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UMI
MODERNIZATION AND HUMAN WELFARE:
THE ASISTENCIA FÚBLICA AND BUENOS AIRES
1883-1910

DISSERTATION

Presented in Partial Fulfillment of the
Requirements for the Degree Doctor of
Philosophy in the Graduate School of
The Ohio State University

By
Ernest A. Crider, B.A., M.A.

* * * * *

The Ohio State University
1976

Reading Committee: Approved By
Dr. Donald B. Cooper
Dr. Allan R. Millett
Dr. Alfred E. Eokes

Donald B. Cooper
Department of History
I dedicate this work to my wife and daughter who have shown abundant patience and understanding during the long period of work that has gone into this dissertation.
The subject of this study is the Asistencia Pública as an instrument of modernization in Buenos Aires. My own interest in Argentine development under the landed oligarchy, and the absence of any work of its kind on the growth of public health and welfare services in Buenos Aires, prompted this endeavor.

The span of time involved in this study, 1883 to 1910, demands some explanation. The earlier date was the year when the Asistencia Pública was founded. The year 1910, a centennial year, was chosen because it marks the apex of development under the landed oligarchy, and because in the eyes of many Argentines 1910 signalled a coming of age of the city as a modern metropolis. Moreover, it avoids shaping the history of the Asistencia Pública within the context of a presidential synthesis approach. Finally, the growth of the Asistencia Pública itself was incremental; therefore its development offers no convenient date to terminate a study of municipal health services.
The author relied heavily upon official municipal sources for information and materials related to the Asistencia Pública. Included are annual reports of the municipal administration, of hospitals, and of other facilities. City council minutes and medical studies written by principal members of the Asistencia Pública were the subject of intensive review. In addition, the principal medical journals were extremely helpful for the entire period. The author also consulted travel accounts and La Prensa, an important newspaper. Total utilization of archival and newspaper sources was not possible because of the vast amount of municipal and medical materials that had to be examined. Further and more definitive studies would have to be based upon direct archival research and upon a more thorough survey of newspaper sources than this author was able to undertake in one year in Argentina.

To the many individuals who extended assistance in research, this author owes a debt of gratitude. A summer research grant from the Department of History of The Ohio State University made possible preliminary work in the National Library of Medicine in Bethesda, Maryland. A State Department Full Grant afforded the opportunity for a year of research in the Biblioteca de la Facultad de Medicina of the
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The author owes a considerable debt to his wife and daughter who have coped with financial insecurity and harassment during the long period of research and writing. Finally, my adviser, Dr. Donald B. Cooper, has been most patient during the vicissitudes of this work and merits recognition for his efforts. Any errors or misjudgments are, of course, the responsibility of the author.
VITA

May 15, 1942. . . . . . Born - Stevensville, Montana


1966-1971 . . . . . . . Teaching Associate, Department of History, The Ohio State University, Columbus, Ohio

1973, 1974, 1975 Spring Quarters. . Teaching Associate, Department of International Studies, The Ohio State University, Columbus, Ohio

FIELDS OF STUDY

Major Field: History

Spanish American History, National Period.
Dr. James R. Wilkie

American Foreign Policy.
Dr. Marvin Zahniser

U.S. Civil War and Reconstruction.
Dr. Merton Dillon

Nineteenth Century Europe.
Dr. Peter Larmour
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INTRODUCTION

BUENOS AIRES: CITY IN TRANSFORMATION

The commercial center of Argentina since the eighteenth century, Buenos Aires numbered 286,000 inhabitants by 1880. It was the unquestioned economic, social, political, and cultural center of the republic. Furthermore, Buenos Aires was on the verge of a thorough transformation which would convert the city into the leading metropolis of South America by 1914, with a population of 1,575,514.

Several factors account for this transformation. In the late 1870's the immediate priority for the nation was to establish internal security on the pampas and a political capital. The "Conquest of the Desert" from 1876 to 1880 removed the Indians to the other side of the Río Negro (Black River) thus opening the pampas for agricultural and pastoral exploitation in a condition of peace and safety. The federalization of the city of Buenos Aires after a brief civil war in 1880 solved the "Capital Question" which had, in one form or another, plagued
the country's political life since early in the
nineteenth century. Thereafter civil conflict over
the relationship of Buenos Aires to the provinces
would never reoccur. Under the slogan adopted by
President Júlio A. Roca (1880-1886), "peace and
administration," Argentina would be able to develop
its agricultural resources without the impediment of
political instability. Buenos Aires would be the
primary beneficiary of the development of the pampas
since as the capital city it would come to dominate
trade based upon the export of meat, wool, and
wheat.

The rapid growth of the city was also dependent
upon the intense urbanization that took place in
western Europe after 1870. The industrialization
of Europe created a rising demand for the inexpensive
agricultural and pastoral products which the Argentine
pampas were eminently suited to deliver. The expansion
of such urban centers as Paris and London virtually
guaranteed a market for beef, grain, and wool, and
the majority of these products passed through Buenos
Aires. Trade with Europe, then, was the basis for
the city's economic growth.

But having a market was not sufficient. To
feed Europe it was necessary to revolutionize
agriculture in Argentina. Technological innovation
was necessary and indeed began to appear in the late 1870's. The frigorífico, which made it possible to ship frozen or chilled high-quality beef to the European market, first made its appearance in 1877. It became increasingly important thereafter as Argentina embarked upon what appeared to be its God-given mission to feed the hungry peoples of the Old World. With the introduction of alfalfa as high-quality feed for cattle, Argentine ranchers began to breed cattle suitable for the urban tastes of Parisians and Londoners. Gradually, these advances led to the replacement of the salting plant (saladero) which had produced beef jerky for the slaves of Brazil and Cuba. Sheep also underwent a selective breeding process which led to fleeces heavier in wool by 1910 than in 1880. Furthermore, Argentina worked to become the leading grain exporter in the early twentieth century when wheat became an important product. Another crucial factor in revolutionizing agriculture was the massive expansion in railroad track by 1910 which allowed a drastic drop in transportation charges as did the concurrent changes in ship designs. This rapid agricultural and technological transformation increased the cultivation of land on the pampas in 1895 to ten million acres, fifteen times the 1872 figure.
The "revolution" sketched above fueled the economic and demographic expansion of the city of Buenos Aires.  

The economic transformation established on the pampas and in Buenos Aires precipitated a demand for enormous amounts of labor. This was true both on the land where tenants were important to open the pampas and in the city where stevedores, construction workers, and artisans were in short supply. This need for labor neatly dovetailed with statements made by Argentine leaders ever since the days of President Bernardino Rivadavia (1826-1827) extolling the value of immigration.

Principal exponents of immigration as a means of modernization were Juan B. Alberdi and Domingo F. Sarmiento. Alberdi postulated that the full development of Argentina depended upon populating the vast empty spaces of the pampas with industrious, frugal European laborers who could gradually subordinate the native (criollo) elements which, in his eyes, were retrograde and barbaric. He summarized his views in the terse phrase, "to govern is to populate." Sarmiento believed that industrious laborers from Europe would erase the "reactionary" heritage which manifested itself in the dictatorship of Juan Manuel de Rosas (1829-1852) and would
help to develop a new Argentina to rank with the leading countries of the world. As Argentine sociologist Gino Germani has stated, the interest of the "elites" who followed the thought of Alberdi or Sarmiento was to "promote the development of the country" not only by populating the "desert" but above all "by substantially modifying the composition of its population." Hopefully, the result of immigration would be, as the contemporary literateur and politician Miguel Cane claimed, that the retrograde commercial, political, and religious society bequeathed to Argentina by Spain would yield to more modern currents evident in the United States.

The waves of immigrants so deeply desired by Argentina's elites were forthcoming. The net immigration from ultramarine sources between 1881 and 1916 was 2,578,000 persons of whom about seventy-five percent were of Italian origin. The availability of inexpensive oceanic transportation helped to impel this massive movement of people who--for reasons of fear of military conscription, or pursuit of economic gain (or mere survival)--sought entry into the New World. Immediately upon arrival, many left the waterfront for the pampas, the vineyards of Mendoza, or other areas of the Republic.
But the majority of immigrants chose to remain in the city. In a study of Argentina destined for the Philadelphia International Exposition of 1876, the author, deploring this fact, claimed that fully ninety percent of the immigrants stayed in Buenos Aires and other port cities and, therefore, did not take root in Argentine soil. Alberdi, in 1880, claimed that Argentina would benefit from policies designed to promote urban to rural migration in order to enrich the countryside while allegedly relieving the city of overpopulation. A modern historian, Ezequiel Gallo, refers to increasing crowdedness and a decline in sanitary conditions in the 1880's. A North American traveller, writing in 1913, stressed what he considered to be important moral aspects of over-urbanization:

... Argentina, like North America, needs more farmers and fewer hotel-waiters, bartenders, petty shopkeepers, and people who live by their wits, without having any trade in which they excel.

Despite the above observations concerning the supposed over-urbanization of Argentina, large numbers of European immigrants continued to settle in Buenos Aires. The high percentage of immigrants in the overall population of Buenos Aires between 1869 and 1914 reflected their preference for urban life. And the foreign-born tended to monopolize
the newest areas of the economy: commerce, industry, and the new urban industrial proletariat. Native Argentines (criollos) continued to dominate more traditional sectors such as artisanal manufactures, domestic industries and services, and the public bureaucracy. In contrast to the projections of Alberdi, Sarmiento, and others of the elite, immigration did not lead to the populating of the desert but rather to excessive urbanization of the Federal Capital.

A less important external source of the rapid growth of the population of Buenos Aires was rural to urban migration. Several factors contributed to this movement and they can be summarized under two rubrics: the lack of social services and amenities in the countryside, and the absence of a land tenure system designed to attract settlers. There was little to recommend living outside the major metropolitan centers as cattlemen who had left their ranches in the hands of mayordomos and lived in Buenos Aires or in Paris had long recognized. If one chose to live in an average town (2,000 to 6,000 inhabitants) he had virtually no social or intellectual stimulation. To paraphrase historian James R. Scobie, a typical town consisted of an unpaved main street, a dirty, bare square, a
church, a school (sometimes), storage sheds, and a railroad station. There was no doctor (a druggist usually attended the ill), no financial center of importance, and no cattlemen lived there. The town served primarily as a means of expediting the shipment of the products of the pampas to the coast. 24 For the isolated farmer, it was worse: his children could not attend school, the priest was non-existent, and his neighbors were too far away for frequent visits. Roads were wagon tracks and the pulpería (general store) was the only social institution. 25 Not only did the farmer lack social institutions but it was virtually impossible for him to obtain land in a pampas dominated by big landowners who allowed only tenant farming for purposes of breaking up the sod on short term contracts. Cattle could be happy here, but human beings found little of permanence.

Not only, then, did the immigrant find little to appreciate in the "desert" but also the original inhabitants, the native creoles, often found it advantageous to move to the city. The national censuses of 1895 and 1914 indicate that somewhat less than 8 percent of the city was rural-born. This was not an outstanding number but one which in 1895 meant that 53,000 rural-born Argentines lived
in Buenos Aires and in 1914 some 120,000. These figures would increase greatly after 1930 with the impact of the depression and after 1945 when the social welfare programs and opportunity for employment of the Peron period attracted a flood of rural to urban immigrants to Buenos Aires. But the attractions of the city existed prior to 1930 and 1945. The Alberdian "desert" would thus not be populated by progressive agriculturists of European origin but rather by cattle, sheep, and grain.

II.
Thus, the Litoral urban centers (and of these Buenos Aires was the most important) became mushrooming cities progressively tied to Europe not only by ideological bent and commercial contact but also by the very existence of so many European-born inhabitants who lived in the city. Under such pressures, the Buenos Aires of 1880 was to undergo tremendous changes in many aspects of its life by 1910. The many alterations involved clothing styles, architecture, intellectual life, the adoption of broad avenues, etc., all in an attempt to keep pace with the most modern movements in European capitals. The Argentine elite of Buenos Aires tended to view Europe as the source of progress and development.
One North American traveller, Theodore Childs, wrote in 1891 that

indeed, in all that concerns civilization, the Argentines look up to the French, and imitate them when they get rich enough and sufficiently cultivated.27

Vicente F. López, influential intellectual and historian of the period, wrote to his son Lucio V. López in Great Britain:

... See great things and learn by your own eyes what a thousand books would not teach you: you will acquire a positive advantage over contemporaries, whether by erudition or by the intimate study of the great personages of that inimitable nation.28

Thomas F. McGann notes that the men of 1880 appeared to be more comfortable in Europe than in Argentina. Although they generally had received their education in Buenos Aires, they sent their sons abroad to obtain an education.29 One of the more brilliant men of the 1880's, Miguel R. Cane, was characterized by a biographer as being addicted to Europe and the United States with their "books, works of arts, Wagnerian music, foreign professors, machines and railroads" all of which expressed the "civilization of the cities against the countryside (campo)."30 In this respect, the generation of 1880 followed the thought of Domingo F. Sarmiento, the author of Facundo, who (as noted earlier) believed that Argentina had to be populated by
Europeans and to follow the European model in order to escape backwardness and "barbarism."  

The development of architecture and of the physical setting of Buenos Aires reflects the dependency of the men of 1880 upon European precedent. The Avenida de Mayo (Avenue of May), begun by Intendant Torcuato de Alvear (1883-1887) in 1884 and completed a decade later, expressed a sense that Buenos Aires needed a "gran paseo" similar to the Champs Elysees in Paris. A magnificent and expensive achievement, the Avenida de Mayo linked the Casa Rosada with the National Congress which was to be completed in the first decade of the twentieth century. Public buildings of all varieties were begun in the 1880's and often expressed Italian influence. Georges Clemenceau, the distinguished Frenchman, considered the latter to be particularly pernicious after his tour of South America in 1910.

Private buildings also reflected the drive for modernization and Europeanization. Another Frenchman, Emile Daireaux, in 1880, detected the beginnings of a transformation in private dwellings:

... Everywhere are seen already new constructions which depart totally from the old style. Certain rich families give example and spend great sums in having built a great hotel to
their taste, in which they display a luxury unknown until today. 34

Child remarked that the changes in architecture gave the city a decidedly "European aspect" and that in private houses the favorite styles appeared to be French and British. Thus, as traveller Viscount James Bryce claimed, the wealthy Argentine sought to keep Buenos Aires in the "forefront of progress." 35 This sentiment found expression not only in the construction of great buildings both public and private but also in the designing of parks, the building of water systems, and the raising of hospitals and charitable institutions.

All however was not luxury and opulence in Buenos Aires. It was also a city of slums and shanties. Newly arrived foreign immigrants often found themselves living in the crowded conventillos (slum dwellings) of the center city near the port. Although Buenos Aires according to contemporary observers lacked the pauperism of the old European cities, both travellers and Argentines noted the existence of slum dwellings which remained in spite of relatively high wages. 36 In 1884 Dr. Guillermo A. Rawson characterized the conventillo as a
tight, humid, and infected refuge where the
poor spend their hours, where they sleep,
where they suffer the pains of disease, and
where premature death often reaches them.37

As late as 1923, a decade after the period of this
study, one traveller described them in the following
way:

They were immense buildings of one or
two stories set up along narrow passages or
around small courts [with] scores upon scores
of tiny, one-room homes. . . . A [single]
room may be the dwelling-place of one or more
families. . . . There are no means of heating
in such dwellings, which look more like caves
than homes of twentieth century human beings.

Many have been wiped out by the new
street improvements, but others still lie in
the shadows of the great stores and fine
public buildings.

After visiting one, he wrote that the
walls were so close together that the stone
flagging was perceptibly wet, and I could feel
the dampness through the soles of my shoes.

In spite of this he claimed that the hygienic
aspects of the conventillo were adequate. There
were "swarms of children of all ages and sizes" who
"seemed happy and healthy." Other individuals, in a
somewhat similar vein, claimed that the conventillos
were less "wretched" than the tenements of New
York.38

The poor who lived in the conventillos were to
be a primary concern for the public health officials
throughout the period 1883 to 1910. Although, as Scobie notes, "hunger, dirt, and poverty" were not new to the immigrant and in the slum he found "conviviality, people who spoke his dialect or tongue, even old acquaintances and friends," the immigrant also found a higher death rate and a greater degree of illness. 39

The conventillos sheltered only a portion of the poor of Buenos Aires. In 1880, according to Dr. Eugenio F. Ramírez, there were approximately 1,770 such houses with 52,000 inhabitants. By 1892, there would be 2,192 conventillos with 120,852 inhabitants in a total population of less than 600,000 individuals. 40 The rest of the poor tended to gravitate to the outlying areas where they lived in shanties constructed of whatever material was at hand, from corrugated iron sheets to flattened oil cans. 41 There they were out of reach of the tax collector, landowner, and public health official. The shanty towns occupied areas which, slated for port development or subject to floods because of lack of drainage, were of little value. These unhygienic dwellings were remote from doctors and medical facilities. Roads to such areas were often impassable and means of communication were poor. 42
Travellers of the period describe Buenos Aires as a virtual "Babel" in which heterogeneity of tongues and cultures overpowered the native language and customs. Such diversity hampered attempts by public officials to aid the poor, and lack of literacy contributed to the difficulties of communication between the poor and the wealthy. In 1895, 28.1 percent of the residents of the Federal Capital were illiterate. 43

Buenos Aires also experienced a rapid expansion in geographical size. The city grew from fifteen square miles to seventy-eight square miles in the period from 1880 to 1887 and, as noted earlier, from 286,000 individuals in 1880 to 1,575,514 in 1914. This growth led to the need for a rapid expansion of social services of all kinds. The need for educational facilities grew as well as for all types of public buildings. Sewers, running water systems, pavement, hospitals, and police facilities also had to expand at a rapid rate. The geographical extent of the city and the wide dispersion of its population made the task more difficult. Swamps and the campo were prevalent in large portions of the city, especially in the 1880's. Streets on the outskirts remained unpaved. It was economically difficult
to provide services to a population not concentrated in a small manageable area.

Nonetheless, the men of Buenos Aires did much in the way of providing public services to the city's inhabitants. In the field of transportation, tramways and railroads linked the outskirts of the city with the center. In addition, a subway, modern in every respect, linked the Plaza de Mayo to the National Congress by 1910. The paving and widening of streets went on apace after being given impetus by Alvear, and schools were constructed in order to educate the country's youth in patriotism and letters. In addition, the running water system expanded, but never quite maintained pace with the rapid growth of the capital city. The city was equipped with public buildings, hospitals, plazas, and statues. Although Buenos Aires made progress in those years, some historians claim that its dominant position was later to impede the development of an integrated national economy in Argentina. Nevertheless, the advances which occurred made porteños (residents of Buenos Aires) proud of their accomplishments on the eve of World War I.
The men of 1880 took control of the destiny of Argentina after the successful completion of the Conquest of the Desert and the federalization of the city of Buenos Aires. They constituted an enlightened but young oligarchy whose power depended primarily upon the extensive holdings of land which they devoted to agricultural and pastoral production for the markets of Europe. This domination of the principal sources of Argentine wealth allowed them to consolidate and hold both economic and political power for some thirty years before the rise to power of Hipólito Yrigoyen and the middle-class based Radical Party in 1916.45

They used this power to further the expansion of Argentina's material wealth and its progress toward being the equal of older European countries. Their approach to what they conceived to be Argentina's future was marked initially by much faith and optimism as well as a sense of mission.

As noted earlier, the elites attempted to stimulate immigration of European laborers in order to modernize their country. In March, 1882, former President Nicolás Avellaneda (1874-1880) expressed the optimism with which Argentines approached their
future. In addition he projected a sense of its future rivalry with the United States:

You can say that our productive power has grown more than other areas in this part of America, affirming at the same time that it will continue growing in greater proportions, because we are augmenting our numbers by immigration, we are developing our intelligence by education, and we are accumulating capital formed by internal savings or by means of credit which we have consolidated forever by the greatest sacrifices.

You can, at the same time, exhibit with our products, a young and powerful nation, based upon free institutions, with the security of internal peace and in the possession of vast territories, in which can be renewed the surprise of the empire which quickly appeared in the North American forests.46

President Júlio A. Roca, in 1886, expressed pride and a sense of optimism concerning the progress of Buenos Aires. He noted that the plazas had been "embellished and enlarged," that "new streets had been straightened and opened," that pavement extended nearly to the "most distant districts of the city," that "thousands of houses had been constructed," and that wherever one looked there was a "feverish movement of edification."47 The sense of material progress evinced in this statement by Roca was one of the hallmarks of the approach adopted by the generation of 1880 in its approach to the problems of Argentina and of its capital city.
Members of this generation shared a sense of mission. Carlos A. Pellegrini, Vice-President of Argentina (1886-1890), evoked this sense of mission in a speech celebrating the opening of Buenos Aires' new artificial port in 1889:

The fertile and immense deserts of our continent are not ours in the sense that we could subtract them from human need; they were placed here by the hand of the Creator to serve all of humanity and if it is our task to administer them, it is on the condition that they belong to us, to our children, and to all the men of the world who wish to enrich them with their labor under the protection of our liberal laws.

When the land, in old nations, becomes fatigued after centuries of continuous labor, and its exhausted sources deny sufficient food to satisfy human hunger, then emigration is produced, as a law of life, toward new lands.48

Argentina, like the United States, was to shelter the poor, the hungry, and the oppressed.

The men of 1880 believed that progress was to be obtained through the application of a program of economic liberalism. Argentina provided Europe with raw products in exchange for the manufactured products of the most advanced nations. Foreign investment, stimulated through guarantees of minimum returns, land grants, and tax exemptions, opened the pampas. Thus, the pampas would be exploited
effectively and the expansion of the railway network would ensure transshipment to European markets. Government's role was to assure "peace and administration" in accord with the positivist slogan adopted by Presidents Roca and his successor Miguel Juárez Celman (1886-1890).

The program was applied with such success that economic expansion was indeed great during the 1880's. Politically, the result was a concentration of power in the hands of the few who controlled the land of the Litoral provinces. This position was not effectively challenged until after 1910. The resulting oligarchy, while small in number, enjoyed tremendous political influence. Cultured aristocrats, many of them adopted a denigratory attitude toward the poor and uncultured, whether native or foreign. Nevertheless, many of them recognized that Argentina's future rested upon the backs of the poor and of their labor and many of them developed a sense of responsibility for their health. Thus, some members of the oligarchy did pursue actively the founding of public health institutions which would offer aid and medical care to the less fortunate members of society. The Asistencia Pública, founded in 1883, was an expression of this sentiment.
NOTES


2 Besio Moreno, p. 409.

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39 Scobie, Revolution on the Pampas, p. 57.

