing. Heroism on the part of the People's Commission./April 11: panic rules (Scenna, 1974, p.475-476).

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