40 Intendencia Municipal, p. 122.

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46 Discursos de Nicolás Avellaneda (Buenos Aires: 
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47 Jorge Newton, El General Roca. Conquistador 
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48 Carlos Pellegrini, Discursos y escritos, 
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As 1880 marked a transition in the history of Argentina and of its capital city, so it denotes the beginning of a transformation in municipal health facilities. The themes of the need for labor, the rapid expansion of the city, the sense of pride in the city and in its development, and the desire to imitate Europe occur again and again in the public writings and statements of individuals connected with the management of health services in Buenos Aires. In this sense, a history of the Asistencia Pública in the period from 1883 to 1910 reflects faithfully the preoccupations of the oligarchy with Buenos Aires and Argentina as a whole. In their efforts to found and expand an effective municipal health system, the founders of the Asistencia Pública expressed ideas which closely paralleled the general statements of the oligarchy.
I. BACKGROUND AND FOUNDING

In order to understand the tasks the founders of the Asistencia Pública faced it will be necessary to recount some of the conditions existing in the health facilities of the period. Among the most severe of the difficulties were the lack of adequate facilities and supportive legislation to provide the inhabitants of Buenos Aires with the necessary means to protect their health and well-being.

Such leading medical and political figures as Dr. Guillermo A. Rawson (1821-1890) considered hospitals in the 1870's and 1880's to be "insalubrious institutions of the first class." The hospital in Buenos Aires, as elsewhere, was the institution of last resort and avoided by the wealthy as much as possible. Poor people also distrusted it for they saw the hospital as the last step on the way to the grave. The reasons for this wariness are varied but relate primarily to three severe shortcomings. The first was a paucity of sufficient bed space which led to overcrowding and enhanced the possibility that one would not recover in the hospital. The second was insufficient personnel (both in numbers and training),
instruments, and hygienic facilities. The third was inadequate legislation governing the management of hospitals and disposition of patients.

Without exception, municipal hospitals in Buenos Aires were severely overcrowded in the years before and after 1880. This condition would be improved somewhat but not overcome for many years as Buenos Aires' leaders struggled with limited budgets to keep the hospitals abreast of rapid demographic growth. The severe crowding of patients partially explains Rawson's statement that hospitals were "dungeons, where the sick die by the hundreds and where the well by the thousands become ill" and that the hospitals were a "constant menace to the hygiene of the population of Buenos Aires."²

The worst conditions probably existed in the municipal mental hospital for men, the Hospicio de los Mercedes. Constructed between 1860 and 1863 with a capacity for 123 patients, it had a population of over 230 by 1881.³ This overcrowding led Dr. Emilio R. Coni (1854-1928), a city council member, to state that even the corridors were being used for beds. Torcuato de Alvear (1822-1890), head of the municipal administration, claimed that the rate of cures for inmates of the Hospicio had declined from sixty to
twenty percent in the period 1877 to 1880 while the mortality rate had doubled in the same years from seven to fifteen percent. He and director Dr. Lúcio V. Meléndez (1845-1901) identified overcrowding as the primary factor behind this negative development.

The general hospitals of Buenos Aires were also beleaguered. The director of the San Roque Hospital, one of the two municipal general hospitals then existing, reported for the year 1881 that there were a limited number of beds, and that in May, June, and July (the Argentine winter) it had become necessary to reject many applicants for admission regardless of the degree of illness. The closing of the Old Hospital for Men in 1881 contributed to the pressures upon hospital facilities. The construction of a new Buenos Aires Hospital in 1880 which had a potential capacity of 230 beds only partially compensated for this loss. This latter facility was to be lost to the Faculty of Medicine of the National University of Buenos Aires in March 1883.

After the founding of the Asistencia Pública in January 1883, the director had at his disposition only 853 beds including those of an enlarged Hospicio de los Mercedes. Compounding this problem of a general lack of facilities was the absence of a
special lazareto for victims of contagious diseases. The municipal administration did establish a temporary lazareto by renting an isolated property in a panic reaction to the spread of an epidemic of smallpox in 1882. This establishment in a short time proved to be inadequate and tents had to be erected to shelter smallpox victims from the elements. 9 Previously, the lodging of smallpox victims (and the victims of other contagious diseases) took place in the San Roque Hospital. 10 Dr. José María Ramos Mejía (1842-1914), first director of the Asistencia Pública, noted that the chronically ill, the insane, and even the infectious had occupied the empty beds of the two hospitals in "open promiscuity" with little attempt to separate patients by disease and condition. 11 One doctor stated that the San Roque Hospital in 1880 had had a total of 205 victims of contagious diseases in its wards and that undoubtedly the institution itself was a source of dangerous illness to the community. 12

In addition to the lack of such basic facilities as a lazareto and inadequate beds and space, the hospitals suffered from other defects. Laboratory facilities were practically non-existent; there were no mortuaries; autopsies were performed haphazardly; moreover, a need existed for facilities of disinfection,
and for separate shelters for the chronically ill. Ramos Mejía and others noted also that domiciliary assistance needed improvement to alleviate the pressures upon the existing hospital facilities. These defects increased mortality rates both inside and outside of the hospital.

A shortage of personnel in both quantity and quality impeded efforts by municipal officials to improve standards of care in hospitals. In 1884, Ramos Mejía claimed that in Paris there was one doctor for every 85 beds and one aide (practicante) for every 14, but that in Buenos Aires there was only one doctor for every 121 beds and one aide for every 40 beds. In addition, Ramos Mejía, Dr. Telémaco Susini (1856-1913), and others complained that the existing training of subordinate personnel was inadequate. Such conditions could never be tolerated by visionaries who saw Buenos Aires as the forthcoming great metropolis to equal European capitals.

Buenos Aires, then, in the period prior to the founding of the Asistencia Pública, was decidedly deficient in its standards of public health care in comparison with European practice. The men who, after the founding of the Asistencia Pública, were
responsible for important phases of public health policy in the city, would not be able to create a healthy paradise from such material. But, in spite of the extremely rapid growth of Buenos Aires after 1880, they would be able to improve hospital facilities and programs of public health to the point that they would become part of the national pride that Argentines felt for their capital city in 1910.

The city council of the Federal Capital founded the Asistencia Pública on January 31, 1883, by the simple act of naming Dr. José María Ramos Mejía as director. The minutes of the meeting are singularly uninformative regarding the nature of the debate surrounding this action. But it is possible to determine the general motivation of individuals involved in the founding by looking at some of their statements related to public health and reform. Torcuato de Alvear, Dr. Emilio R. Coni, Ramos Mejía, and Dr. Telémaco Susini were the individuals most directly involved in the agitation for the founding of an Asistencia Pública. In this section it will be necessary first to establish how these leaders and close associates reacted to European precedent,
and then to discuss specific proposals and their ultimate fate.

It is clear that the interests of the small number of founders of the Asistencia Pública reflected the general positivist orientation (Ramos Kojía was avowedly positivist in thought) of the leaders of the generation of 1880. Torcuato de Alvear (a member of a family important in Argentine politics since the Period of Independence) expressed a sense of progress and need for imitation of European practice in an August 1882 proposal for the creation of an Asistencia Pública:

*The growing development of our population and the accumulation of wealth have permitted us in late years to endow Buenos Aires with hospitals which can be counted with honor in the principal civilized cities.¹⁷*

Alvear's account of progress as reflected in this statement is less important than the sentiment he expressed concerning the relationship of Buenos Aires to the civilized urban metropolises of Europe. Further, Alvear recommended that specific practices be transferred to Buenos Aires. Examples include mortuary establishments as set up in Germany, medical assistance in the home to relieve pressures upon the limited capacity of hospitals as practiced in "European
States", and obligatory vaccination against smallpox as performed in England and Germany.¹⁸

Alvear, as intendant of Buenos Aires in the 1880's, did much to set the tone for the city with his efforts to modernize the capital. And in the field of public health his desire to make Buenos Aires the equal of modern European capitals carried over into the advocacy of modern hygienic policies and hospital practices.

Such an approach was general within that part of the medical community responsible for the management of municipal health facilities prior to the founding of the Asistencia Publica. Dr. Emilio R. Coni, editor-in-chief of the Revista Médico-Quirúrgica, Órgano de los Intereses Médicos Argentinos, the most prestigious Argentine medical journal of the decade, referred to foreign precedents and statutes in his attempts to legislate suitable control of prostitution in the city of Buenos Aires, to start an inspection system for wet-nurses, to require obligatory vaccination, and to enforce modern practices of isolation and disinfection.¹⁹ Dr. Lúcio V. Meléndez, director of the Hospicio de los Mercedes, asking for an expansion of his crowded hospital, claimed in the best style of the Generation of 1880 that
an era of progress and well-being was opening for the insane under the protection of the Municipal Corporation, the Chief of State, and the Honorable Legislators of the Nation.

The desire to imitate the greats of the Old World and the republicans of North America has reached us.20

Dr. Enrique R. Revilla (1855-1918), after the founding of the Asistencia Pública, complained that the nursing personnel of the San Roque Hospital "completely ignored" the most basic tasks; what was necessary, in his opinion, was the establishment of a nursing school in the San Roque Hospital using foreign professionals as teachers.21

It is clear then that doctors who managed public facilities were sensitive to European developments and hopeful of imitating them. This European mind-set helped to influence the individuals responsible for the founding of the Asistencia Pública to employ European models in order to construct their own public health system. Ramos Mejía noted, in 1883, that the model selected was the Assistance Publique proposed by Adolphe Thiers to the French Assembly in the early 1870's.22 Paris, the Queen City of the nineteenth century, not only inspired Buenos Aires' grand boulevards but also its Asistencia Pública.
The primary propagandists for the establishment of such an overall unified facility were Coni, Susini, Ramos Mejía, and Alvear. All (except Alvear) had received their medical diplomas from the University of Buenos Aires in the late 1870's in a school whose curriculum was primarily French in inspiration. Coni's medical journal reflected an intense interest in foreign scientific developments and reported such events to its select audience in Buenos Aires. Susini served as a municipal doctor in 1880, and in 1883 he received a grant from the provincial legislature of Buenos Aires to study municipal health institutions in Europe. He was, with Dr. Desiderio A. Davol, responsible for bringing Pasteur's treatment for rabies to Buenos Aires in 1886. Both Coni and Susini found Europe attractive as did most members of the educated oligarchy. Ramos Mejía's primary task was to construct a set of original regulations for the Asistencia Pública; this task he fulfilled using French precedents as a guide (as indicated earlier).

Both Coni and Susini used the pages of the former's journal to agitate for the establishment of an Asistencia Pública which, for them, was the means of bringing rationality and efficiency to public health practices in Buenos Aires. They sought to
reduce what they perceived to be the chaotic nature of the system by channeling complaints and requests of the directors of various facilities through one individual or one commission. Formerly, each hospital director and public health facility's chief officer had to deal individually with the city council. While this system was sufficient when Buenos Aires was the gran aldea, it was evident that it was fast becoming inadequate as migration swelled the population soon after 1880.

Coni and Susini proposed that the fourteen hospitals (with the exception of the Military Hospital) in the city in 1880 be brought under one head instead of being distributed under the leadership of various authorities. The five private foreign hospitals (English, French, German, Spanish, and Italian), the nationally-subsidized facilities of the Beneficent Society, and the four municipal institutions were to be administered under the same director, have a common budget, and be subject to the same practices of admission and management. Coni and Susini did not clarify the specific means by which the above measures were to be executed. Nor did they explain how to solve the various problems which faced the Asistencia Pública because of a lack of
adequate financing or general apathy. Rather, proposals for the establishment of an Asistencia Pública were very general in nature and must be seen in relationship to the background earlier discussed.

The Beneficent Society was a primary target for these two reformers. Founded in 1822 by Bernardino Rivadavia (1780-1845), the Society consisted of the wealthiest and most highly placed women in the Province of Buenos Aires. They administered hospitals, schools, orphanages, etc., primarily for women and children. They received a subsidy from the government of the Province of Buenos Aires and private donations to run their institution. Federalized in 1880, the Society thereafter received a subsidy from the national government. In 1878, Coni suggested that its facilities be placed under the control of an Asistencia Pública along with all municipal health establishments. Susini gave more attention to this point of view when he claimed that although the Society continued to render important services in the hospitals and orphanages these would nevertheless be better administered by an "enlightened commission" which would allow the women to participate at a subordinate level for which they were better suited.
There was some basis for the desire of these two individuals to deprive the Beneficent Society of its role as the administrator of its various institutions. Lúcio V. Meléndez noted one of the more important reasons in 1881 in an article entitled "Hospitales mistos". He claimed that it was anachronistic for the city to have separate facilities for men and women, and that such establishments should be integrated. Being distant from one another, he argued, their respective locations simply meant that a seriously ill patient would be subjected to unnecessarily long trips to obtain access to a hospital bed. Another complaint was that the hospital for women occasionally rejected women who had nowhere else to go but to a municipal facility. Since these latter facilities served primarily male patients there was no place for them. Alvear noticed this problem in 1881, and stated that it was "indispensable that the municipality" exercise control in the Hospital for Women and the Children's Hospital "even if it be only to order the admission of the ill." Alvear alleged that it was necessary for the municipal administration to make every effort to afford aid to patients rejected by institutions of charity not subject to municipal control. The idea that the Beneficent Society
should relinquish control of its dependencies thus became a part of the background for the agitation for a unified municipal system.

There is some indication that municipal doctors resented foreign hospitals for similar reasons. The initial proposal for an Asistencia Pública reflected their position. It included the hospitals within the jurisdiction of the institution. The number of foreigners, usually charity cases, in the municipal hospitals was high throughout the period 1880 to 1910 as would be expected in a city whose population consisted of about one-half foreign-born.34 Torcuato de Alvear, in fact, was forced to apologize in November 1880 for criticizing foreign private hospitals for limiting their clientele to "rich" paying patients and forcing their poor to seek refuge in already overburdened municipal facilities.35 Meléndez noted in 1881 that the Hospicio de los Mercedes was the only public insane asylum for men in Argentina and had two-thirds more foreigners occupying beds than Argentines.36 The San Roque Hospital and the General Hospital for Men also suffered under the pressure of having to house both natives and foreigners.37 It is understandable then that some effort would ensue to subject private
hospitals (organized and supported through Mutual Aid Societies) to municipal control in order to force them to admit charity patients regardless of nationality.

The municipal administration did not seriously threaten the administrative independence of either the Beneficent Society or the private foreign hospitals. The foreign hospitals received support through the private donations of wealthy individuals and by subscription to their respective mutual aid societies. As such, they were not only legally private institutions but also were the province of a politically powerful sector of Buenos Aires society. The municipal charter even allowed their representation on the council when appropriate. As far as can be determined, the council did not discuss the issue except, obliquely, when Alvear retracted his remarks concerning the foreign sector of the population. The Beneficent Society was also deeply entrenched in Argentine society, and although occasionally criticized by directors and members of the Asistencia Pública it would resist attempts either to incorporate or destroy it until the days of the Peróns in the late 1940's.
The above facts of political life in Argentina affected the final moves toward the creation of an Asistencia Pública by the municipal commission in 1882 and 1883. These facts ensured that the Asistencia Pública would be a very limited institution at the date of its inception both in the scope of its responsibilities and in the number of its facilities. The commission, in August 1882, passed a resolution calling for the inclusion of the old and new hospitals for men, the San Roque Hospital, the Hospicio de los Mercedes, the Beggars' Refuge (Asilo de Mendigos), the orphanages, the insane asylum, and hospitals of the Beneficent Society. Not having financial independence since the budget had been imposed by the National Congress after the civil war of 1880, the municipal administration passed on the proposal to the Minister of the Interior Antonio del Viso in an appeal for the inclusion of such as Asistencia Pública in the budget. Antonio del Viso did not agree with the proposition.41

Therefore, the administration created its own limited facility in 1883. The resulting Asistencia Pública, to the disappointment of its founders, included solely municipal institutions. Its original director, Ramos Mejía, had constructed a set of
regulations which originally included all facets of municipal hygiene and health care. After the loss of the Buenos Aires Hospital (the new General Hospital for Men) to the Faculty of Medicine of the National University of Buenos Aires, the director of the Asistencia Pública had only three hospitals and one smallpox vaccination center to manage for the service of the poor.42

Other factors than its lack of size impeded the activity of the directors and personnel of the Asistencia Pública. Between 1883 and 1892, the institution labored under the condition that it lacked the permanence and status conferred by the existence of an ordinance passed by the council. Appointments to positions within the dependencies of the Asistencia Pública were still subject to the approval of the council. Budgetary restrictions placed limits upon directors as did annual fluctuations in financial support imposed by changing economic conditions. Nevertheless, however unimportant it may have been in 1883, the Asistencia Pública expanded by 1910 to be an irreplaceable unit in the municipal administration and an integral part of the government of the city.
II. EXPANSION

The expansion of the Asistencia Pública from a small institution in 1883 to a "vast division" (repartición vasta) of city administration by 1910 was due to several factors. The first of these was mechanical in nature. As the city expanded in population there had to be more hospitals to accommodate increasing needs for health care. A related circumstance was that the city during this period was expanding in effective geographical size to fill by 1910 the de jure borders established by the national congress after the civil war of 1880 and the annexation of the suburban community of Belgrano in 1886. In 1910, therefore, whole areas which had been in effect either suburban or rural in 1880 were parts of the urban or metropolitan area. Hence, problems of distance and of inadequate surface communications forced the construction of "suburban" hospitals upon an often reluctant city council concerned with budgetary limitations.

A second factor was the development of European science and technology which municipal administrators followed and adapted avidly to conditions in Buenos Aires. The city council incorporated new techniques (the most obvious example was the anti-rabies
treatment developed by Louis Pasteur) into the
Asistencia Pública in the form of new facilities and
ordinances which often reflected new medical knowledge
from Europe. Epidemics and the discovery of agents of
contagion (such as in the case of tuberculosis by
Dr. Robert Koch) also led to an awareness of the
cure for older existing problems. Partial correction
of these problems came through the building of new
facilities and the passage of ordinances.

A third factor was the concept that the function
of the Asistencia Pública was not only to provide
facilities for curing patients but also to limit the
impact, if possible, of endemic and epidemic diseases.
The latter objective was in accord with the dispositions of the municipal charter of 1882 by which the
national congress enjoined the city administration to
do all things possible to prevent epidemic and endemic
diseases. \(^{43}\) Therefore, by 1892, the Asistencia
Pública had developed to the point that it incorporated
both functions of curing patients and prevention of
disease into the newly organized and named Asistencia
Pública y Administración Sanitaria. After 1892, the
agency expanded rapidly if often by \textit{ad hoc} procedures.
It is evident that budgetary limitations played a strong role in restricting the capacity of the directors of the Asistencia Pública, the intendant, and the council, to expand its hygienic and hospital facilities. Inadequate finances, furthermore, left no alternative but to deal with a crisis on the basis of the most temporary and insufficient measures.

A. PHYSICAL FACTORS: DEMOGRAPHIC GROWTH

The rapidity of expansion in the years 1883 to 1910 of Buenos Aires limited the capacity of members of the city administration to plan for future needs. Although early directors and other administrators recognized and hoped that Buenos Aires would be a great metropolis in the future and participated (at least until the financial crisis of 1890) in the nineteenth century doctrine of progress, none anticipated the magnitude of the pressures the city would undergo in the three decades after 1880. Dr. José M. Astigueta (1850-1897), as director of the Asistencia Pública in early 1887, did foresee massive and rapid expansion and proposed the construction of an 800-bed national hospital in order to meet those needs. The hospital was to be financed by means of popular subscription (not municipal taxation). Although the hospital plans of Astigueta went aground on the
financial crisis of the early 1890's, the plan did reveal a relative awareness of the rapid development that would exert stress upon the municipal hospital system. Intendant Francisco Alcobendas (1838-1911) in 1897, Dr. José A. Penna (1855-1929) in 1906, and Intendant Joaquin S. de Anchorena in 1910 all stressed the relative inability of the municipal administration to maintain pace with the growth of population. There were approximately four beds for each 1,000 individuals in 1883, 1892, and in 1910.45

The above figures, however, do not tell the whole story. It was recognized, for example, that to state that there were four beds for each 1,000 inhabitants was fundamentally misleading. One reason was that technically the beds were only for residents of the Capital but in reality they were often occupied by emigrants from the provinces and immigrants from Europe. Dr. Emilio R. Coni noted in 1892 that a total of 2,162 beds (including national hospitals, the facilities of the Beneficent Society, and the foreign hospitals) in the city was insufficient not only in absolute terms but also because these facilities served as places of refuge and cure for migrants. He explained that the existence of an extensive railway network centered in Buenos Aires made it easier for
potential patients to reach the city. Dr. Antonio V. Ibarguren, in 1910, documented that hospital capacity in Buenos Aires largely served immigrants from both the provinces and abroad. He noted that instead of four beds for each 1,000 residents Buenos Aires in effect could claim only three-and-one-half. In this he repeated virtually word for word what Coni had stated in 1892.

As noted earlier, demographic growth accompanied by geographic expansion complicated attempts to keep pace with health needs. It was possible to adopt several approaches in seeking to alleviate if not solve the resulting problems. The obvious solution was to construct suburban hospitals, and in the 1890's and early twentieth century several were constructed as shall be noted below. Another possible method was to integrate hospitals hitherto separated by sex. This was suggested (as mentioned earlier) by such individuals as José M. Astigueta and José María Ramos Mejía. Except for the founding of the Hospital Inválido Mixto (later renamed the Rawson Hospital) in the port area of the city (Boca), little could be done until the 1890's. Even then the administration increased facilities for women slowly and by haphazard measures.
A third approach was to establish a system of district doctors in order to bring the health care to the patient rather than vice versa. The council's intent was to aid the patient in his home and to relieve the pressure upon the hospitals created by an intense demand for beds. Also, Ramos Mejía claimed with reason that it was less expensive to care for an individual at home than to hospitalize him. From 1883 to 1910 the number of district doctors, created in response to Ramos Mejía's argument, fluctuated from a low of six (after the financial crisis of 1890) to a high of 28.

To supplement the district doctors, the council created a system of first aid centers (casas de socorro). Originally proposed in council in 1886 (over the objections of Astigueta), the system was not implemented until 1892 when Coni recognized that the district doctor could not treat adequately some patients in their homes nor could the regular hospitals accommodate them. Some centers, as in Belgrano, eventually expanded into suburban hospitals.

In spite of such additions, however, health officials could not always reach patients quickly enough to extend necessary care. Ramos Mejía, in 1883, complained of insufficient means of
transportation, excessive distances between facilities, and overall inadequate capacity. The claim often made was that the Asistencia Pública was totally insufficient for the fulfillment of its purposes in comparison to similar facilities in European capitals. The municipal government, nevertheless, did have success in keeping pace with the demographic development of what one historian has called Argentina's "alluvial era."

But demographic pressures were not the sole force which underlay the expansion of the facilities of the Asistencia Pública. The progress of modern science and the development of a heightened awareness of the existence of problems also led to the creation of special facilities and programs.

B. TECHNICAL INNOVATIONS

Responsiveness to new medical knowledge found expression in legislation, in the building of laboratories and special hospitals, and often in the undue application of theory in useless and impractical ways. Sometimes, the intent of legislation was beyond the initial capacity of the municipal government to fulfill the objectives set forth as shall be evident below.
In some cases, institutions and practices were transferred virtually intact across the sea from the "Old Continent" to the "Paris of South America." Such was the case with the Pasteur Laboratory which was responsible for introducing the new anti-rabies vaccination procedure to Buenos Aires in 1886.

Dr. Desiderio A. Davel had studied the procedure in Paris and originally founded the laboratory as a private venture with a municipal subsidy for initiation purposes. The council quickly "municipalized" the facility in December 1886, and thereafter it served not only as an important adjunct of the Asistencia Pública but also as an ornament to Argentine national pride. In the thirty years following, the agency served well as few people treated were lost to the dread disease.

The bacteriological laboratory, founded also in 1886, was the facility which most directly reflected the application of the newly accepted germ theory of Louis Pasteur and of Robert Koch. The original director, Dr. Telémaco Susini, like Davel, had studied in Paris. The Bacteriological Laboratory was the result of his experience. Susini and his successors encouraged scientific studies with practical application, the research for the writing of medical
theses, in addition to the performance of routine laboratory tests of samples from hospitals and occasionally private doctors. Although budgetary limitations at times restricted its work to routine procedures, as director Sílvio Domínguez complained in 1889, it nevertheless made a substantial contribution to improvement of health care in Buenos Aires. In 1891 and 1902, for example, it published studies of the composition of bread in Buenos Aires and concluded that the local product was generally safe for human consumption. The premises upon which it operated (the Pasteur germ theory) moreover were not at all challenged in the 1880's within the official medical structure since Pasteur's theories received virtually unanimous endorsement from the young bureaucrats of that day.

The smallpox vaccine administration had been founded in 1874 upon municipal initiative and in 1883 was immediately incorporated into the Asistencia Pública upon the latter's founding. Due to the lack of an obligatory vaccination ordinance until 1887 its functions in quantitative terms were initially quite limited. In 1885, its director, Dr. Justo A. Meza, noted that only 24,784 people had received vaccinations in Buenos Aires since 1874 and claimed
that an obligatory vaccination law or municipal ordinance was the only means by which the office's mission could be fulfilled. Such an ordinance was forthcoming in December 1887, and was in effect until the passage of national law 4202 in 1904 which provided for obligatory vaccination in the Federal Capital and in the national territories. With the exception of two years (1904-1906), the municipal facility continued to administer the vaccination program in the capital.

As was the case with other facilities, the smallpox vaccine administration was subject to budgetary limitations. Consequently, the number of vaccinators was occasionally reduced only to be increased when smallpox threatened to become epidemic. Also, means were sought to maintain or increase the level of vaccinations without placing undue stress upon municipal finances. Such was the case in 1911 when the director of the National Department of Hygiene persuaded the Faculty of Medicine to rule that medical students had to perform vaccinations as part of their academic program. The cyclical nature of the disease also imposed a second pressure. When the disease, endemic in Argentina, approached epidemic levels, the council reacted by
increasing the number of vaccinators; when the disease declined, their number would be decreased. This panic-apathy cycle, although protested by directors of both the smallpox vaccine administration and of the Asistencia Pública, persisted until after 1910 when a national program attempted to eliminate smallpox entirely (see Table 1). 66

The installation of facilities for disinfection first took place in December 1886 in reaction to an epidemic. Undue faith in procedures related to the germ theory of Pasteur promoted the implementation of these facilities. The office of disinfection, originally subordinated to the intendant, later became a subfacility of the Asistencia Pública y Administración Sanitaria with the support of Intendant Francisco P. Bollini in 1892. 67 In the same year, the council passed an ordinance making disinfection of living quarters and personal effects obligatory for certain diseases. 68 Disinfection, although of little value as a tactic to counter epidemic diseases, continued to be emphasized until after 1910.

Until 1892, no aspect of inspection of foods, milk, or meats was under the aegis of the Asistencia Pública. Rather, these duties belonged directly to the intendancy or to the municipal chemical office
TABLE 1
SMALLPOX MORTALITY IN THE CITY OF
BUENOS AIRES, 1880-1916
(Deaths per 100,000 Inhabitants)\textsuperscript{a}

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths per 100,000 Inhabitants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1880</td>
<td>320.00</td>
</tr>
<tr>
<td>1881</td>
<td>2.41</td>
</tr>
<tr>
<td>1882</td>
<td>113.12</td>
</tr>
<tr>
<td>1883</td>
<td>444.12</td>
</tr>
<tr>
<td>1884</td>
<td>38.38</td>
</tr>
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\textsuperscript{a}Nicolás Besio Moreno, Buenos Aires, Puerto del Río de la Plata Capital de la Argentina, Estudio crítico de su población (Buenos Aires: n.p., 1936), pp. 437-438; the table is adapted from data given by Besio Moreno.
which, having originated in 1874, fell into disuse, and had to be reestablished in 1883. The latter had responsibility for milk and food inspection, and its duties were primarily the detection of foreign substances in food. There were also municipal inspectors who had responsibility for milk barns and cattle, slaughterhouses, markets, and housing for the poor. They were responsible directly to the office of the intendancy until 1892 when the Asistencia Pública expanded to become the Asistencia Pública y Administración Sanitaria. After this date, responsibilities for inspection increased. In 1892, the city council assigned two technical inspectors to the Asistencia Pública y Administración Sanitaria who became the nucleus of the Technical Office of Hygiene. The latter's functions expanded by 1910 to include inspection of meat, of food entering the city, of milk barns and dairy cattle, of domiciles, and extermination of rats and mosquitoes after these were identified as the vectors of bubonic plague and yellow fever respectively. In spite of nearly constant complaints by directors and other personnel of the Asistencia Pública that budgetary restrictions inhibited such municipal activities, the people of
Buenos Aires received better service in 1910 in this respect than they had in 1883.

The post-house (*casa de aislamiento*), founded in 1882, was an expression of the growing awareness of the need to isolate victims of contagious diseases. The original step in this direction took place in 1879 with the banning of victims of smallpox from the general hospitals primarily as a result of a press campaign undertaken by Coni. 73 The first pest-house, a rented property, resulted from a panic response by the council to the ravages of a smallpox epidemic which took nearly 2,000 lives in 1882 and 1883. 74 From these humble beginnings, the pest-house became a large facility in 1910 (under the name of the Muñiz Hospital) which was relatively free of the cross-infections which had plagued the first decades of its existence. 75

Closely connected with the development of the pest-house was a set of related ordinances. In 1892, partially as a result of prodding by Coni and former directors of the Asistencia Pública, the council passed an ordinance providing for obligatory isolation for certain diseases. A municipal measure in December 1886 set the precedent by providing for obligatory incarceration of victims of cholera. 76
To a large degree, insufficient facilities (as well as direct resistance) undercut efforts to make isolation effective as a policy. Typhoid and tuberculosis seem to be the major problems in this respect (in the 1890's for the former disease, until about 1910 for the latter) as it proved difficult to find sufficient space. Tuberculosos continued to be housed in general hospitals simply because of lack of facilities until 1904 when the municipal administration inaugurated special facilities in the pest-house and opened the Enrique Tornú Hospital. Whether or not this delay in implementing the ordinance is an example of Spanish American lyricism or simply the result of normal difficulties in the construction of health facilities is debatable. Whatever the case, it is certain that for over a decade the administration could not effectuate the ordinance which was couched explicitly in imitation of European practice.

Until 1910, large numbers of chronically ill individuals used the general hospitals and the Hospicio de los Mercedes as rest homes; these persons were those who voluntarily found their way to the hospitals, or those whose families had abandoned them. All attempts to exclude them from these
facilities (in order to make room for the acutely ill) from 1883 to 1910 failed; directors constantly complained that the hospitals were serving as "refuges" for the incurables rather than as centers for curing the acutely ill. Until 1909, efforts to house the chronically ill were haphazard in nature. For example, as early as 1885 Ramos Mejía furnished for their use a part of the old Hospital for Men, an institution which by all contemporary accounts should have been demolished. Coni converted this Hospital de Crónicos into a children's hospital in a change which reflected concern for poor children in the early 1890's after the economic crash of the late Juárez Celman years. From 1892 to 1907 there were no special facilities for the chronically ill except a special wing in the Pirovano Hospital which, in 1904, housed ninety patients in a run-down barracks designed to accommodate fifty persons. In 1907, Penna equipped the Antonio V. Crespo Hospital as a temporary measure to alleviate pressure upon the general hospitals. Again, the Crespo Hospital was not a new facility, but rather a refurbished old building. The founding of the new Torcuato de Alvear Hospital, constructed between 1909 and 1912, provided accommodations for 1,132 patients in 1913. Until 1909, then, all measures
designed to exclude the chronically ill from occupying beds which could be put to better use were emergency procedures which did little to relieve the municipal hospitals of the need to choose between being rest homes or genuine places of cure.

Another special institution, the Hospicio de los Mercedes, originally founded as the San Buenaventura Hospital for Men in 1856, became a part of the Asistencia Pública in 1883. Until 1904, the Hospicio served as the municipal insane asylum for men. Nationalized in 1904, the Hospicio de los Mercedes had remained severely overcrowded since 1883. This inhibited attempts to institute a therapy program based upon the work approach and contributed to a severe lack of hygiene. Also, early in the period, there was little success in distinguishing between "idiots", the senile, and the genuinely insane. The lack of sufficient security permitted a high number of escapes, and the lack of padded cells, as Dr. Domingo A. Cabred, director of the Hospicio de los Mercedes, complained, made the use of the strait-jacket obligatory for the violently insane. When it was a municipal asylum for men between 1883 and 1904, the Hospicio de los Mercedes was characterized by a constant shortage of clothing, bedding, and space. In fact, so severe
were these conditions that they threatened to precipitate epidemics such as the one which occurred in 1886. In essence, the Hospicio de los Mercedes served as a warehousing operation for the poor. In 1896, La Prensa commented that in the section for the mentally retarded "men and children live in a shameful promiscuity in humid, unhealthy wards with dirt floors. . . ."^87

There was also a severe lack of facilities for the care of children. The first explicit statement of the need for special efforts on the part of the municipal administration came in 1875 when Coni wrote an article advocating municipal licensing of wet-nurses. Until 1890, however, little progress ensued with the exception of a private office for wet-nurses which functioned under the directorship of a Dr. Carlos L. Villar prior to the founding of the Asistencia Pública. Then, Intendant Bollini appointed a special commission to study ways and means of providing for abandoned children in the wake of the financial crash of 1890. In 1892, with a preliminary municipal subsidy, the administration supported the founding of a private Patronato de la Infancia which for lack of funds remained until 1908 a private charitable organization. Also, in 1891,
the council passed an ordinance for inspection (under the aegis of the Asistencia Pública) of private "maternity houses" which, the municipal administration was convinced, were "makers of little angels." Coni, in 1892, converted the Hospital de Crónicos into a 100-bed children's facility.91 The municipal council did not establish an office of wet-nurses until 1908.92 However, a system of milk dispensaries (gotas de leche) did begin in 1904 (again a beginning was made under private auspices and municipalization quickly followed); they were centers from which milk and other foodstuffs were distributed to poor children and which served as overnight refuges for mothers and children in need. In 1918, Coni claimed that services for children had been effective in reducing infant (children under one year of age) mortality from 116 for every 1,000 to 102 in 1913 and 92.8 by 1916.93

Venereal disease was one of the major problems in a capital city overwhelmed by immigration. The migrants to Buenos Aires were largely males who left their families behind as economic boom created opportunities for increased income.94 Prostitution increased with prosperity, and the chances of contracting venereal infections therefore increased.
Early efforts to regulate the practice of prostitution were embodied in an ordinance in 1875 by which the council provided that the expenses of necessary medical examinations would be paid by the house. Coni criticized the system on the grounds that a doctor paid by the house would be subject to pressure to conceal not only the existence of venereal disease but also cases of pregnancy and abortion. Moreover, the ordinance did not take (in terms of inspection) streetwalkers into account. Such objections were also made by Coni who travelled European capitals in 1879 and 1880 garnering information on the structure of systems of regulating prostitution used in major European cities. Although it is not evident that he applied any particular system directly, the European source of inspiration impelled him in 1881, with Dr. Ignacio V. Pirovano and Ramos Mejía, to propose that special facilities be constructed both for the inspection of prostitutes and for their care if they were indeed ill. The first function was to be carried out in a health dispensary (Dispensario de Salubridad) where municipal doctors were to perform their tasks and the second in a special hospital (Sifilicomio) where prostitutes could be held until "definitively cured" by the crude chemical treatments of the time.
Those two institutions were a part of an ordinance passed in 1881 (with the Council President's support) which the council suspended shortly afterward. It was eight years before the council created the two facilities in a building originally intended as a private insane asylum but purchased by the municipal administration. Both were under the authority of the director of the Asistencia Pública and later expanded by means of ad hoc procedures.

This sketch of the major facilities of the Asistencia Pública y Administración Sanitaria does not include all aspects of the range of tasks in which the institution participated. The Asistencia Pública also was responsible for the emergency procedures required in case of accidents and sudden illnesses; at times it provided overnight refuges (asilos nocturnos): furthermore, in conjunction with the federal police, it authorized autopsies in the case of suspicious or unattended deaths. It also was responsible for training nurses, providing teaching facilities and cadavers to the Faculty of Medicine of the National University of Buenos Aires, and, on occasion, for inspection and disinfection of passengers arriving from other parts of the Republic in periods when epidemic diseases threatened.
the other hand, it did not have jurisdiction over the port which was under the aegis of the National Department of Hygiene, nor over other components of the hospital system, nor, at any time, over all aspects of inspection. Nevertheless, its authority was extensive and tended to increase gradually throughout the period from 1883 to 1910.

C. THE UNITY OF CURE AND PREVENTION

The founders' original concept was that the Asistencia Pública was to be responsible for virtually all aspects of public hygiene and health care. The intent was to join the dual aspects of prevention and cure into one all-embracing system. This objective, however, was not effective until the expansion of the original Asistencia Pública into the Asistencia Pública y Administración Sanitaria in 1892. Until that date, the Asistencia Pública existed only by virtue of the naming of a director in 1883 and by inclusion of items in the municipal budget.

The early Asistencia Pública did have duties that corresponded to the founders' idea that a public health institution should attempt to prevent the occurrence of diseases as well as to cure them. The officials of the smallpox vaccine administration attempted to curtail the ravages of that dreadful
but clearly preventable disease. The pest-house also was a dual-purpose institution; the objective of the intendant and of the council was not merely or even primarily to cure victims of contagious disease but rather to prevent its spread to the population at large.

Other functions related to public hygiene such as the inspection of markets and of various foodstuffs were, as earlier indicated, directly subordinated to the intendancy or else was a task of the municipal chemical office itself independent of the Asistencia Pública and under the intendant. Many of the inspection duties of the municipality would later be incorporated into the list of tasks of the Asistencia Pública.

The expansion of the Asistencia Pública's purposes to embrace progressively more and more of the municipal objectives related to the prevention of disease was due in part to the logic of the founders' approach of uniting two primary tasks in one overall institution. Both Ramos Mejía and Astigueta, as directors of the Asistencia Pública, pursued this logic and claimed that the city should extend the scope of the institution's activities slowly but surely. Ramos Mejía pointed out that in his view budgetary
limitations made slow and incremental growth necessary. The original system of district doctors was an expression of this point of view. Their mission in part was to supervise municipal inspectors who often did not have the necessary expertise to fulfill their function adequately.

As the city grew in population and geographic extent, the duties of the intendant became increasingly difficult in regard to the daily supervision of health services. Ultimately, this redounded to the benefit of the Asistencia Pública which, because the core of its personnel were trained in medical fields, could legitimately claim expertise and therefore authority. This sense of legitimacy grew particularly during epidemics when both formal and de facto attributions accrued to the Asistencia Pública often at the expense of the intendant and of the council. Even when the prosecution of epidemics resulted in conflicts of authority, such prestigious papers as *La Prensa* supported the Asistencia Pública with its presumptive expertise over the "anarchic" acts of an arbitrary and ill-informed intendant.

Two medical crises in the 1880's tended to enhance the role of the Asistencia Pública. In 1884, a case of yellow fever appeared in the city and the Asistencia
Pública took on the responsibility for its control. Fearful of a repetition of the 1871 yellow fever epidemic which took 14,000 lives and temporarily retarded the flow of European immigration, the personnel of the Asistencia Pública, under the direction of Ramos Mejía, quarantined patients lodged at the San Roque Hospital. They also implemented other special measures in Buenos Aires to prevent the spread of the dreaded fever. Not knowing the etiology of the disease, Ramos Mejía could not have adopted effective measures against the epidemic. Nonetheless, the yellow fever threat did not materialize, and the positive role exercised by the Asistencia Pública tended to enhance its prestige.

A second threat appeared in November of 1886 which proved to be far more serious. The epidemic at the time was assumed to be Asian cholera although laboratory tests did not prove this to be the case. The resulting panic inspired first the intendant, then the president of the Republic, and finally the council to delegate extraordinary powers to the director of the Asistencia Pública to direct the affairs of the city in all matters related to hygiene. Although severe debate erupted over just what those powers were, their delegation to the Asistencia Pública
served to reinforce the director's view that the facility's task should not be primarily to cure patients but rather to prevent diseases from occurring. Thus the director transferred practitioners of vaccination to a rudimentary disinfection corps which functioned during the period of the epidemic.  

After the epidemic had spent its force, Torcuato de Alvear named a Hospital Inspection Commission consisting of some of the most respected doctors of Argentina to study deficiencies in the municipal hospital system. It reported that the Asistencia Pública's functions and authority should be expanded to include inspection and disinfection as well as jurisdiction over other hospitals in the city.  

This recommendation tended to reinforce the extension of authority granted the Asistencia Pública by the council in December, 1886, when it required that doctors report cases of cholera to the Asistencia Pública, and that in all such cases disinfection would be imposed. The fact that the Commission recommended also that other hospitals in the city be placed under the administration of the Asistencia Pública only served to reinforce its directors in their search for more authority. Thus epidemics and the threat of disease served to raise the prestige of
the Asistencia Pública and prepare the way for a further expansion of its authority.

There were several direct reasons for the reorganization of the Asistencia Pública in 1892. One was that the financial crisis of 1890 had provoked a crisis in health administration. The financial debacle not only led to increased economic misery but also to a fifty percent cut in the budget of the Asistencia Pública when, as director Dr. Eugenio F. Ramírez noted at the time, aid to the poor was most necessary. The official report reflected this and its publication indicated the intendant's support.

In addition, Intendant Francisco P. Bollini appointed a dynamic director, Dr. Emilio R. Coni, who propagandized effectively for the expansion of the Asistencia Pública. Stressing the essential unity of cure and prevention in his letters to the intendant, Coni succeeded in enlisting his substantial support for the reorganization of the old institution to enhance its functions. Thus, the reorganization of 1892 was the end result of various circumstances and events which directly encouraged increased concentration of authority for public health services in one institution.
CONCLUSION

From 1883 to 1910 directors of the Asistencia Pública were hard-pressed to maintain pace with rapid demographic growth. At times this was due simply to the difficulty of choosing between alternative priorities. In the early 1880's to all appearances Torcuato de Alvear chose to favor beautification of the city (or so objected the editor of the Revista Médico-Quirúrgica on several occasions). The early 1890's were difficult times and the budget allowed for little room to maneuver. The mentality engendered by the economic crisis early in the decade persisted until late in the 1890's; one intendant found several occasions to boast of the frugality with which he expended his budget upon public health facilities. His successor was delighted to be able to point to his predecessor's parsimony on matters related to health.

Another problem concerning priorities was that there was confusion, most of the time implicit, over just what the true purpose of a hospital should be. Intendant Francisco Alcobendas criticized the "magnificent" Ignacio Pirovano Hospital because, he alleged, it was constructed as a monument to the ego of Buenos Aires' leaders. It was in his opinion not a particularly
efficient use of limited funds in providing health care to the needy. Similarly, the council voted in 1903 to expend 500,000 pesos on hospital repairs not so much for the benefit of the patients but rather because in 1904 Buenos Aires had scheduled an international health conference and the city's reputation was at stake. Earlier, Alcobendas had stated the problem in this manner:

The hospitals should not be constructed as a decorative element for a barrio but rather built in accordance with the needs of the population.

Confusion of priorities created situations in which informal responses were necessary. This was especially evident in the cyclical responses to smallpox epidemics and the vicissitudes of the various hospitals for chronically ill individuals. The same was true of the founding of institutions for women and children. In part the inability of the Asistencia Pública to serve women was imposed by the very existence of the Beneficent Society which had thoroughly cemented its domination over women's and children's facilities in the period since its inception in 1822.

Related to the informal nature of responses to varying pressures was the occasional and
beneficial practice of allowing private individuals to establish special institutions and shortly after bringing them under the municipal wing. Such was the case with the bacteriological and Pasteur laboratories, the milk dispensaries, and the Patronato de la Infancia. Such a procedure was wise and proper because budgetary restrictions dictated that the administration not invest in untested facilities.

The efforts of the city administration and the directors of the Asistencia Pública can also be considered to have resulted in stop-gap measures. This is reflected in the overall growth of hospital capacity in Buenos Aires in the period which barely maintained pace with the growth of the population. Further, until 1910, smallpox epidemics continued to take a high toll in human life prior to the effective program put into effect by the National Department of Hygiene under the guidance of Dr. José A. Penna.

The overall expansion of the Asistencia Pública in the three decades after 1883 was impressive enough although it did not significantly increase aid to residents of Buenos Aires on a per capita basis. Further discussion of the problems involved will be forthcoming, but first it will be necessary
to discuss some of the ways in which the Asistencia Pública was successful. Perhaps most importantly it was an integral part of the process by which the Capital City became one of the world's great metropolises by 1910, or so believed many leaders of the Buenos Aires of that day.
NOTES

1Luís C. Maglione, Conferencias sobre higiene pública dadas en la Facultad de Medicina de Buenos Aires por el Dr. D. Guillermo Rawson (ano 1874) extractadas, anotadas y seguidas de un índice (Paris: Commanette & Hatu, 1876), p. 234.

2Maglione, Conferencias sobre higiene pública, p. 238.


5Memoria del Presidente de la Comisión Municipal al Consejo correspondiente al ejercicio de 1881, Febrero de 1882, I, p. 421. The information appears in a letter from Telémaco Susini to Alvear, n.d. Susini was director of the San Roque Hospital.


7Memoria de la Intendencia Municipal de la Ciudad de Buenos Aires correspondiente a 1884 presentada al H. Concejo deliberante (Buenos Aires: Imprenta de M. Biedma, 1885), II, pp. 50-51.
José A. Penna and Horacio V. Madero, La Administración Sanitaria y Asistencia Pública de la Ciudad de Buenos Aires, Estudio de los servicios de higiene y beneficencia pública desde la época colonial hasta el presente (Buenos Aires: Imprenta, Litografía y Encuadernación de G. Kraft, 1910), II, p. 134.

Actas de la Comisión Municipal de la Ciudad de Buenos Aires correspondiente al año 1882, Publicación ordenada por el Presidente del H. Concejo Deliberante Dr. Carlos P. Coll 1910 (Buenos Aires: Talleres Gráficos "Optimas" de A. Cantiello, 1912), Sesión del día 27 Noviembre de 1882, p. 137.


Memoria del Presidente de la Comisión Municipal al Concejo correspondiente al ejercicio de 1881, p. 74.

Informes Anuales de la Asistencia Pública correspondiente a 1883", in Memoria de la Intendencia Municipal de la Ciudad de Buenos Aires correspondiente a 1883 presentada al Honorable Concejo Deliberante (Buenos Aires: Imprenta de L. Siedma, 1884), pp. 32-34.

A summary of Ramos Mejía's position is in Penna and Madero, La Administración Sanitaria y Asistencia Pública, II, p. 140.

Informes Anuales de la Asistencia Pública correspondiente a 1883", p. 28.
16 Actas de la Comisión Municipal de la Ciudad de Buenos Aires correspondiente al año 1882, Publicación ordenada por el presidente del H. Concejo Deliberante Dr. Carlos M. Coll 1910, Sesión del día 31 de Febrero de 1883, p. 177. The "Coll edition" for the year 1882 includes the sessions of 1883.


18 See Memoria del Presidente de la Comisión Municipal al Concejo correspondiente al Exercício de 1881, Febrero de 1882, I, p. 446, for Alvear's statement regarding the need to adapt the European "mortuary houses" to Buenos Aires; see also "La Vacunación a domicilio," Revista Médico-Quirúrgica, Órgano de los Intereses Médicos Argentinos, XX, No. 9 (Agosto 8 de 1882), pp. 158-159.


21 ["Informe Anual de la Asistencia Pública correspondiente a 1883"], pp. 98-100.

22 Ibid., pp. 20-21.

23 Dr. Emilio Ramón Coni received his medical degree from the Facultad de Ciencias Médicas of the University of Buenos Aires in 1877 after completion of a thesis on Leora anestesica. See Vicente Osvaldo Cutolo, Nuevo Diccionario Biográfico Argentino (1750-1930) (Buenos Aires: Editorial SLICHE, 1969), II, p. 316; Susini received his degree for a thesis on
Contribución al estudio del enemigo in 1879. See Ricardo Piccirilli, Francisco L. Romay, and Leoncio Gianello, Diccionario Histórico Argentino (Buenos Aires: Ediciones Históricas Argentinas, 1953-1954), VI, p. 551; Ramos Mejía, after writing his thesis on "Manantes sobre el traumatismo cerebral," received his degree in the same year; see Piccirilli, Romay, and Gianello, VI, p. 47.


26 This fact is evident from a glance at the minutes of almost any of the city council meetings during which members were besieged by requests from individual hospital administrators for funds, personnel, or special projects.


28 Origen y Desenvolvimiento de la Sociedad de Beneficencia de la Capital 1823-1912 (Buenos Aires: Establecimiento Tipográfico M. Rodríguez Giles, 1913), pp. 15-18, for relevant decrees.

29 Ibid., pp. 121-122.


33 Memoria del Presidente de la Comisión Municipal al Concejo correspondiente al ejercicio de 1881, Febrero de 1882, 1, p. 386; Alvear claimed that the Beneficent Society often refused assistance to women in need. The author (for lack of adequate time) suspects that Alvear's allegations were often true but was unable to check the appropriate Beneficent Society records directly.

34 See Chapter V.

35 Actas de la Comisión Municipal de la Ciudad de Buenos Aires en 1880, Sesión del 12 de Noviembre de 1880, p. 199.

36 "Dr. Lucio V. Meléndez a Torcuato de Alvear, Setiembre 29 de 1881," in Memoria del Presidente de la Comisión Municipal al Concejo correspondiente al ejercicio de 1881, Febrero de 1882, p. 519.

37 See Chapter V.

38 Emilio Daireaux, Vida y Costumbres en el Plata (Buenos Aires: Félix Lajouane, Editor, 1888), pp. 36-38.

39 See Article 30 of Ley 1260, 23 Octubre de 1882, in Recopilación de los Debates de Leyes Orgánicas Municipales y sus Textos Definitivos--Fuentes

40 Actas de las Sesiones de la Municipalidad de la Ciudad de Buenos Aires en 1880, (Buenos Aires: Imprenta de El Nacional, 1881), Sesión del día 12 de Noviembre de 1880, p. 171.

41 La Prensa, 9 de Agosto de 1882.

42 La Prensa, 10 de Agosto de 1882.

43 See Article 48 of Ley 1260, 23 Octubre de 1882, in Recopilación de los Debate de Leyes Orgánicas Municipales y sus Textos Definitivos, III, p. 315.

44 Memoria de la Intendencia Municipal de la Capital de la República correspondiente a 1886 (Buenos Aires: Imprenta de M. Biedma, 1887), 1a pte., pp. 209-211.


46 "Asistencia hospitalaria," Anales de Higiene Pública y Medicina Legal, I, No. 2 (Abril de 1892), p. 79.

47 Antonio Ibarguren, El Problema hospitalario en Buenos Aires (Buenos Aires: Congreso Internacional Americano de Medicina e Higiene, 1910), pp. 70-73.


Ramos Mejía's position on this matter is summarized in José A. Penna and Horacio V. Madero, La Administración Sanitaria y Asistencia Pública de la Ciudad de Buenos Aires, II, p. 140.

The worst example of budget-related cuts occurred in 1890 after the financial breakdown of that year when 22 of 28 doctors were dismissed; see Eugenio F. Ramírez, "La Asistencia Pública de Buenos Aires en 1891 (Informe de la Dirección General)," Anales de la Asistencia Pública, II, No. 9 (Marzo 15 de 1892), p. 525.


Memoria presentada al Concejo Deliberante por el Intendente Municipal Sr. Emilio V. Bunge Año 1895 (Buenos Aires: Establecimiento de Impresiones de G. Kraft, 1896), pp. 56-57.

"Informe Anual de la Asistencia Pública correspondiente a 1883", pp. 33-34.


58 Actas del Concejo Deliberante correspondientes al año 1886, Sesión del 3 de Noviembre de 1886, p. 443; Piccirilli, Romay, and Gianello, VI, p. 552.


61 I found no evidence of any effective opposition to the theories of Louis Pasteur in the sources I have perused.


Intendant Güiraldes protested, for example, that attempts to eliminate smallpox in Buenos Aires were fruitless as long as the governments of the provinces made little or no effort to control or eliminate the disease; see Memoria de la Intendencia Municipal de Buenos Aires correspondiente al año 1909 presentada al H. Concejo Deliberante (Buenos Aires: Imprenta, Litografía y Encuadernación de G. Kraft, 1910), p. 84.

"Estación Norte de Desinfección," Anales de Higiene Pública y Medicina Legal, I, No. 7 (Setiembre de 1892), p. 377.

Emilio R. Coni to Francisco P. Bollini, Setiembre 21 de 1892, in "Desinfección obligatoria," Anales de Higiene Pública y Medicina Legal, I, No. 7 (Setiembre de 1892), p. 376.


Penna and Madero, La Administración Sanitaria y Asistencia Pública de la Ciudad de Buenos Aires, I, p. 300.

Ibid., I, pp. 130-131.


Actas de la Comisión Municipal de la Ciudad de Buenos Aires correspondiente al año 1882, Publicación ordenada por el Presidente del H. Concejo Deliberante Dr. Carlos L. Coll, 1910, pp. 137 and 141; the original facility was grossly inadequate since the impact of the epidemic was such that tents had to be erected to shelter the victims on grounds surrounding the temporary pest-house. See "Noticias—Viruela," Anales del Círculo Médico Argentino, VI, No. 7 (Marzo de 1883), pp. 317-318.


"Enfermedades contagiosas en los hospitales," Anales de Higiene Pública y Medicina Legal, I, No. 8 (Octubre de 1892), pp. 437-438; Actas del Concejo Deliberante de la Ciudad de Buenos Aires correspondientes al año de 1900 (Buenos Aires: Establecimiento
Tipo-Lito "Galileo", 1901), Sesiones de los 20 y 24 de Abril de 1900, p. 41 (the council added whooping cough); Actas del Concejo Deliberante correspondiente al año 1886, Sesión del 20 de Diciembre de 1886, pp. 562-584.

For comments on the general lack of facilities see the following references: Memoria del Departamento Ejecutivo presentada al H. Concejo Deliberante por el Ejercicio de 1912 (Buenos Aires: Talleres Gráficos del Ministerio de Agricultura, 1913), pp. 171-172; "Enfermedades infecto-contagiosas en los hospitales;" Anales de Higiene Pública y Medicina Legal, I, No. 10 (Diciembre de 1892), pp. 542-544. For specific comments on tuberculosis see Emilio R. Coni, Tolemaco Susini, and others in Actas de la Comisión Municipal de la Ciudad de Buenos Aires correspondientes al año de 1903, Sesion del 2 de Octubre de 1903, pp. 393-399. For diphtheria see Coni, "Epidemia de la difteria en la Capital," Anales de Higiene Pública y Medicina Legal, I, No. 3 (Mayo de 1892), p. 131.

A. E. Amoretti, "Hospital San Roque," Memoria presentada por el Intendente Municipal—Dr. Frederico Pinedo—Años 1893 y 1894 (Enero a Julio), pp. 328-329: Amoretti noted the necessity of admitting victims of tuberculosis in the San Roque Hospital because of lack of space in the pest-house; see also Emilio R. Coni, "Hospitalización y aislamiento de los tuberculosis pulmonares en Buenos Aires," La Semana Médica, XI, No. 43 (Octubre 27 de 1904), p. 1140.


Penna and Madero, La Administración Sanitaria y Asistencia Pública de la Ciudad de Buenos Aires, II, pp. 148-149.


Informe Anual de la Asistencia Pública correspondiente a 1883, pp. 147-148; for comments on the need to use strait-jackets see "Hospicio de los Mercedes," Memoria presentada por el Intendente Municipal—Dr. Frederico Pinedo—Años 1893 y 1894 (Enero a Julio), p. 522.

Concerning overcrowding and other conditions see "Hospicio de los Mercedes. Memoria Anual del Hospicio por el año 1888," Memoria de la Intendencia Municipal de la Capital de la República correspondiente a 1888 presentada al H. Concejo Deliberante, I, 214-238; see also Memoria de la Intendencia Municipal—1898-1901 (Buenos Aires: Impronta Martín Biedma e Hijo, 1901), p. 44; "Hospicio de los Mercedes," Memoria presentada por el Intendente Municipal—Dr. Frederico Pinedo—Años 1893 y 1894 (Enero a Julio), pp. 533-534.

Dr. Lucio V. Meléndez in 1885 described the institution as a "custodial institution." See "Hospicio de los 'Mercedes'—Memoria 1885," Memoria de la Intendencia Municipal de la Ciudad de Buenos Aires Correspondiente a 1885 presentada al H. Concejo Deliberante, p. 98; La Prensa, Agosto 15 de 1886.


90 Intendencia Municipal, Trabajos de la Comisión Especial. Patronato y Asistencia de la Capital de la República (Buenos Aires: Establecimiento tipográfico "El Censor", 1892), pp. i-x; for municipalization of the Patronato de la Infancia see Penna and Madero, Memorias de la Administración Sanitaria y Asistencia Pública, 1906-1909, pp. 220-221.


92 Penna and Madero, Memorias de la Administración Sanitaria y Asistencia Pública, 1906-1909, p. 221.

93 Actas de la Comisión Municipal de la Ciudad de Buenos Aires Correspondentes al año 1904, Sesión del 10 de Noviembre de 1904, pp. 600-602; Coni, Higiene Social—Asistencia y Previsión Social, Buenos Aires Caritativo y Previsor, pp. 84-85.

94 One example of explicit recognition of the relationship between economic boom and rise in prostitution can be found in Guillermo Achaval, "Dispensario de Salubridad," Anales de Higiene Pública y Medicina Legal, III, No. 1 (Marzo de 1893), pp. 46-47.


96 Alvear's support found in Memoria del Presidente de la Comisión Municipal al Concejo Correspondiente al Ejercicio de 1881, Febrero de 1882, I, 377-379; for suspension of the original ordinance see "Disposiciones sancionadas, Anexo No. I," Memoria del Presidente de la Comisión Municipal correspondiente al ejercicio de 1881, Febrero de 1882, II, vii-ix.


99 Departamento Nacional de Higiene, Guía Oficial—Datos para la historia—Organización actual—División y funcionamiento—Legislación sanitaria argentina—Nóminas de profesionales y establecimientos de toda la Nación (Buenos Aires: n.p., 1913), p. 15; in 1910 Dr. José A. Penna protested to the Minister of the Interior Dr. José Gálvez that the Asistencia Pública y Administración Sanitaria, not having jurisdiction over the port, had no authority to exterminate the rats there; see Penna, "Exterminio de roedores en el Puerto de la Capital," Anales del Departamento Nacional de Higiene, XVII, No. 9 (Setiembre de 1910), pp. 359-360.

101 See La Prensa, 24, 25 y 26 de Noviembre de 1886.


103 Penna and Madero, La Administración Sanitaria y Asistencia Pública de la Ciudad de Buenos Aires, II, pp. 151-152; Actas del Concejo Deliberante correspondientes al año 1886, Sesión del 12 de Noviembre de 1886, p. 462; Sesión del 18 de Noviembre de 1886, pp. 574-577.

104 Torcuato de Alvear al Señor Director de la Asistencia Pública Dr. D. José M. Ramos Mejía (30 de Noviembre de 1886), in Memoria de la Intendencia Municipal de la Capital de la República correspondiente a 1886 presentada al H. Concejo Deliberante, 1ª pte, p. 152.

105 "Informe de la Comisión Inspectora de los Hospitales," Memoria de la Intendencia Municipal de la Capital de la República correspondiente a 1886, 2ª pte, pp. 401-402.

106 Actas del Concejo Deliberante correspondientes al año 1886, Sesión del 20 de Diciembre de 1886, pp. 583-584.

107 "Informe del Director General de la Asistencia Pública, Dr. Eugenio F. Ramírez, Correspondiente al año de 1890, Buenos Aires," Anales de la Asistencia Pública, I, No. 7 (Mayo 15 de 1891), pp. 596-597.

"Revista de la Quincena," Revista Médico-Quirúrgica, Órgano de los Intereses Médicos, XXI, No. 8 (Julio 23 de 1884), pp. 115-117.

Sec Intendant Francisco Alcobendas' comments in Memoria Presentada al H. Concejo Deliberante por el Intendente Municipal Dr. Francisco Alcobendas Año 1896, p. 74.

Versiones Taquigráficas de las sesiones del Concejo Deliberante, 23 Junio de 1899, p. 478.

Memoria Presentada al H. Concejo Deliberante por el Intendente Municipal Dr. Francisco Alcobendas Año 1896, p. 74.

Actas de la Comisión Municipal de la Ciudad de Buenos Aires correspondientes al año de 1903, Sesiones de los días 20 y 21 de julio de 1903, pp. 474-477 and pp. 478-483; a reading of these city council minutes quickly reveals the inordinate concern for Buenos Aires' international reputation as a motive impelling hospital improvements.

Memoria Presentada al H. Concejo Deliberante por el Intendente Municipal Dr. Francisco Alcobendas Año 1896, pp. 74-75.
CHAPTER II

BUENOS AIRES AND EUROPE:

THE ASISTENCIA PÚBLICA AND FOREIGN MODELS

Municipal leaders involved in the delivery of health and welfare care related the functioning of the Asistencia Pública to the general idea of a superior "level of civilization" in Buenos Aires. In general, they believed that the standards of health and welfare care perceived to exist in major European cities and to an extent those in North America defined the future standards of achievement in Argentina. Therefore, "modernization" for municipal leaders implied the adaptation of European "models" to local conditions.

The attitudes of the directors of the Asistencia Pública, other medical leaders, intendants, and city councilmen reflected the general opposition of Argentine intellectual and political leaders to the policies of the dictator Juan Manuel de Rosas (1829-1852). Leopoldo Zea, the Mexican intellectual historian, characterizes the political leaders and
intellectuals of the 1880's as Europeanizers who attempted to erase their country's gaucho and colonial-Hispanic past. In their minds, it was necessary to eliminate the legacy of the past as represented symbolically by Rosas through a process of thoroughgoing Europeanization. One such leader of the post-Rosas period was Domingo F. Sarmiento, who believed that the modernization of Argentina depended upon the destruction of the backward and obscurantist past.

This desire found an echo in the writings of the principal members of the established medical community in Buenos Aires. Specifically, it took the form of attempts to justify the direct adaptation of European health and welfare institutions to the conditions of Buenos Aires in an effort to achieve the relatively low mortality and morbidity rates then evident in major European cities. A major example of an articulate member of the medical community who consciously attempted to construct a Buenos Aires in the image of the European city was the original director of the Asistencia Pública, Dr. José María Ramos Mejía. He is an exceptionally clear example of the relationship between the antipathy of Argentine intellectuals to Rosas, and their willingness to mimic the institutions of Europe.
He was not only a contributor to Sarmiento's newspaper *El Nacional* but also the author of two studies of Rosas. In *Las Neuronías de los hombres célebres en la historia argentina*, he attempted to trace the dictator's relationship to Argentine society from a medical-psychological (one might say pathological) standpoint. Another primary figure in the history of municipal health administration in Buenos Aires of this period, Dr. José A. Penna, entertained similar ideas in his reaction to what Rosas appeared to represent and in his favoring of modernization through Europeanization. For the two figures mentioned, the Rosas era was one of tyranny, traditionalism, and stagnation in scientific and medical development. The remedy was to turn to Europe.

Similar attitudes appear to have permeated the thinking of subordinate members of the structure of the Asistencia Pública. Thus, for example, Dr. Enrique R. Revilla, director of the San Roque Hospital, expressed attitudes similar to those of Ramos Mejía and Penna when he contrasted the future of a Europeanized Argentina with an Argentina as symbolized by Rosas. Various members of the Asistencia Pública underlined the point by contrasting the receptivity of the European immigrant to health programs with the
resistance of his Argentine counterpart; the former was ostensibly a more modern and better educated human being than the retrograde criollo (native-born Argentine). An interesting quotation which illustrates the attitudes held by at least some members of the Asistencia Pública finds expression in the work of two authors. In 1907, they wrote that a "wealthy Argentina" led by a group of "distinguished thinkers," was now free of the obstacles of Spanish atavism and of obscurantism. To follow the paths of progress.

Such thoughts on the destiny of Argentina were those of two low-ranking members of the smallpox vaccine administration.

Directors of other medical and welfare institutions in Argentina's capital held intellectual positions similar to those outlined above. The leaders of the Beneficent Society occasionally expressed an anti-Rosas sentiment similar to the attitudes of such Asistencia Pública figures as Ramos Mejía. In 1912, the authors of a history of the Society, in a compilation of documents, statistics, and descriptions, devoted ten pages to an anti-Rosas position. The citation below illustrates the institution's devotion to the progress of the nineteenth century:
Rich in gifts in favor of all of humanity [the nineteenth century] appears to distinguish itself with the Argentine Republic, giving it its own and independent life, free institutions, intellectual, moral, and material progress; transforming Buenos Aires from colonial dependency into the second Latin city [Paris was the first], and the Argentine people into the first of South America.

The nineteenth century cannot pass to the future confused with its predecessors. It would be on the part of the Argentine an act of ingratitude, and for the present generation an omission unworthy of its culture.

... Why are the generous Argentine people not to follow such a noble example of Europe?10

Members of the Faculty of Medicine similarly depended upon foreign models for inspiration.11 An evident example of this was the building of the new Buenos Aires Hospital in accordance with the most "advanced ideas in the field and according to the system adopted in Germany and the United States."12

In addition, since 1852, the Faculty of Medicine had arranged its medical curriculum after that of the University of Paris; many members of the Asistencia Pública obtained their basic medical education from the French-influenced University.13 Further, Coni had secured an arrangement with the University of Paris to obtain the latter's medical theses in exchange for those of the Faculty of Medicine.14 Dependence upon foreign texts and French medicine tended to
enhance the sense of reliance upon European precedents evident in the writings of municipal health officials.

It is clear that the intendents of Buenos Aires and members of the council were equally receptive to ideas which had their inspiration abroad. The most important of the intendents of Buenos Aires to express attitudes similar to those of Ramos Mejía and other directors of the Asistencia Pública was Torcuato de Alvear. As president of the municipal administration in 1882, Alvear stated that Argentina was a "new country" and had to imitate the capital cities of Europe in the formulation of policies and adaptation of institutions designed to raise the level of health and welfare services. The "new Argentina" was to free herself from her past to follow the path of progress represented by the nations of Europe. In a letter to Dr. Guillermo A. Rawson, Alvear explained the administration's decision to sponsor research in Europe on city government and municipal hygiene: he asserted that it was necessary to obtain the knowledge which "science and progress conquer daily in the most advanced peoples" so that Buenos Aires might cope with its own rapid growth. Alvear, the Argentine Baron
von Haussman, had the reputation for accomplishing for Buenos Aires what von Haussman did for the Paris of Napoleon III in transforming a traditional city into a modern hygienic metropolis. 17

Other intendants, although not as prolific in such cases as Alvear, did express a similar dependency upon Europe for standards of administration and of hygiene. Intendant Bullrich, in 1899, noted that the personnel of the Asistencia Pública were more numerous than those of the similar institution in Berlin and as numerous as those of London; furthermore, he stressed the necessity of Europeans to distinguish between a healthful Buenos Aires and a tropical Rio de Janeiro. 18 In 1912, Intendant Joaquin S. de Anchorena noted that:

The Asistencia Pública occupies today one of the first ranks among analogous institutions of the great capitals; some of its services are models and its organization, in general, responds to the needs of our metropolis. 19

Later, de Anchorena would express reservations concerning the adequacy of the Asistencia Pública. Nevertheless, intendants of Buenos Aires were receptive to foreign practice and often compared their own Asistencia Pública with similar institutions abroad.
The council received many proposals based upon foreign precedent. Such was the case with projects related to the regulation of prostitution, the establishment of the Pasteur Laboratory, and the creation of the Asistencia Pública itself. Although it is difficult to obtain the exact position of council members from the minutes of council meetings, at times an explicit reference to European practices does appear. An example is the case of legislation regulating prostitution in 1894 with both Eduardo Pittaluga and Dr. Martín Spuch referring to the experience of regulation in European countries and its impact upon the incidence of venereal disease. Copies of proposed legislation based upon European experience often appeared in such journals as the Revista Médico-Quirúrgica and La Semana Médica. Individuals with rich experience abroad and connected closely with municipal health and charity services often sponsored legislation related to hygiene and welfare.

In the remainder of this chapter the author shall attempt to determine how figures of the medical establishment in Buenos Aires perceived the relationship of a developing Argentina to a modern Europe. In so doing, first it is necessary to show that
doctors in Buenos Aires relied upon foreign models for proposed legislation and goals; second, it is useful to note that by 1910 the Argentine considered himself to be successful in travelling the road of progress; and third, it is necessary to stress that Argentine medical men did not always view the adaptability of European models to domestic conditions with unqualified ingenuousness.

I. THE EUROPEAN PRECEDENT

The principal goals which the directors of the Asistencia Pública pursued in their attempts to obtain a modernized Buenos Aires were: 1) the reduction of mortality and morbidity rates to match those achieved in major European cities; 2) the adaptation of European institutions and practices to domestic conditions; and 3) the improvement of health, welfare, and hygiene to levels then evident in major European cities.

Perhaps the most explicit early statement of such goals came in 1874 from Rawson; he asserted that the city of Buenos Aires should attempt to increase life expectancy of its residents by ten years such as had occurred in London and Paris. In the next four decades there followed many reports of statistical comparisons detailing both general mortality
rates and mortality rates for specific diseases in European capitals and in Buenos Aires. The purpose of these articles was to stimulate greater efforts on the part of the municipal administration and of the government of Argentina to emulate the Old World in the attainment of higher standards of health.\(^{23}\) Even in those studies which developed favorable comparisons the framework of reference was European: for example, in 1911 an author noted that mortality in Buenos Aires compared favorably with rates in the majority of European capitals.\(^{24}\)

Many persons who at one time or another were members of the Asistencia Pública developed such analyses. One such individual was Dr. Isaac Larrain, a municipal doctor, who in 1890 noted that European countries had put much greater effort into their programs of medical assistance outside of the hospital than had the municipality of Buenos Aires, and that the municipal administration could well adopt such an approach to lessen pressure upon hospitals.\(^{25}\)

Examples of this approach abound. Coni, in pursuing his interests in puericulture (the care of infants) noted that infants in Buenos Aires were subject to a rate of smallpox mortality which
surpassed that of all major European capitals except Madrid. He, and later José A. Penna, stated further that this cause of infant mortality had virtually disappeared in Germany as a result of the latter's advanced program of obligatory vaccination. Coni also claimed that the mortality rates for children due to syphilis was much higher in Buenos Aires than in any of the major capitals of Europe. He made similar statements regarding diphtheria and children.

One of the more important projects adopted by the municipality was Dr. Enrique R. Foster's plan of 1904 to establish in Buenos Aires the institution known in France as "Drops of Milk" (gouttes de lait). Founded in 1894 in Paris, the facility met with considerable success (according to Foster) in the improvement of infant nutrition, and the hope was that it would have equal success in Buenos Aires. With some modification, the "drops of milk" program established in the capital of Argentina had the task not only of dispensing milk and other foodstuffs to poor children but also that of educating mothers and wetnurses.

The most important and expensive instrument for public health and welfare was the hospital system.
At all levels and in all types of hospitals, the ideal level of service received definition in terms of the European experience. Particularly important was the comparison between hospitals in Buenos Aires and those in European cities concerning the ratio of beds per capita.

The concern for lack of beds in Buenos Aires extended throughout the period from 1883 to 1910 as various individuals noted that Buenos Aires did not have sufficient capacity by either domestic or European standards. Dr. Fernando R. Torres noted in 1910 that the nineteen hospitals of Buenos Aires and its eight casas de socorro (First Aid Houses) had a total of 5,306 beds, or approximately four beds for every one thousand inhabitants. This, he complained, compared quite unfavorably with the ratio in Paris ten years earlier of 5.51 beds or in Berlin of 5.62 or in the Scandinavian capitals of eight per thousand individuals. Torres noted that this condition primarily reflected the existing lack of facilities for chronically ill patients. Efforts to remedy the situation had continued since the term of the first director of the Asistencia Pública. Torres described the general circumstance in this manner:
It is in Paris as in the majority of European cities that great attention is paid and great sums are invested in the assistance of the needy who are chronically and incurably ill, disposing for these patients four large hospitals and several hospicios.  

He argued that the Antonio V. Crespo Hospital was totally insufficient particularly in comparison with existing Parisian facilities for the poor and chronically ill. He did express confidence, however, that the newly founded Torcuato de Alvear Hospital, with an immediate capacity of 800 beds and a projected total of 2,000, would lead to a solution of the problem.

Other individuals within the administrative structure of the Asistencia Pública expressed similar dismay concerning the inferiority of the facilities of Buenos Aires. Dr. Lúcio V. Meléndez wrote in 1885 that the badly managed, underfinanced, and overcrowded insane asylums of Buenos Aires were totally deficient for the purpose of attracting paying patients. He expressed himself in the following manner:

The repugnance of various families toward sending their relatives to these asylums will be justified until the latter are elevated to the level of European asylums for their space, comfort, supply of personnel, hygiene, regulation and perfect organization . . . as has occurred in Scotland.
Meléndez argued that the quality of care in the Hospicio de los Mercedes should be elevated to European standards in order to place the asylum on a profitable basis. Meléndez was of course lobbying for an expansion of facilities and personnel in order to improve the care given to the patient. Later, he and his successor argued that nationalization of the Hospicio de los Mercedes would relieve the municipal budget of an onerous burden caused by the influx of patients from the provinces; they wanted to see the asylum nationalized as similar institutions had been in Europe.

In an effort to improve health care standards in Buenos Aires, in 1887 Coni introduced a proposal to the council which prohibited the admission of patients with communicable diseases to any of the general hospitals of Buenos Aires. This is a logical step following Coni's initiative in the banning of smallpox victims from the general hospitals in 1879. He also argued that hospitals should be equipped with "services of disinfection" as were those of London, Brussels, and Berlin which had their own carts for transportation of objects which had to be disinfected. Later, Dr. Eugenio F. Ramírez and Coni (with the aid of Dr. Jaime R. Costa, director of the office of
disinfection) supported ordinances for obligatory
disinfection and isolation, and for the screening of
tuberculosis victims from general hospitals. He
presented both as products of an advanced European
civilization.

Thus, the influence of the foreign example was
an overwhelming one for the doctors of the medical
establishment in Buenos Aires. It is also true that
the city administration adopted many European
practices on the assumption that the standards of
health and welfare would be improved and the level
of civilization in Buenos Aires would more closely
approach the superior model in Europe.

II. A SENSE OF ACCOMPLISHMENT

Expressions of pride in the success of the
Asistencia Pública in relationship to European
accomplishments generally occur late in the period
under study, as for example the opening of the
Hospital Carlos Durand in 1912. The editor of La
Semana Médica, summarizing the occasion, noted
carefully that the new hospital was a source of civic
pride for Buenos Aires, since it had a morgue that
"escapes all exaggeration (ponderación)." Further,
it was larger than that possessed by the Virchow
Institute of Berlin which was an institution
considered by many Argentine medical figures as representing the ideal to be attained. Similarly, in 1914, Dr. Fernando R. Torres expressed hopes that the Torcuato de Alvear Hospital would reach the heights of the great and modern policlinics which possess all of the necessary dependencies to supply themselves and are capable of duly assisting every class of patient which might call at its door as do the Virchow Hospital of Berlin and the Humberto I Hospital of Rome.

He proceeded to state that the hospital was still small for its purpose and had to be fully equipped, but nevertheless his sense of pride and accomplishment is quite evident.

Another and perhaps a more important example was the first aid service of the Asistencia Pública. Dr. Lucio O. Aravena, director of the Permanent Medical Service, credited Dr. Telémaco Susini, director of the Asistencia Pública in 1897, with having organized the service so as to rival in efficacy similar institutions in New York, London, and Paris. In 1910, Aravena stated that the institution of first aid of the city of Buenos Aires has been formed by its own effort, its system has not been copied from any other, it has developed alone, adding each day a perfection or correcting a defect in accord with the surrounding atmosphere in which it had to operate, having arrived in the present to be an organization which in its type can be considered to be a true model.
Aravena's argument should perhaps be qualified, the paper from which the quotation was taken being given at the International American Congress of Medicine in 1910, and thus showing perhaps an excess of nationalism. Further, efforts to form an emergency medical service had taken place since at least 1879 when Dr. Benjamin F. Dupont first proposed one on a French model. Dr. Emilio R. Coni had adopted the service as director of the Asistencia Pública in 1892. However, it is important that what Aravena was expressing was an independence from European tutelage and nationalistic pride with Argentina's joining the advanced nations in the scale of civilization.

In 1917, Coni wrote that Buenos Aires had taken its place "at the side of the great metropolises of the world" in terms of its progress in sanitary conditions and for its "very rich arsenal of charity and social welfare which can without fear suffer comparison . . . with the services of Paris, London, Berlin, and New York." Allowing for hyperbole, the Asistencia Pública's friends did have accomplishments of which they could be proud.

III. DOUBTING THE EUROPEAN MODEL AND ITS APPLICABILITY

Although members of the medical establishment in Buenos Aires did consider themselves to be largely
dependent upon European examples they did not adopt these without a sense of the uniqueness of Buenos Aires and of Argentina. Often, reservations appeared regarding the wisdom of adapting European models to conditions in Buenos Aires. At times they were dubious of the city's capacities to assimilate European practices; many suspected that what was called the cultura criolla (the culture of the native Argentine which many municipal leaders perceived to be retrograde and inferior) could not absorb the innovations associated with Europeanization. Thus, there was doubt on the part of the modernizing leadership of Buenos Aires concerning the capacity of native Argentines to assimilate the progress of European capitals.

These reservations took various forms. One was in the process of selection of the model itself. Thus, Coni wrote in 1879 that he had chosen as a basic model for the regulation of prostitution Belgian rather than English or Bavarian legislation. He claimed that the Belgian model did not emphasize personal liberties excessively as did the English, nor did it opt for total suppression of prostitution as did the Bavarian; the Belgian model, hence, was more adequate for the Latin character of Argentines. Later, in
1892, Coni was very explicit in opting for an "alien" model during debates concerning the creation of an Asistencia Pública y Administración Sanitaria. He proposed the reorganization of the Asistencia Pública based on the English model which, he claimed, was the most advanced in the world; although it was not immediately adaptable to conditions in Buenos Aires, Coni argued that its founding would be an educational experience for the porteño and would teach him the civilized behavior of Anglo-Saxon England. In other words, the "Latinity" of Argentines had to be overcome in favor of more disciplined Anglo-Saxon modes of behavior; in 1879, models had to be selected which corresponded to the Argentine atmosphere.

Dr. José A. Penna at times expressed similar reservations. In 1886, he contrasted unfavorably the receptivity of Germans to smallpox vaccination with the refractoriness of the native Argentine. For Penna, this difference applied to immigrants who were more likely to be vaccinated than their criollo counterparts. For contemporaries, this contrast in behaviors represented the difference between the "New Countries" and the "Old Countries"; in modern terms, it was the difference in behavior between citizens of a developed society and those of an
underdeveloped society. Two members of the smallpox vaccine administration wrote in 1907 that the prophylaxis of smallpox in Germany had reached such a level of success that German medical students in Buenos Aires would stop at the pest-house in order to study a case first hand. In contrast, they claimed:

It is not possible to hope that a young country such as the Argentine Republic, still trying to win for itself the material sustenance which might permit it to live free and independently, can have been able to preoccupy itself with perfecting its life from other points of view which might not involve its political and financial interests...

Nor can we not recognize the fact that our geographical isolation has contributed in large part to the lack of stimulation of the flame of scientific investigation in our medical men... and that the criollo doctor has always lacked the sacred fire of scientific attraction.

For these two individuals, the cultura criolla could subvert even those who could be expected to be innovators and Europeanizers:

Most young doctors return full of hopes, of enthusiams, and of projects, which become rapidly neutralized by the non-chalance of the criollos which look at everything with eyes toward material wellbeing and a disdainful laugh; which turns toward complacency when it can contemplate a good extension of land covered with bulls and cows and rams and colts...
Coni would confirm this assessment of Argentine native culture; earlier he had written that the native-born Argentine mother preferred to lead a luxurious life in which she had no time for her children and thus, allegedly, contributed to the infant mortality rate.\textsuperscript{44}

At times more mundane considerations were the basis of uncertainty concerning Argentina's future rather than fear of the native culture which José Ingenieros would later classify as the Gaucho-Indian-Hispanic heritage.\textsuperscript{45} Often, the sense of shortcoming expressed itself in statements detailing the financial, technical, and educational difficulties involved. For example, in 1881 Dr. Lúcio V. Meléndez, as director of the Hospicio de los Mercedes, questioned whether it was possible to adapt European institutions to the Argentine ambiente without careful consideration of obstacles involved. In discussing the complexities of the administration of "mixed hospitals," Meléndez argued that

Argentine doctors, both old and modern, lack much of what the Germans, English, French, Russians, Danes, etc., etc., have learned.

In these countries, specialists abound and each one of their doctors have an education more complete than ours gained in the Universities and Faculties.\textsuperscript{46}
Moreover, Meléndez noted that the very existence of the Beneficent Society and its domination of women's hospital facilities would be an obstacle to the founding of hospitals for both sexes in Buenos Aires. But fundamentally Meléndez argued that Argentina had not advanced sufficiently to adopt the admittedly superior European practices without qualification.

In 1892, Dr. Pedro A. Mallo clearly stated this point of view in the Boletín de Sanidad Militar. In a critique of the recent adoption of extensive obligatory disinfection measures by Coni's Asistencia Pública, Mallo argued that the measures were perhaps applicable in Europe where the financial basis existed for thorough enforcement but such was not the case in Argentina. He claimed that the authority (or legitimacy) of the Asistencia Pública itself would be endangered if the citizenry became accustomed to flouting its policies without fear of legal punishment. Further, to the extent that it was enforceable it would be an instrument to harass the poor, since the wealthy had adequate means to avoid the measure. To complete the argument, Mallo averred that it was not possible blindly to adapt foreign practices to a country in which the proper groundwork had not been laid.
Coni admitted that the provisions of the law were not initially enforceable; however, he argued as he had done concerning the reorganization of the Asistencia Pública in 1892 that the measure was an educational one and would be efficacious in the future. But the point is that for Mallo the people of Buenos Aires had not advanced sufficiently economically or socially to accept such Europeanization without great difficulty and with counterproductive results.

The above statements appear to represent fairly reservations held by important medical figures in Buenos Aires concerning the impact of Europeanization. The leaders of the medical community of Buenos Aires tended to reject the domestic culture as they perceived it to be—the gaucho-dominated barbarism that had in the past produced a Juan Manuel de Rosas.

Doctors of the Asistencia Pública tended to vacillate between a near euphoric faith in the future of Buenos Aires and a sense that in the end the cultura criolla might prove impenetrable. The directors of the Asistencia Pública and other members of the medical establishment then faced what is still a very contemporary problem for innovators in traditional societies: to what extent
is it possible to enforce change in the face of traditional cultural characteristics without producing difficulties of national identity? In Argentina, public officials in general opted for modernization (or as Leopoldo Zea put it, Euro-Argentinization). This effort found expression in the approach which leading figures in the Asistencia Pública adopted and attempted to implement.


3. See José Ingenieros, "La Personalidad intelectual de José M. Ramos Mejía (1879-1914)," *La Semana Médica*, XXII, No. 21 (Mayo 27 de 1915), pp. 658-661; Ramos Mejía's two works on Rosas were: *Las Neurosis de los hombres célebres en la historia argentina* (Buenos Aires: Ediciones Anacondas, 1882), and *Rosas y su tiempo* (Buenos Aires: Orientación Cultural Editores S.A., 1952), in three volumes. The last is a reprint of a 1907 work.


13. Doctors Emilio R. Coni, José María Ramos Mejía, Telémaco Susini, Enrique Revilla, for example, received their degrees from the University of Buenos Aires Faculty of Medicine.


19. Memoria del Departamento Ejecutivo presentada al H. Concejo Deliberante por el Intendente Municipal Dr. Joaquín S. de Anchorena—Ejercicio de 1912 (Buenos
Aires: Talleres Gráficos del Ministerio de Agricultura, 1913), xi-xii.


21. A few examples of those persons who received aid from the municipal government are: Dr. Guillermo A. Rawson, Dr. Carlos Malbrán, Dr. Fernando R. Torres, and D. Manuel Cadret; for Malbrán, see Memoria de la Intendencia Municipal, 1890-1892 (Buenos Aires: Establecimiento de Impresiones G. Kraft, 1893), p. 247; for D. Manuel Cadret, see Actas del Concejo Deliberante correspondientes al año 1894 (Buenos Aires: Imprenta "La Universidad" de J. N. Klingelfuss, 1886), pp. 58-59; for Dr. Fernando R. Torres, see Torres, "Hospitales Europeos y su comparación con los nuestros —Informe presentado a la Superioridad," La Semana Médica, XIX, No. 31 (Agosto 1 de 1912), p. 201.

22. Luis C. Maglioni, Conferencias sobre higiene pública dadas en la Facultad de Medicina de Buenos Aires por el Dr. D. Guillermo Rawson (Año 1874) extractadas, anotadas y seguidas de un appendice (París: Donnamette & Nata, 1876), p. 31.

23. Emilio R. Coni, "La viruela en la ciudad de Buenos Aires," Revista Médico-Cirúrgica, Órgano de los Intereses Médicos Argentinos, XII, No. 23 (Marzo 8 de 1887), pp. 363-365, is just one example; it is possible in virtually any volume of medical journals La Semana Médica, Anales del Círculo Médico Argentino, or Revista Médico-Cirúrgica, Órgano de los Intereses Médicos Argentinos to find comparisons of Argentine and European mortality rates.


26. Intendencia Municipal, Trabajos de la Comisión Especial. Patronato y Asistencia de la Capital de la República (Buenos Aires: Establecimiento tipográfico

27 Intendencia Municipal, Trabajos de la Comisión Especial, Patronado y Asistencia de la Capital de la República, p. 122.


30 Ibid., p. 969.


32 See Chapter V.


42. "Informe del Médico-Director de la Casa de Aislamiento," Memoria de la Intendencia Municipal de la Capital de la República correspondiente a 1886 (Buenos Aires: Imprenta de M. Biedma, 1887), 2ª pte, p. 547.

43. Lanteri and Bisso, La Semana Médica, XIV, No. 17 (Abril 25 de 1907), p. 476.

44. Statement by Dr. Emilio R. Coni paraphrased in W. R. Tello, "Causas de la morbiliidad y de la mortalidad en la ciudad de Buenos Aires," Anales del Círculo Médico Argentino, VIII, No. 10 (Octubre de 1885), pp. 495–496.


49 Emilio R. Coni, "Declaración obligatoria," Anales de Higiene Pública y Medicina Legal, I, No. 10 (Diciembre de 1892), p. 530.

CHAPTER III
MODERNIZATION: MEDICAL INNOVATION AND RESPONSE

As noted previously, leaders of the municipal administration in Buenos Aires considered themselves to be innovators in the construction of a new capital city in a developing state. The formation and development of the Asistencia Pública reflected this modernizing tendency and was part of it. Following the argument presented by Samuel P. Huntington in his work on political development in modernizing countries, it can be stated that the Asistencia Pública and its policies reflected the development of a gradually increasing capacity of the state, through one of its institutions, to govern and to "penetrate" the society to a degree necessary to enable the innovation of policies. This latter capacity, according to Huntington, is an essential characteristic of a developed state.¹

The balance of this chapter will be devoted to a discussion of attempts to impose medical innovations upon the population of a capital city undergoing
rapid development. It will be necessary first to examine the modernizing ideas of some of the principal leaders in the Asistencia Pública and the municipal government, and their objective of increasing the influence of the Asistencia Pública on the lives of porteños. Secondly, it will be necessary to relate this goal to particular medical policies. Thirdly, resistance and non-response to innovations will be considered—not in an attempt to explain fully all sources of discontent with health and welfare policies but rather to understand to what degree enforcement of policy was effective.

I. MODERNIZATION: A RATIONALE

The policies adopted by the leaders of the Asistencia Pública were the work of members of the elite briefly described in the first chapter. Like the English aristocrats who led reform movements in the Great Britain of the 1830's, Argentine leaders enacted policies from the top of the sociopolitical structure in order to preserve political stability and to provide for societal cohesion. At times public officials expressed fear of social upheaval and related actual and potential unrest to inadequate health and welfare programs. President Julio A. Roca gained notoriety for his Ley de Residencia
of 1902 which enabled the Argentine government to exile political dissidents of foreign origin. It is noteworthy, however, that he expressed the idea that repression was not sufficient to maintain social stability; rather, in his opinion, it was necessary to enact social legislation that would benefit the working classes and thereby ensure their political loyalty.\(^2\) It should be noted that this statement occurred against a background of social unrest marked by labor strikes and anarchist activity.\(^3\)

Public health figures did express anxiety concerning social unrest and related it to inadequate health programs and unsanitary living conditions. Dr. Guillermo A. Rawson expressed such a fear in his 1884 study of housing conditions in Buenos Aires (see Chapter IV); for him, the Paris Commune of 1870-1871 was a portent of what might happen in Buenos Aires.\(^4\) Later, Dr. Eugenio F. Ramírez expressed a similar reaction after the financial crisis of 1890 had precipitated unemployment and a revolutionary action which resulted in the downfall of the Juárez Celman government.\(^5\) A municipal doctor, Isaac Larrain, suggested in 1890 that one purpose of extending aid to the poor was to preserve the social order and to increase the "level of civilization."\(^6\)
In 1907, Dr. José A. Penna suggested that a current wave of strikes and violence might not have occurred if a Bismarckian system of social welfare had been adopted by the national government. Such reformist approaches on the part of the elite, which stressed improvements sufficient to defend the social order, could not lead to thorough reform for the lower classes.

More important as a motivation for modernization, however, was what in contemporary terminology would be called the "demonstration effect," the topic of the preceding chapter. Medical innovators, however, did not believe that it was a simple matter of transferring institutions from a European country to the "new country" in order for modernization to occur. Rather, it was necessary for that institution to become a part of the daily habits of the people of Buenos Aires. Thus, for Penna, it was the "social duty" in a "civilized state" for all individuals to be vaccinated against smallpox. Other figures expressed admiration for the United States because, apparently, it was becoming customary for the North American to be vaccinated voluntarily. Hopes were
expressed that eventually this modern innovation would become a common practice in Buenos Aires also.9

A more explicit statement of the modernizing functions of the Asistencia Pública is that of Dr. Emilio R. Coni in 1892. As noted in Chapter II, Coni recognized that unmodified European practices could not be imposed upon what he termed to be a country not ready to accept them. For Coni, however, this did not imply that the most modern innovations should not be implemented. Rather, it became even more necessary to adopt such standards in order to accustom the residents of Buenos Aires to them.10

In other words, Coni explicitly advocated a direct modernizing procedure— one which Argentines as individuals would experience. His reasoning closely paralleled a contemporary view that if the Argentine Constitution did not correspond totally to political and social reality it more importantly served as an educational device designed to civilize the Argentine people.

Individuals who advocated the adaptation of milk dispensaries to conditions in Buenos Aires held similar views. Obviously, the first and foremost objective of such an institution was to improve the diet and health of infants. But the essential point
for our present purposes was that these dispensaries sought to reach people who had been beyond the range of governmental institutions. Furthermore, they performed an instructional function especially for mothers who had no concept of the then most modern nutritional standards. It is appropriate to cite Coni on this point:

When the milk dispensaries have been given a more numerous personnel, they will come to constitute a powerful aid, which, apart from being a means of discipline, will at the same time be a means of culture and popularization of the notions which the dispensaries and institutes teach.12

Dr. José María Ramos Mejía made a similar point when he advocated a system of controls for prostitutes based upon European precedents. Ramos Mejía observed that European prostitutes were already accustomed to the state’s regulatory role while those from Argentina would become so over time. Ramos Mejía and Coni advocated this position in spite of well-taken claims that the city lacked adequate personnel and physical facilities for any sophisticated European approach.13

Another related objective in extending health and welfare services downward into society was the development of an Argentine identity. Rawson noted the tendency of immigrants to maintain national identities, and he supported a program of housing
inspection and reform designed to change their loyalties from the old country to the new. Dr. Francisco Otero, referring to the goal of many immigrants to pursue wealth in order eventually to return to their homelands, claimed that the hope of improved health and living conditions would help identification with their new country. In short, reform efforts hopefully would lead to the "Argentinization" of the new immigrant and be one part of a program to build a cohesive national state out of the disparate elements making up the new Argentina.

II. INNOVATION AND ENFORCEMENT

The interest of the public authorities in extending the power of the state are evident in a letter of Torcuato de Alvear in 1882 in which he proposed a law for obligatory vaccination against smallpox. Here, Alvear put forth the reasoning of the innovators in a succinct and, given his premises, logical manner:

In new peoples like our own, where the sanitary laws and ordinances are not duly respected, not much will be gained by making vaccination obligatory if the latter is not verified in some fashion so that the inferior classes cannot subtract themselves from the act of inoculation.

... it would be necessary to practice vaccination in the domicile; it would be indispensable that the vaccinators penetrate
the 2,000 conventillos in the capital... and that it is precisely the poor who for their ignorance and living conditions submit the greatest contingent to smallpox mortality.16 Voluntaristic means, in Alvear's view, would be insufficient.

Similarly, Ramos Mejía wrote in 1884 that relying upon voluntary compliance would lead to failure:

However simple its application might be, and however many the precautions taken, this resistance will never be vanquished by persuasion and this conviction brings me to insist always upon the necessity of dictating a disposition that would declare it obligatory as in the greatest portion of the civilized world.17

Proponents of obligatory reporting of communicable diseases offered arguments that paralleled those made in support of compulsory smallpox vaccination. In 1884, Penna stated that it was necessary to meet the presumed levels of obligatory reporting then, he claimed, evident in Paris. All that was needed, in his view, was "a little more insistence," meaning more enforcement.18 Other medical officials proposed the imposition "without leniency" of higher fines in order to obtain greater cooperation with the official health apparatus.19 Obligatory reporting, Coni and others insisted, was to be the basis of a total system of prophylaxis including disinfection and isolation.20
In 1884, Penna asserted that what was needed both in normal times and in periods of crisis was a "regular scientific organization" which would gain the allegiance of the inhabitants and therefore not be forced to resort to draconian measures. These means involved a modernizing process which implied an increased impact of the bureaucratic structure upon the daily lives of the citizenry.

Attempts to extend the authority of the Asistencia Pública were evident in the program formulated to eliminate tuberculosis from the milk cows of Buenos Aires. More clearly than in some innovations, the fulfillment of this objective depended directly upon technological innovation through the administration of the tuberculine test to dairy cattle. In 1896, members of the council passed an ordinance with the following provisions: that inoculation of tuberculine be obligatory for all cattle in all cow-sheds of the capital city "declared to be suspicious" by the Office of Technical Hygiene, that no owner could shelter a cow without a certificate of health proferred gratis by the office and posted in public view, and that introduction or substitution of animals in cow-sheds without prior authorization was to be punished by fine and "withdrawal of the animal" if the latter were
Thus in a legal sense the authority of the Asistencia Pública's personnel to intervene in what were previously private affairs was enormously enhanced.

That such ordinances existed, of course, does not mean that they were effective. In most cases only partial implementation was possible. In terms of objectives, however, it is clear that the adaptation of foreign practices to the domestic scene was not merely a sterile operation, a transplantation, but rather an effort first to change the lives and outlooks of the common people of Buenos Aires, and second, to increase the ability of the state to govern. Both objectives were related to an overall effort to reduce the "social distance" that separated the lower classes, largely immigrant, from the elite and therefore the government.

III. RESPONSE TO INNOVATION

Not all resistance or reaction to medical innovation can be discussed in terms of a dichotomy between modernity and tradition. In point of fact, many innovations per se can not be related to modernization regardless of the fact that innovators in Buenos Aires did conceive of their task as one of development. A look at some of the reactions to particular policies
should give us guidance on the more general question of the overall impact of the policies adopted and to what extent they reached into the daily life of the Capital City's inhabitants.

The most difficult source of obstacles to medical innovations to analyze in any coherent fashion is resistance to reforms as such, whether for reasons of apathy or of simple adherence to old ways and habits. Also, there are indications that the means of publicity or propaganda were inadequate. The municipal charter provided that all municipal decrees and ordinances had to be published in three major city newspapers. These means would not reach a largely foreign-speaking and illiterate population. This explains statements by officials of various subdivisions of the Asistencia Pública that ignorance of the provisions of certain ordinances was widespread. For example, there is evidence that many inhabitants simply did not know the process by which one could obtain certificates of poverty (by which free medical assistance could be obtained), access to a municipal doctor, or the location of the nearest office for smallpox vaccination. Dr. Pedro I. Acuña and Dr. Emilio R. Coni both voiced their objections to inadequate publicity, and suggested that large posters be printed and distributed in the
the poorer sections of the city in order to better inform the populace of services available through the municipal doctor.²³

Cultural differences also contributed to difficulties of enforcement. Criticisms of the hard-headed materialism of the recently arrived immigrant and its impact upon health conditions are common. One of the more striking is offered by Dr. Francisco Bengolea, a municipal doctor, in 1894:

The true scourge of this district is tuberculosis . . . [due to] privations of every nature imposed by the unbearable prices of the most elemental articles of life and often the greed of the foreigner. . . . Many individuals inhabit antihygienic conventillos in a voluntary indigence and frequently demand the aid of the Asistencia Pública. . . . [One] of the most alarming factors . . . is the greed of the immigrant. . . .²⁴

As Domingo F. Sarmiento had noted in the previous decade, the immigrant himself, as an agent of modernization at one level, was an obstacle to the development of a sense of national identity. The immigrant also resisted the enforcement of policies intended to improve public health standards.

The officials of Buenos Aires thus faced a two-fold process of modernization and integration. As Argentine sociologist Gino Germani notes, the oligarchy's ideology stressed the need to replace the original criolla population with Europeans in
the hope of constructing a European-style state on what they conceived to be the backward society symbolized by Rosas. However, the new immigrants also constituted a problem—that of integration into some form of national identity. In the field of the activities of the Asistencia Pública, the new immigrants, although more receptive to public health initiatives than were native-born Argentines, nevertheless were alienated from the official bureaucratic state.

The social distance that separated the elite from the poor was intensified by the fact that many of the poor were also immigrants. This social distance contributed to the authoritarian attitudes of council members and of officials of the Asistencia Pública who often enacted policies that could not have enhanced their humanitarian image, especially in the conventillos. Clearly, they used coercive, authoritarian, and heavy-handed methods in dealing with the poor. The ends, improving public health, justified the means, which were often arbitrary.

Much of the resistance or reaction toward public health policies can be explained in mundane terms that would apply to any society of the time. The clearest example of this kind of response is the vacillation between apathy and panic that the
recurrence of epidemics induced, particularly smallpox. One can also discern apathy in reaction to such measures as the abolition of the system of using cattle as sources of fresh milk at the doors of homes in the central city in 1892. The first initiative to eliminate this practice occurred in May 1892. Because of the lack of conviction that such milk was more dangerous than milk delivered in a more civilized manner, the initial attempt to ban loose cows entirely gave way to a compromise in which dairy cattle were excluded from a specific area of the center city. Certainly the passage of such a measure involved financial difficulties for individuals dependent upon the trade, but the weight of doing things in the traditional manner was important also. This was particularly true because of the strong minority sentiment that the primary interest of the council was not to improve the public health, but rather to ornament the city. Loose cows were offensive in terms of the esthetic standards of upper-class Europeans. Thus, the original report of the hygiene commission of the council stated that loose dairy cattle were a "shameful spectacle which conflicts with the culture of a city such as ours."
Another example of resistance in part based upon the element of inertia or apathy was the policy of removing stray dogs from the city streets. As one intendant stated, the most effective means of countering rabies was to eliminate stray dogs from suburban areas. Not only did certain measures (such as the immediate execution of stray dogs by means of gas) precipitate explicit opposition from such organizations as the Society for the Prevention of Cruelty to Animals, but other initiatives elicited what can best be termed little or no response. Thus, attempts to have all dogs licensed simply met with no reaction whatever by many dogowners. Officials noted that in extreme cases there were homes in Buenos Aires with sixty or seventy animals none of which was licensed. Complicating the matter was that dog-catchers were few in number and evidently did their job sporadically and inadequately. Thus, there was little threat to the individual dogowner that it would be his animal that was sequestered and/or killed. Insistence by the Society for Prevention of Cruelty to Animals that the city use humane measures may have contributed somewhat to this result. But the great weight of inertia and habit, and the lack of willingness of the council and intendant fully
to commit themselves to a program of elimination of stray dogs was even more important.

In addition to apathy, an important motivation that impelled many individuals to resist measures of the Asistencia Pública was fear of physical harm. Persons, especially early in the period when the controversy over the relative merits of human and animal vaccine (against smallpox) still raged, opposed vaccination because of fear of transmission of human disease. The advocates of human vaccine, including Dr. Justo A. Meza, first director of the vaccine administration, helped to encourage opposition by claiming that the procedure with human vaccine was safe and efficacious but had to be used carefully. The advocates of animal vaccine, of whom the most public and prolific was the French-born Dr. Benjamin F. Dupont, stressed the dangers of human vaccine, and claimed that animal vaccine was the only solution to the dread disease. But even after 1888, when the municipal authorities eliminated the use of human vaccine except for cases of unusual urgency (i.e., an epidemic), fear persisted and the use of force was required. It was also necessary to combat the then persistent misconception that vaccination during an
epidemic tended to spread the disease rather than to suppress it.  

Members of the public also feared the policy of isolating victims of contagious diseases. Such anxiety was justified for not only did the policy involve the forcible separation of family members but also a trip to the hospital (usually the pest-house) occasionally to die of the original disease or of one contracted while there. In the first fifteen years, directors of hospitals found it obligatory to report that there had been no cases of cross-contagion or infection. In the case of the pest-house, Penna once wrote that a patient ran the risk of contracting two or three diseases in addition to the one for which he had first been isolated. The reputation of the pest-house was not helped by the policy of sending terminal tuberculosis patients there after 1904 while those who could be helped were maintained elsewhere. In addition, the members of the non-worker classes did not wish to be incarcerated in municipal hospitals precisely because they were charity institutions which served the illiterate and the poor.

One of the most important sources of resistance was economic in nature. For example, opposition to
obligatory disinfection, as reflected in the need for the use of public force to support the process, was one of the factors contributing to frequent non-compliance with the ordinance which provided for obligatory reporting of communicable diseases. The purpose, as mentioned in Chapter I, was to eliminate disease-producing germs, bacteria, and viruses in accord with the theories of Louis Pasteur. But disinfection through the employment of various chemicals was a destructive process. Popular resistance to the measure encouraged the writing of numerous articles in medical journals detailing alternative means of effective disinfection. Proponents of the measure also advocated procedures which many physicians judged ridiculous such as the disinfection of library books and paper money each time they changed hands, and of apartments prior to each rental. Costs of the disinfection process itself were bearable; they ranged from being free for those with certificates of poverty to graduated fees for those with the ability to pay. Officials, however, showed little concern with the costs of damage to private property often caused by chemical disinfection.

Another example of a measure which involved economic penalties was the set of ordinances
providing for the tuberculinization of cattle. The ultimate goal, as stated earlier, was to ensure a safe supply of milk; nevertheless, it is abundantly clear that private financial interests were partially successful in resisting tuberculinization.

Dr. Robert Koch discovered tuberculinization as a means of disease detection in 1890. The Buenos Aires ordinance passed in November of 1896 adopted that principle and provided for its application in the cowsheds of the city. According to the provisions of the ordinance all cattle in cow-sheds would be subjected to tuberculinization and sick cattle would be withdrawn from the facility; but there was no clause by which owners would be indemnified for the loss of a valuable animal.\(^4\) Therefore, the proprietor of the cow-shed had every incentive to use various ruses (including the substitution of one animal for another) in order to avoid the penalties imposed by the council.

The obvious means by which such objections could be alleviated was to provide for a system of partial or full indemnification. Thus, the council provided in 1897 that 1) the Asistencia Pública y Administración Sanitaria would destroy all animals proven to be tuberculous, and that 2) animals
mistakenly destroyed (as demonstrated by means of an autopsy) would be paid for according to prior agreement between the proprietor and the intendant. Also, the owner could slaughter his own cow and sell the portions determined not to be deleterious to health. Under this system, however, there was no practical certainty that the proprietor would be paid because the intendancy had to request the necessary funds from the council. The intendant made at least four such appeals in the period from 1900 to 1902, and private individuals also upon occasion presented requests for compensation directly to the council. The members of the council did meet at least some of these demands: they approved a general expenditure of 5,000 pesos in 1901 and a specific expense of 436.05 pesos in 1903. In addition, the 1897 measure stated nothing concerning indemnification for a properly destroyed dairy cow.

Such stopgap measures did not resolve the indemnification issue. The council's perception of the problem resulted in provisions for partial compensation in the ordinance of July 21, 1905. The members of the council, on that date, provided that an animal would be compensated at one-third of its value if found to have generalized tuberculosis
and at full value if found to be healthy. This eliminated at least part of the financial penalty for being caught with a diseased dairy cow. Previously, compensation occurred only in the case of the mistakenly killed healthy animal.

This ordinance, however, was also ineffective in practice. Part of the reason was the vastness of the city and the relative incompleteness of the veterinary services. Also, according to Dr. Joaquin Zabala, many proprietors had learned how to deceive the inspector by the use of anti-thermal drugs. Penna, in 1906, noted that the substitution of animals was common in the city; he claimed that in the 279 registered cowsheds of the city, the Office of Technical Inspection had found 708 cattle without certification of tuberculinization and health. In addition, the lack of a continuing and sufficient fund for compensation in accordance with the ordinance of July 21, 1905, led to the happenstance that in the first part of the year tuberculous cattle were destroyed but that thereafter sick cattle continued to supply milk for the population for lack of monies to compensate the owners for their destruction.

There were also attempts to channel all cattle entering the city through a huge cowbarn constructed
for the specific purpose of inspection and tuberculini-
zyation, a facility not completed until 1912.\textsuperscript{46} The
purpose was to negate any influence of the proprietor
in the outcome of the medical examination and to
eliminate the introduction of sick animals into the
city. Nevertheless, Intendant Joaquin S. de Anchorena
complained in 1912 that even after the cowbarn was
completed owners of cattle could avoid it.\textsuperscript{47}

Thus, efforts to exert control over the cowsheds
of the city proved ineffective. This was reflected
in the high numbers of cattle that were detected
with tuberculosis: in the first year of the tuber-
culization program fully one-fourth were so diseased.
In 1905, one-fifth, and in 1910, one-third of the
cow-shed cattle had tuberculosis.\textsuperscript{48} In three
years, 1902, 1903, and 1904, the statistical data
indicated a steep decline—but, as was recognized at
the time, this was due to the use of anti-thermal
drugs to deceive inspectors. The inconsistency of
efforts by the personnel of the Asistencia Pública
found expression in the drastic fluctuations in
numbers of cattle examined from year to year (see
Table 2).
TABLE 2
TUBERCULINIZATION IN BUENOS AIRES, 1897-1910

<table>
<thead>
<tr>
<th>Year</th>
<th>No. Tested</th>
<th>No. Healthy</th>
<th>No. Sick</th>
<th>% Ill</th>
</tr>
</thead>
<tbody>
<tr>
<td>1897</td>
<td>1,444</td>
<td>970</td>
<td>343</td>
<td>23.75</td>
</tr>
<tr>
<td>1898</td>
<td>2,420</td>
<td>1,889</td>
<td>319</td>
<td>13.18</td>
</tr>
<tr>
<td>1899</td>
<td>1,758</td>
<td>1,295</td>
<td>297</td>
<td>16.89</td>
</tr>
<tr>
<td>1900</td>
<td>2,208</td>
<td>1,558</td>
<td>348</td>
<td>15.76</td>
</tr>
<tr>
<td>1901</td>
<td>1,640</td>
<td>1,198</td>
<td>194</td>
<td>11.83</td>
</tr>
<tr>
<td>1902</td>
<td>2,478</td>
<td>2,132</td>
<td>75</td>
<td>3.03</td>
</tr>
<tr>
<td>1903</td>
<td>1,758</td>
<td>1,532</td>
<td>28</td>
<td>1.59</td>
</tr>
<tr>
<td>1904</td>
<td>2,189</td>
<td>1,955</td>
<td>39</td>
<td>1.78</td>
</tr>
<tr>
<td>1905</td>
<td>1,165</td>
<td>781</td>
<td>219</td>
<td>18.81</td>
</tr>
<tr>
<td>1906</td>
<td>1,465</td>
<td>1,042</td>
<td>234</td>
<td>15.97</td>
</tr>
<tr>
<td>1907</td>
<td>1,454</td>
<td>989</td>
<td>267</td>
<td>18.36</td>
</tr>
<tr>
<td>1908</td>
<td>1,613</td>
<td>1,112</td>
<td>338</td>
<td>20.95</td>
</tr>
<tr>
<td>1909</td>
<td>874</td>
<td>500</td>
<td>236</td>
<td>27.00</td>
</tr>
<tr>
<td>1910</td>
<td>1,346</td>
<td>711</td>
<td>447</td>
<td>33.26</td>
</tr>
</tbody>
</table>

*aMemoria del Departamento Ejecutivo Municipal de la Capital Federal correspondiente al ejercicio administrativo del año 1910 (Buenos Aires: n.p., 1911), p. 209; the table is adapted from data given by Intendant de Anchorena.*
Another important problem which bedevilled the intendant, council, and directors of the Asistencia Pública was the link between prostitution and venereal disease. The key to regulating the practice was dealing with clandestine houses and free-lancers who attempted to maintain secrecy to protect their reputations and livelihood. The council had to determine how to protect the public from open immorality while suppressing the practice of clandestinity in order to maintain a population of prostitutes free of venereal disease. Pressure from neighborhoods and from owners of public houses of prostitution, and attempts to protect public schools, churches, and theaters from moral contamination are reflected in council debates.49

The primary means of controlling clandestinity, and therefore furthering the impact of medical inspection, was to register the women and to require their residence in houses. Dr. Antonio V. Crespo registered as many houses of prostitution as possible, and sometimes he had to classify as prostíbulos houses which formerly had been considered family residences.50 The reasoning that supported such a procedure was expressed well by Dr. Eugenio F. Ramírez, former director of the Asistencia Pública, in 1892: in
lamenting their necessity, he nonetheless noted that

... houses of prostitution, whether a vice or a social necessity, would from a sanitary point of view offer incalculable advantages over stray women who solicit in the streets, in the paseos and theaters, and who evade very easily the fulfillment of isolation in cases of illness.51

The directors of the Asistencia Pública, the council, and the intendant, however, were not always in agreement on the need to maintain houses of prostitution for the purpose of controlling venereal diseases. Vacillations in policies toward the houses reflected these differences. While Intendant Antonio V. Crespo attempted to register as many houses as possible, his successor, Francisco P. Bollini, tried to close as many as possible. Under pressure from the city council, Bollini closed some 250 houses in Buenos Aires. The Bollini administration found the houses to be in violation of an 1875 ordinance which prohibited their existence within two blocks of a school, church, or theater.52 Bollini had objectives independent of concern for public health per se. He claimed that by closing houses he had eliminated "focuses of corruption and immorality which had provoked well-earned complaints from the residents. ..."53 In answer to objections
that his measures drove prostitutes into clandestinity, he responded that public prostitution was unacceptable to many residents. Thus, although he did pay lip-service to the necessary role of regulation and inspection in maintaining the public health, his primary concern seems to have been moral and esthetic.

On the other hand, the majority of the council belligerently opposed Bollini's approach, but not on grounds of prevention of venereal disease. In spite of his record they felt that he simply was not moving quickly enough to remove the blot of public prostitution from the civilized face of Buenos Aires. His response to an interpellation presented by council members revealed, however, that the owners of houses had the resources and means to resist dislodgment. First, the houses often had been legally installed, and schools, churches, and/or theaters had been constructed within two blocks of the prostibulo after the latter's founding. It was difficult to dislodge such houses because of their prior legal claim. Secondly, the mistresses of houses could often afford the services of "distinguished lawyers" who could be very effective in resisting closure. Thirdly, the judicial process itself was often lengthy.
and time-consuming. Fourthly, it was necessary to avoid, as much as practicable, forcing prostitutes into clandestinity. In order to accomplish the latter, it was necessary to find alternative lodging—often over the objections of prospective neighbors.\textsuperscript{55}

The matter of prostitution was once more before the council in 1892 when members fruitlessly provided that houses could not be established within one block of churches, theaters, or schools, and that there could be only one house in each block.\textsuperscript{56} In 1894, a further attempt to deal with the issue of the houses occurred when the council adopted a return to the standard of two blocks.\textsuperscript{57}

The problem of the location of such houses was resolved as much as possible (and politically) in 1907 with the banning of houses in a certain radius in the central city—the same area Bollini had earlier labeled to be the site of the highest social status and luxury.\textsuperscript{58}

Houses thereafter no longer appear to have been a severe political problem during the period under study. However, clandestine prostitution apparently increased in the center city and most especially in the last decade of the nineteenth century. The most important focus of this important municipal problem
was the cafe (coffee-house) with entertainment which frequently served as a camouflaged center of prostitution. In 1896, La Prensa claimed that there were more than three hundred such establishments in the city, many of them on or near the Calle Florida. In 1902, Telémaco Susini characterized such places as establishments in which men are wrested from useful occupations, they are taken from their homes, they are poisoned whether with alcohol or with venereal disease.

... they are scandalous establishments ... of danger, not only for morality and health but for life itself.

Susini suggested that the council should impose a very high license fee for their establishment, prohibit public exposure of the "waitresses", and the use of opaque glass to conceal the occurrences within the cafes.

Such means did not receive universal approbation within the council. Carlos Carranza objected that laws prohibiting clandestine prostitution already existed and insisted upon the constitutional rights of women to have liberty of occupation; the police, he stated, had the right to intervene and should be encouraged to do so. It was difficult to pursue the latter alternative, however, for the cafes were
often legitimate businesses. Coni retorted that since the "cafes were nothing more than centers of vice" they should be closed. He cited a request by the National Department of Hygiene that several cafes be closed to prevent scandals from being visited upon young and innocent school children.64 In the end, the council ignored the civil rights issue raised by Carranza and passed the ordinance of October 16, 1903, by which waitresses were forbidden to expose themselves to the public, the use of opaque glass was required, and license fees were raised.

The ineffectiveness of the 1903 ordinance was marked by the passage of another measure on April 1, 1910. According to this ordinance, waitresses were to be registered in the Asistencia Pública y Administración Sanitaria and be provided with identification cards. Also, the council forbade the employment of women less than 18 years old and those registered as prostitutes in the health dispensary. Any cafe used for the purpose of prostitution was to be closed immediately.65

The municipal administration found the control of prostitution to be a vexatious problem. Prostitutes found ways to avoid being registered in the official files of the Administración Sanitaria. The Asistencia
Pública and the city administration also found it difficult to reconcile the competing demands of public health, public morality, and politics. It was not always clear, as the Carranza-Coni-Susini debate illustrates, just where to draw the line between suppression of prostitution, maintenance of individual liberty, and the needs of public health.

Fear, apathy, financial interests, civil rights, and technical difficulties all were obstacles to attempts of the Asistencia Pública to establish a system of controls over the population of Buenos Aires for the purpose of improving public health. Much effort was expended, as is evident in the drive against prostitution and against loose dairy cattle, in the central area of the city where the elite classes lived and worked. The municipal administration sought to improve the living conditions of the city, but especially when the elite benefited.

IV. HOSPITALS: PERSONNEL, SPACE, AND REPUTATION

An essential element in the impact and reputation of the Asistencia Pública was the quality of care given in the hospitals. Delivery of adequate services depended upon the existence of sufficient subordinate personnel and bed-space and materials (beds, blankets, etc.). In turn, the legitimacy of the
hospitals to the general population depended upon a level of innovation in training of personnel and provision of space sufficient for good health care. In this respect the Asistencia Pública suffered severe deficiencies.

Municipal hospitals experienced a shortage of qualified non-medical personnel throughout the period. For example, in 1886 Meléndez noted that his establishment's operations were severely hampered by the lack of qualified workers. In the insane asylum, the doorkeeper, the entry officer, the mail officer, and the assistant to the intern were all patients; qualified nurses were in short supply also.

An attempt was made to improve the personnel of the hospitals following an act of the intendant on December 2, 1887. The decree provided that prospective nurses had to be 20 years old, to be able to read and write "acceptably," to be of good "moral character," and have the consent of parent or guardian if a woman under 33 years of age. Expulsion from the special school resulted from missing or failing an examination, insubordination, drunkenness, or "other faults condemned by morality and destructive of good instruction and respect". There were ten courses, and total preparation took one year (six months of which
would be spent in the classroom). Initial results were disappointing. In 1892, Coni noted that few nurses had graduated from the school, and many of those who did went to more highly paid positions in private hospitals.

The shortage of qualified nurses had specific effects upon various facilities. For example, the secretary of the pest-house, in 1888, complained that a nursing staff of eight persons was insufficient, and was conducive to cross-contagion since one person often had to care for individuals with different diseases. Revilla complained that the nursing staff of the San Roque Hospital was troubled by high rates of turnover because of low pay; consequently, it was necessary to use inexperienced personnel who required constant supervision for fear of "gross errors" dangerous to the patients. He also noted that lower turnover rates and better personnel would result if higher salaries were offered.

The nursing school (under the directorship of Doctor Cecilia Grierson) did, however, aid in improving personnel standards in municipal hospitals. In 1895, Grierson claimed that a graduate of the school, who had been placed in the pest-house, had improved the "cleanliness and morality of the establishment", the
practice of disinfection within the facility, and the processes by which the laundry was completed. Although self-serving, her statement was supported by Dr. Juan B. Señorans, director of the Asistencia Pública, who averred that even in the short time since the founding of the school nursing standards had improved noticeably.\footnote{In this regard see also [199].}

In the long run the hospitals nonetheless suffered a shortage of trained nurses. In 1909, Penna noted that the school of nursing produced only 19 graduates.\footnote{In this regard see also [199].} In 1912, de Anchorena claimed that the hospitals still had to train most of their own nursing personnel since the school simply did not graduate sufficient numbers.\footnote{In this regard see also [199].} In 1918, hospital directors who faced a shortage of personnel still had to hire untrained nurses and then could not release them for course work in the school because they were needed for immediate tasks; thus, attendance at the school was "irregular, the hospital management resisting it to the very limit of its capacity," and the nurses received practical but inadequate training.\footnote{In this regard see also [199].}

Staffing level inadequacies continued to impede the delivery of services to municipal patients after 1910.

Lack of hospital space was also related to deficiencies in specific services and hygienic
standards (as has been noted earlier). The Hospicio de los Mercedes, for example, suffered in virtually all categories of services it could be expected to render. In the realm of maintenance of physical health, the facility quite clearly did not do its job adequately. Overcrowded conditions and the lack of sufficient beds, clothing, blankets, and sanitary arrangements contributed to excessive mortality rates and to popular distaste for the facility. Care of the violently insane was inadequate. For example, Domingo Cabred claimed in 1894 that the lack of padded cells made treatment impossible; rather, it was necessary to resort to repressive measures such as the straitjacket in order to maintain a minimum of physical security. In general terms, 200 patients slept on the floor in 1898, there were no separate facilities for "idiot children," and the autopsy room had to be guarded against the depredations of rats. The Hospicio de los Mercedes suffered from municipal neglect, and its reputation suffered as a result.

The lack of adequate hospital facilities also had serious consequences when crises occurred or special problems were recognized. In 1892, for example, an influenza epidemic created a situation
in which the Asistencia Pública could not offer care and shelter to prospective patients. In the same year knowledge that tuberculosis patients should be separated from other individuals led the council to ban them from general hospitals (a natural development stemming from Astigueta's decision to habilitate a twenty-bed facility for tuberculosis patients four years earlier). However, isolation of such patients was not possible to attain; throughout the 1890's and the first decade of the twentieth century they continued to be placed in general hospitals because of insufficient alternative facilities. Completion of a sanatorium and of special wings in the pest-house in 1904 did alleviate conditions but did not solve them. It is well to keep in mind that the city did not only have to care for its own patients, but also had to accept individuals from even less well-equipped areas of the Republic.

It is little surprise that portenos distrusted the municipal hospitals although the levels of dissatisfaction were much lower in 1910 than in the 1880's. Deficiencies in staffing and in space and materials hampered public health officials in their attempts to increase the impact of advanced health measures upon the general population.
The very existence of the many sub-facilities attests to the increasing influence of the Asistencia Pública by 1910. Yet, the impact was limited and narrow. There are several reasons for this result. The elitist approach of the Asistencia Pública's directors and of the municipal administration to problems of health and hygiene placed built-in limitations upon the abilities of the innovators to gain whole-hearted support. Innovators offered simplistic interpretations of acts of non-adherence to municipal ordinances. The policy of dislodgment of crowded conventillo residences in the middle of the night was the result of an authoritarian approach and reflected disdain on the part of municipal officials for individual rights of the poor. Penna's complaint that laymen claimed "ignorance" in order to avoid reporting a disease to municipal authorities contradicts the fact that many laymen knew nothing of medical symptomology. Further, characterizations of dairy cattle owners as greedy and self-serving do not correlate with the fact that the loss of a milk cow was an attack upon the proprietor's income and well-being. The elite articulated demands for innovation, but did not fully consider the reactions of
those individuals affected by reforms. Little intercommunication seems to have taken place. In this respect cowshed owners, some of whom were wealthy, were better treated than conventillo-dwellers who were regarded as a multifaceted threat to the well-being of Buenos Aires.

Municipal health officials were unable to achieve the level of "penetration" of society necessary to enable innovation and enforcement of policies characteristic of a modern integrated state. Cultural differences between the Europeanized oligarchy and the lower classes (whether native-born or immigrant) were one important factor in limiting the impact of policies, especially in the conventillo areas of the city. Social distance separating public health officials from the persons they sought to aid contributed to the need to rely upon at times brutal methods of enforcement. Conflicting goals (such as in the case of prostitution) and inconstancy of effort (e.g., the tuberculization program and the smallpox vaccination policy) did not enhance effectiveness. Finally, basic conditions in the municipal hospitals helped to ensure that medical innovations would not be as helpful as hoped by policy makers.
NOTES


7 José A. Perina and Horacio V. Madero, La Administración Sanitaria y Asistencia Pública de la Ciudad de Buenos Aires, Estudio de los servicios de higiene y beneficencia pública desde la época colonial hasta el presente (Buenos Aires: Imprenta, Litografía y Encuadernación de G. Kraft, 1910), II, p. 53.


20 See, for example, Emilio R. Coni, "Las enfermedades infecciosas en Buenos Aires.—Medidas para oponerse a su desarrollo," Revista Médico-Quirúrgica, Organo de los Intereses Médicos Argentinos, XXIV, No. 4 (Mayo 23 de 1887), pp. 52-56.

21 Penna, Epidemiología. La Viruela en la América del Sud y principalmente en la República Argentina, pp. 382-383.


25 Actas del Concejo Deliberante correspondientes al año 1892 (Buenos Aires: Imprenta Europa, 1894), Sesión del 27 de Mayo de 1892, pp. 235-236.

26 Actas del Concejo Deliberante correspondientes al año 1893 (Buenos Aires: Imprenta Europa, 1894), Sesión de los 14 y 17 de Abril de 1893, pp. 185-186.

27 Actas del Concejo Deliberante correspondientes al año 1892, Sesión del 27 de Mayo de 1892, p. 235.


See, for example, Actas del Concejo Deliberante de la Ciudad de Buenos Aires correspondientes al año 1894 (Buenos Aires: Establecimiento de Impresiones de Guillermo Kraft, 1896), Sesión del 13 de Abril de 1894, pp. 102-103.


Pedro I. Acuña, "La vacunación en Buenos Aires: Memoria del Administrador de Vacuna, Dr. Pedro I. Acuña, correspondiente al año 1890," Anales de la Asistencia Pública, I, No. 4 (Febrero 15 de 1891), p. 340; in this passage he mentioned that such fears led to a suspension of vaccination of poor people in conventillos in the midst of an 1890 epidemic.


36 Articles on this matter, especially in the 1890’s, are easy to find in such journals as *La Semana Médica* and the *Anales del Departamento Nacional de Higiene*.

37 See, for example, José Badia and Nicolás Greco, "La desinfección de libros," *Anales de la Administración Sanitaria y Asistencia Pública*, III, No. 1 (Marzo de 1909), pp. 75-130.


43 Joaquin Zabala, "Contribución al estudio del 'Agoutouraance' a la tuberculina," Anales del Departamento Nacional de Higiene, XII, No. 9 (Septiembre de 1905), pp. 417-420.

44 Penna and Madero, Memorias de la Administración Sanitaria y Asistencia Publica, 1906-1909, p. 25.


47 Memoria del Departamento Ejecutivo presentada al H. Concejo Deliberante por el Intendente Municipal Dr. Joaquin S. de Anchorena—Ejercicio de 1912, p. 164.


49 There are complaints and entreaties from both madames of "houses" and neighbors of such houses scattered through most annual volumes of the minutes (Actas) of city council meetings.

50 Memoria de la Intendencia Municipal de la República correspondiente a 1887 presentada al H. Concejo Deliberante (Buenos Aires: Imprenta "La Universidad" de J. N. Klingelfuss, 1888), I, p. 244.

51 Intendencia Municipal, Trabajos de la Comisión Especial. Patronato y Asistencia de la Capital de la República, p. 211.

Actas del Concejo Deliberante correspondientes al año 1891 (Buenos Aires: Establecimiento de Impresiones de Guillermo Kraft, 1893), Sesión del 10 de Marzo de 1891, pp. 210-211.

Eugenio P. Ramírez, "La Asistencia Pública de Buenos Aires en 1891 (Informe de la Dirección General)," Anales de la Asistencia Pública, II, No. 9 (Marzo 15 de 1892), pp. 520-521; Memoria de la Intendencia Municipal, 1890-1892, p. 106.

Actas del Concejo Deliberante correspondientes al año 1891, Sesión del 10 de Marzo de 1891, pp. 210-211.

Memoria de la Intendencia Municipal, 1890-1892, p. 348.

Actas del Concejo Deliberante de la Ciudad de Buenos Aires correspondientes al año 1894, Sesión de los 5 y 7 de Noviembre de 1894, pp. 628-630.


Bollini noted this particular difficulty as early as 1892. See his Memoria de la Intendencia Municipal, 1890-1892, pp. 107-108.

La Prensa, Setiembre 12 de 1896.

[Versiones Taquigráficas de las sesiones del Concejo Deliberante], Sesión del 16 Octubre de 1903, p. 422.

Actas de la Comisión Municipal de la Ciudad de Buenos Aires correspondientes al año de 1903, Sesión del 16 de Octubre de 1903, p. 422.
63 [Versiones Taquigraficas de las sesiones de las sesiones del Concejo Deliberante], Sesión del 16 Octubre de 1903, p. 874.

64 Ibid., p. 875.

65 Actas del Honorable Concejo Deliberante de la Ciudad de Buenos Aires correspondientes al año 1910 (Buenos Aires: Talleres Gráficos "Optimus" de A. Cantiello, 1911), Sesión del 1 de Abril de 1910, pp. 163-164.


67 Memoria de la Intendencia Municipal de la Capital de la República correspondiente a 1887 presentada al H. Concejo Deliberante, I, pp. 252-256.

68 "Escuela de enfermeras," Anales de Higiene Pública y Medicina Legal, I, No. 2 (Abril de 1892), pp. 87-88; see also Cecilia Grierson's comments in "Escuela de Enfermeros y Enfermeras: Escuela de Primeros Auxilios," Anales de Higiene Pública y Medicina Legal, III, No. 2 (Abril de 1893), pp. 89-96.

69 José Femur, "Informe de la Dirección y Administración de la Casa de Aislamiento," Memoria de la Intendencia Municipal de la Capital de la República correspondiente a 1887 presentada al H. Concejo Deliberante, II, p. 687.


71 "Administración Sanitaria y Asistencia Pública," Memoria presentada por el Intendente Municipal—Dr. Frederico Pinedo—Años 1893 y 1894 (Enero a Julio), pp. 616-617.

73. Memoria del Departamento Ejecutivo presentada al H. Concejo Deliberante por el Intendente Municipal Dr. Joaquín S. de Anchorena—Ejercicio de 1912, p. xv.


75. Actas de la Comisión Municipal de la Ciudad de Buenos Aires correspondientes al año de 1903, Sesión del 21 de Julio de 1903, p. 270; see also Memoria de la Intendencia Municipal—1898-1901 (Buenos Aires: Imprenta Martín Biedma e Hijo, 1901), p. 54; also, Domingo Cabred, "Hospicio de los Mercedes," Memoria presentada por el Intendente Municipal—Dr. Frederico Finedo—Años 1893 y 1894 (Enero a Julio), pp. 533-534.

76. Domingo Cabred, "Hospicio de los Mercedes," Memoria presentada por el Intendente Municipal—Dr. Frederico Finedo—Años 1893 y 1894 (Enero a Julio), pp. 533-534.

77. Actas de la Comisión Municipal de la Ciudad de Buenos Aires correspondientes al año de 1903, Sesión del 21 de Julio de 1903, p. 270.


80. See, for example, Emilio R. Coni, "Enfermedades infecto-contagiosas en los hospitales," Anales de la Higiene Pública y Medicina Legal, I, No. 4 (Diciembre de 1892), pp. 542-544; Actas de la Comisión Municipal de la Ciudad de Buenos Aires correspondientes al año 1904, Sesión del 12 de Julio de 1904, pp. 266-267.

82 Penna and Madero, La Administración Sanitaria y Asistencia Pública de la Ciudad de Buenos Aires, Estudio de los servicios de higiene y beneficencia pública, I, p. 103.
CHAPTER IV
THE ELITE AND THE POOR

A primary objective of the directors of the Asistencia Pública was to extend medical care to the poorer inhabitants of the city of Buenos Aires. In formulating their projects and expressing their views, the directors of the Asistencia Pública revealed an elitism that pervaded the intellectual and political leadership of the city. From the time of Torcuato de Alvear, intendants and public health officials frequently expressed paternalistic sentiments toward the masses of poor people; policies reflected these attitudes and were evident in a pattern of discrimination against the poor.

I. ATTITUDES AND DISCRIMINATION

Some members of the oligarchy encouraged a study of the conditions of the living quarters of the poor working population of the city. Published originally in 1884, the most important of these studies was Estudio de las casas de inquilinato by Dr. Guillermo A. Rawson, who played a role not only in the development of medical institutions in Argentina but also in its National Congress. In his study, he described...
the living and social conditions of the conventillo and their implications for public health not only among the poor but also the wealthy. There are references to his work through most of the period, but especially before 1900. His views, which are representative of those of many public health officials, are worth citing at some length.

Referring to the incidence of smallpox during an epidemic in 1883, Rawson noted that of 1,500 deaths, 1,000 had occurred in the crowded quarters of the conventillo population which at that time consisted of 64,156 inhabitants. He stated that such statistics should enhance an appreciation of the very pernicious influence that these houses exercise not only for the suffering of their inhabitants, so worthy of compassion, but also for the diffusion of infectious diseases and the larger gravity that they assume in those horrible centers from where they are transmitted to the rest of the population.

The following passage emphasizes the same point in a more horrifying way:

... From those fetid pigsties whose air is never renewed, and in whose atmosphere are cultivated the germs of the most terrible diseases, are emitted those emanations which are mixed with the neighboring atmosphere and are conducted, perhaps, to the luxurious palaces of the wealthy.
The relationship of the poor to the wealthy was not limited to the possibility of the former giving the latter horrible diseases; indeed, as noted earlier, Rawson and others saw possible political violence and the specter of social revolution stemming from the continued existence of a whole class of inhabitants subjected to conditions not acceptable to the rest of society. He placed some hope in continued economic development, writing that with the growth of wealth there would occur a "natural and reasonable harmony between capital and labor." Moreover, reforming the housing system by stimulating the building of small, privately owned family dwellings would lead to the "Argentinization" of the immigrant and prevent him from accumulating capital merely to return to the country of his birth.

Such statements are not so common, however, that they denote that fear of revolution was a major concern of the leading figures of the Asistencia Pública. Rather, there was a broad general agreement that in respect to the existence of poverty in Buenos Aires that it was of less importance than in the old capitals of Europe. Emilio Daireaux, a Frenchman, for example, claimed that poverty was not so severe in Buenos Aires as in European capitals. In 1887,
Ooni noted that "happily we do not have the causes which engender these two plagues: the strike and communism." A year later, when strikes did occur, an editorial in La Prensa stated that "not a single Argentine is socialist, because there are no causes of socialism in Argentina;" rather, socialists were from decadent Europe and should be deported. Intendant Joaquin S. de Anchorena expressed a parallel point of view when he blamed "ignorance," not misery, for infant mortality rates; food was inexpensive, he claimed, and "light and air" abounded in Buenos Aires.

For Rawson it was both financially feasible and economically beneficial to extend aid to the poor in the form of improved health care and better housing. The ability of the poor man to purchase a new house would lead to "gains in his health, in his vigor for work, and in his and his family's moral level. . . ." These would be significant gains for a labor-short country in the process of becoming "civilized."

Rawson's objectives in regard to housing for the poor did not materialize although improved building standards and the construction of a system of sewers did alleviate some of the worst conditions. The primary importance of Rawson's study of the
Conventillos of Buenos Aires is that his views closely paralleled those of the directors of the Asistencia Pública and members of the city administration. For example, Coni expressed concern that diseases would spread from the conventillos to the better areas of the city. Appearance of cholera in Europe in 1884 heightened this anxiety, and public health officials attempted to increase enforcement of sanitary practices in the conventillos. Attesting to the insalubrious conditions of the conventillos, the editors of the Revista Médico-Quirúrgica called them "true centers of infection." Coni proposed that the administration construct adequate and hygienic housing for the poor; he also advocated an intensification of programs of inspection.

Charity was not a primary motivating force. In 1885, Ramos Mejía stated that public assistance was "a sacred and inviolable duty for society"; however, he qualified the sentiment by stating that aid must be limited to that strictly necessary for restoring the health of the "deserving poor." For Ramos Mejía, excessive aid (paid for by tax funds) would be a "violation of the law of property and consequently an injustice." Torcuato de Alvear believed that inequality was inevitable in the
"society of mutual assistance", and had existed from time immemorial. He believed that society should help the poor, but only as much as was needed. Alvear also stated that fate or sheer fortune often decided who was to be wealthy and who was to be poor. He wrote in 1884 that the weak exist at the side of the powerful, and next to the ostentation of the rich is found the misery of the poor: intelligence and splendor shine in some with brilliance, and in others the lack of faculties places them almost at the level of the irrational; the misery of today follows the abundance of yesterday; for strength and health is substituted the weakness which produces evils or excesses, and the most brilliant intelligence falls at last below the weight of the years, or the reverses of fortune.

Such rhetoric notwithstanding, the role of the poor in the spreading of disease was probably more important as a motive for extending aid than was charitable sentiment. Thus, although the residents of the conventillos were the direct beneficiaries of efforts to cleanse the city of diseases, they were also subjected to a series of control measures to which other members of the population were not liable. Further, medical men were aware that the well-to-do could easily obtain private medical care whereas the poor could only be controlled through public measures.
Nonetheless, medical officials often paid lip-service to the necessity of nondiscrimination between the rich and the poor. Penna, in his study of smallpox, wrote in 1885 that

no one can be excluded, no one may elude the duties and the most sacred laws which hygiene has sanctioned for the good of humanity and for the health of peoples, if fate curses him with a disease. Hygiene must penetrate in every place; in the house of the wealthy with the object of observing if its dispositions are being fulfilled, in the hut of the indigent to give him aid or to obtain a refuge. 

Astigueta argued that isolation must be effected in every case without reference to class status or wealth. In 1892, Ramírez argued similarly that medical policy should not reflect class distinctions.

Both elite attitudes and the living conditions of the poor made it impossible for such evenhandedness to occur. Rather, paternalism pervaded the world-view of public health officials. Astigueta's attitude toward the uncultured and illiterate is perhaps best typified in the following passage in which he argued for the regulation of prostitution:

Sexual relations are a necessity that is natural, imperious, and unavoidable. . . . [If] they can be governed or moderated in the human species by education and culture, it is only the most elevated social classes that can obtain this dominion over themselves.

He believed regulation of prostitution was only necessary because the poor were undisciplined and
subject to passions not characteristic of higher classes.

Coni, as noted earlier, occasionally expressed views which support the idea that if the poor needed more help they also needed special controls. Thus, in answer to an accusation that the Asistencia Pública treated the poor as if they were "things" lacking constitutional rights, he referred to the duty of the municipality to educate and civilize. If the poor were not "things" to Coni, they were at least inferior.

In 1902, Dr. Samuel P. Gache, President of the Argentine League Against Tuberculosis, directly related the use of compulsory isolation to inculcation of awareness of the threat of the disease to members of all classes. Similarly, Dr. Mamerto A. Acuña, in 1903, supported the establishment of milk dispensaries in Buenos Aires not only to provide food for poor infants but also to educate their mothers:

We stated that lack of care, ignorance, lack of experience of mothers in the feeding of their children...[is] in our opinion the immediate cause of this high morbidity. We demonstrated that infant hygiene has not been diffused sufficiently in the midst of our working families, who, being ignorant of its principal elements, necessarily betray its most familiar practices to the detriment of the recently born.
Dr. Ernest Gaing stated, in a later proposal, that one of the functions of such a facility was "to instruct mothers, by means of conferences, publications, and pamphlets, concerning the principal points of child care and hygiene."^{25}

The approaches taken toward the poor in the field of public health reflected elitist and paternalistic conceptions. As in politics, the oligarchy sought to control and direct the poor, and stressed their ignorance and incapacity. In politics, this took the form of accustoming them to republican styles of self-government; in public health, this took the form of imposing the most modern precepts of hygiene and health measures by force.

Discrimination was inherent in this approach. The clearest example is to be found in the 1880's and 1890's. Obligatory vaccination was the primary hope (as noted earlier) of medical reformers for controlling the incidence of smallpox. Proposals for such a measure had existed since the late 1870's but an ordinance enforcing it did not pass council until December, 1887.^{26} Even then, it was more effective in theory than in practice.

From the time of Alvear's proposal in 1881, in which he supported obligatory vaccination in the
conventillos, to Intendant Crespo's decree of January, 1888, the punitive aspects of smallpox vaccination procedures are clear. Crespo decreed that a municipal doctor, five aides, the municipal inspector, and an unspecified number of police agents would go to each dwelling in the conventillo area to "effect the operation." In 1893, Acuña stated that resistance to smallpox vaccination where conventillo visits were being carried out could only be overcome by active police intervention.

The special relationship of the conventillo to the Asistencia Pública and its smallpox vaccine administration was evident in various suggestions designed to ensure the effectiveness of the vaccination program. One was to establish a Neighborhood Registry (Registro de Vecindad) which would list a residence for each and every person in the city. Effectively, this measure would apply only to the poor, who were a "floating population" without permanent residence; in contrast, members of the moneyed classes could be found quickly and easily. Dr. Justo A. Meza presented this idea in 1888 and the council established the Registry for a short time, but it soon lapsed into disuse. Two decades later Intendant Manuel J. Güiralde expressed regret...
that lacking such a device (which had lasted only a few months) city officials could not locate geographically mobile "candidates for smallpox." The fate of children of less than one year was Güiraldes' primary concern. Often, parents moved specifically to avoid the vaccination, and hence they deprived their children of the life-saving measure until they went to school. 30

Ramos Mejía sought to take advantage of the relationship between landowners and tenants of the conventillo. In 1887 he proposed unsuccessfully that the landowner enforce obligatory vaccination upon the conventillo dweller by taking advantage of the poverty of his tenants to exercise "arbitrary authority" over them. He suggested that, after a delay of three months, the owner be obliged to present to the municipal inspector proof of vaccination for every tenant under pain of fine and expulsion of non-vaccinated tenants. 31

The obligatory reporting of contagious diseases also fell more heavily upon the poor than upon the wealthy. Subsequent municipal intervention meant a trip to the pest-house, accompanying separation from family and friends, and possible loss of clientele for the private doctor who performed his legal duty.
After 1892, it meant that living quarters would be disinfected and that personal belongings might be lost. Dr. Jaime R. Costa, for example, noted in 1894 that no one had yet found a method of disinfecting leather without destroying it.32

Consequently, the private doctor often had to choose between his obligation to the law and his need to maintain his practice. The very poor could not afford a private doctor; the privilege of avoiding the appearance of public officials remained largely for members of the city with sufficient income to maintain private care. If the conventillo dweller needed aid, he could resort either to a curandero (a medical "healer") or to a municipal physician with attending consequences.

The special place of the poor in Buenos Aires was therefore due to two primary factors. The first, and most important, was that their living conditions posed a medical threat to the population of Buenos Aires. The crowded conventillo was subject to inspection at any hour of the day or night, and its inhabitants to much closer surveillance than other citizens of the city. Second, the elites did not consider them to be capable of exercising self-direction and self-discipline. Public health officials
shared in the oligarchy's profound distrust of the poor. The leaders of the oligarchy deemed democratic procedures in politics to be suicidal; public health officials also believed that the masses needed guidance and direction.

II. FRAUD AND THE POOR REGISTRY

If the poor were to receive discriminatory treatment in part for the benefit of the health of the whole population, it is also true that the directors and members of the Asistencia Pública did attempt to extend medical care when feasible. It was necessary to eliminate fraudulent usage of the services to accomplish this objective. Although, of course, it proved impossible to curb all abuses, the council did adopt measures designed to decrease unauthorized use of municipal facilities.

The first proposal by a director of the Asistencia Pública for a means of eliminating welfare cheating occurred in 1883. To free funds needed for aiding the truly poor from use by those who did not need assistance, Ramos Mejía proposed the creation of a Poor Registry (Registro de Pobreza). He repeated his request in 1885, and received support from Torcuato de Alvear who asked the council to determine clearly
just who should receive free medical aid. The council failed to respond to his request.

In 1885, Ramos Mejía stated that the hospitals were obliged to admit anyone remitted by the police, even malingerers. Many of these "fictitious poor" stemmed from the "ebb and flow of an abundant migration" which "expelled the wastes of misery and misfortune which overwhelm the countries of the old continent." In 1887, Ramos Mejía alleged that at least one-half of those who sought free medical aid were able to pay for private care; in effect, these defrauders of the public treasury were depriving the "truly poor" of the aid they needed and deserved.

The purpose of the Poor Registry was to eliminate the pressures imposed on the budget by unauthorized use of municipal facilities.

The need for a Poor Registry was inextricably linked with the lack of sufficient hospital capacity. But it was only after the financial crash of 1890 under President Miguel Juárez Celman that attempts to create viable regulations reached fruition. As noted earlier, the pressure of a fifty percent budget cut forced the Asistencia Pública's director to dismiss personnel and to cancel scheduled expansion of various facilities. This measure
made necessary the action urged by Ramos Mejía in his
first year as director: the Poor Registry became a
fact on August 12, 1890.37

Because of continuing abuse, Ramírez suggested
in May, 1891, that procedures be imposed by which
residents eligible for free medical aid were
identified. In November 1891, he successfully obtained
a municipal decree which established that to be
inscribed in the Registry a "certificate of poverty"
signed by two "recognized members" of the community,
by a municipal doctor, or by members of the hygiene
commission "of the district" was necessary. Others
could obtain care gratis only in cases of "urgency or
unforeseen circumstances" to be decided on a case by
case basis by the general management of the Asistencia
Pública. Patients ineligible for free medical care
were to pay minimum hospital charges as defined by
an ordinance passed in December, 1890.38 5,209
individuals registered as "poor" through December 31,
1892.39

Abuses, however, continued to occur. Require-
ments for certification as a "poor man without
resources" were vague. Also, inadequate publicity
contributed to inadvertent abuse. In 1893, for
example, doctors of the "Central Office for Admission
of Patients" complained to director Emilio R. Coni that many individuals, through ignorance, made claims upon the Asistencia Pública's services to which they were not entitled. Direct attempts, in their opinion, to defraud the municipal hospital system were, however, more common than abuses arising from lack of knowledge. Although some rural migrants sought help without proper papers, many more consciously obtained a local address solely to be eligible for free care legally limited to residents of the city. Additionally, as we have seen, individuals who had charge of a person suffering from mental illness would often abandon him in a public place; in such cases, the personnel of the Asistencia Pública had no other choice than to offer its services.  

Municipal doctors agreed that fraud was a serious problem. According to Dr. Isaac Larrain, the use of false names and addresses was common, and the parish priest or the police commissary of the district often granted eligibility without proper care; many of those on the registry were "proprietors, professionals, or entrepreneurs." Larrain therefore claimed that although certificates of poverty were
in appearance simple, in reality they are difficult and complicated: the procedure lends itself admirably to abuse and creates . . . a privileged class, encrusted in the mass of the laboring population. 41

Dr. Lorenzo Martínez, also a municipal doctor, noted that although it was necessary to control abuses, it was imperative to realize that many of the truly indigent found it difficult to fulfill all of the procedures needed in order to obtain aid; he claimed that the principal problem was that the certificate was valid for only one disease or injury at a time. For each disease it was necessary for the ill individual to search the neighborhood for the proper signature. The procedure had, perforce, to be relatively simple, and simplicity lent itself to abuse. 42

In 1893, Frederico B. Pinedo suggested one measure for curbing abuses. To counter falsifications, he appointed two inspectors to investigate the legality of the claims of prospective patients. 43 In 1895, Intendant Emilio V. Bunge reported that of 8,667 certificates reviewed inspectors found 1,105 to be fraudulent. 44 Such a percentage indicated a high degree of misuse of services and justified the concern expressed by directors of the Asistencia Pública.
La Prensa reported in 1896 that businesses had opened to sell black market certificates at a nominal fee. The editors claimed that some individuals were able to enjoy a respectable standard of living through this devious procedure. Even after inspectors had closed such an office, individuals continued to profit from the traffic. La Prensa believed that part of the solution was to double the number of inspectors from two individuals to four.45

The abuse of free or inexpensive aid in the hospitals received sharp criticism in medical journals and, occasionally, in the hallowed halls of the municipal council. In an article in La Semana Médica the following description appeared in 1894:

It is not a novelty for those who frequent our hospitals to say that in nearly all of them persons of good social position, wearing showy and rich clothes, attend their clinics; neither should this other fact cause surprise: that many subjects enter the hospitals with the sole purpose of obtaining a bed and a meal.46

In 1898, Councilman Juan B. Boeri claimed that a number of people who died in public charity hospitals received luxurious funerals. This, for Boeri, was indicative of the existence of welfare cheats who in effect robbed the poor by occupying beds that should have gone to the indigent.47
The Asistencia Pública also supported pressures which although not so directly abusive as use of fraudulent certificates nevertheless constituted a significant strain on the facilities. In 1909, for example, Penna accused rich patients of using the Asistencia Pública's services (especially first aid and emergency care) with no intent of paying. He did not take into account that they may have required the aid of the Asistencia Pública because their family doctor could not be located or perhaps refused to attend them. Rather, Penna simplistically claimed that it was a waste of time and resources. Intendant Güiraldes believed that the only solution was to raise the charges for hospital stays and for emergency treatment to a level adequate to discourage undue use of its facilities.

The presence of abuse does not detract from the services rendered by the Asistencia Pública to the population of Buenos Aires. But the extent of welfare abuse was sufficiently large, especially after 1890, that it occupied much of the officials' attention. As prosperity returned in the first decade of the twentieth century complaints declined somewhat. And prior to 1890, no explicit set of procedures had been
developed to limit access to health care on the basis of a solid claim of economic deprivation.

III. FINANCES AND AID TO THE POOR

The state of the economy and subsequent budgets affected the fate of aid to the poor. Financial shortfalls led directors to further the efficient use of existing facilities and to seek alternative means to finance new endeavors. For example, Ramos Mejía noted that the management of the Asistencia Pública was "always ready" to introduce all improvements and economies possible with the "support of the Sr. Intendant and the Honorable Deliberating Council." He proposed a Poor Registry (as mentioned above) to reduce the burden upon the municipal treasury. Since the "elite had more money than appetite" and the poor had "more appetite than money", he suggested the establishment of a poor tax to be levied upon all establishments offering entertainment (from coffee houses to horse races and theaters). In 1887, Astigueta noted the contrast between the "penury" of the budget for municipal health assistance and the growth of attendance at sites for public entertainment, and also recommended an entertainment tax for the exclusive use of the Asistencia Pública; this measure would lead to some independence from the
vagaries and fluctuations in municipal budgets. Resulting budgetary autonomy, he averred, would allow the Asistencia Pública to increase its capacity without "burdening the city with antipathetic and inequitable taxes." The council did not pass the "poor tax", however, until 1892, and it endured only until the National Congress forbade the imposition of such taxes in 1902.

Ramos Mejía did attempt to reduce the costs of services. In April 1883, he cut the number of personnel without, he claimed, obstructing the work of the institution in hospitals. He also lowered salaries without prior authorization from the intendant or the council. The bookkeeper's salary declined from 2,500 pesos annually to 1,500. Aides, the chief pharmacist and the chaplain also found their salaries drastically reduced. In total, he trimmed the budget of the Asistencia Pública by 64,668 pesos annually. He did spare the Hospicio de los Mercedes because of its already limited number of employees.

Ramos Mejía pursued other measures with less success. For example, he proposed the creation of a central pharmacy and a central bakery which, he hoped, would reduce reliance upon goods of excessive price
and low quality, and produce a "great economy".\textsuperscript{55} In 1909, Penna lamented that as of that date neither facility yet existed.\textsuperscript{56}

Budget-slashing exercises were not so necessary in the late 1880's when Argentina was experiencing its greatest boom. There is little mention of financial constraints placed upon its daily operations. Nevertheless, Ramos Mejía's successor, José M. Astigueta, supported the poor tax proposal while participating in the psychology of the craze for growth:

If the Intendancy succeeds in making this idea effective, the improvement of hospitals, of asylums, of domiciliary assistance and aid to the poor without resources, will be rapid and notable, attaining the beautiful ideal which in the French capital has been effective for many years with the support of all public opinion.\textsuperscript{57}

Astigueta went on to propose the construction of a national hospital (the Cristobal Colon) for both men and women for the four hundredth anniversary of the discovery of the Americas.\textsuperscript{58} Astigueta did not share the concern that Ramos Mejía had felt although the experience of the 1890's \textit{ex post facto} substantiated Ramos Mejía's position.

The succeeding financial crisis imposed measures upon the Asistencia Pública's directors that they were not anxious to adopt. One such measure was an increase in fees paid for nearly every service except
for individuals with certificates of poverty. Until 1891, for example, treatment for rabies in the municipal Pasteur Laboratory had been free to all; in that year a system of graduated charges (according to the presumed ability of the patient to pay) was imposed by the council. Further, the director of the municipal pharmacy believed it necessary to impose charges for drugs upon all but those with certificates of poverty. Coni introduced charges for drug purchases in 1892. The council also instituted higher charges (as mentioned earlier) for hospital stays for all but the very poor.

The intendant and the director of the Asistencia Pública took some creative measures in the months following the debacle of 1890. The intendant expanded the San Roque Hospital in 1891 at one-fourth the projected cost by ordering the use of materials created by demolition activities associated with the construction of the Avenida de Mayo. Also, in 1892, the Cristobal Colon Hospital project's funds became the source of a new pest-house at the outskirts of the city. One councilman argued that such a facility was more necessary to the future health of the city than the great hospital envisioned by Astigueta. Whether the Colon Hospital would have
benefited the poor more than the pest-house is a moot point. The economic crisis, however, had imposed a sense of caution, humility, and economy that had not existed prior to the 1890 crisis.

An example of the limitations placed upon municipal projects was the fate of the proposed "Patronato de la Infancia" of 1890. In December, 1890, Intendant Bollini issued a decree founding a Special Commission for the investigation of the adequacy of care of children in Buenos Aires. The decree reflected the contemporary economic crisis which apparently had led to an increase in the rates of abortion, infanticide, and child abandonment. It is worth citing the preamble to the decree at some length:

Considering that infantile mortality in the city is high; that one of the factors of this mortality is undoubtedly the abandonment of recently-born children; that the prophylaxis of abandonment is one of the gravest social questions . . .; that in addition there is a growing number of children abandoned by their parents, exposed to all the seductions of vice . . . to detach them from the lethal influence of the environment which perverts them . . . that it is one of the highest duties of the municipal authority to contribute within its jurisdiction to the organization of assistance and protection for infants in the city in accord with modern science [I found this Special Commission].
The Special Commission, headed by Coni, published a report of its findings in 1892. Coni proposed that the new municipal institution be called the Patronage and Assistance of Infancy (Patronato y Asistencia de la Infancia) and that it be placed in the central offices of the Asistencia Pública. A list of proposed attributions give some idea of the extent of the new organization's authority that the Commission envisioned: 1) protection of poor, sick, defective, maltreated, and neglected children; 2) inspection of wet-nurses in the poor classes; 3) propagandization of health and hygiene standards in lower class areas of the city; 4) regulation of working conditions for mothers; 5) creation of maternities and nurseries; 6) building of schools for imbeciles and idiots; 7) contribution to the creation of an institution for the blind, school for the deaf, etc.; 8) inspection of public and private schools (then a service of the National Council of Education); 9) creation of protective societies for infants in various parishes; and 13) the constitution of a fund based on charity and municipal monies. Coni anticipated that the institution would be self-supporting after six months of municipal aid because of public acclaim.65
The Patronato y Asistencia de la Infancia was founded by decree in May 1892. After an initial municipal subsidy, the Patronato met and offered aid in the form of medical care, drugs, education, and food to children of poor parents in Buenos Aires in the period from 1892 to 1907 prior to its "municipalization" under the aegis of the Asistencia Pública. Coni, for example, did establish a free clinic for children in San Telmo, the old district of the city; the task of this clinic was to proffer medical aid and drugs to children, and purified milk from cattle, burros, and goats. But it was not until the first decade of the twentieth century (as seen earlier) that the municipality took limited but effective steps to aid the poor children of Buenos Aires with the establishment of milk dispensaries in various parts of the city. The Patronato y Asistencia de la Infancia did not realize initial high hopes because of financial limitations imposed by the recession of the 1890's.

Public health officials believed that the social and economic benefits to society of the official and semi-official protection of infants would be extensive. Dr. Maximiliano Aberastury, secretary of the Asistencia Pública, claimed in 1893 that vigorous and healthy
children would eventually help the entire "social economy" by being more productive individuals; furthering their development would help create the growth of a vigorous and aggressive nationality. After the activities of the Patronato y Asistencia de la Infancia did come under the aegis of the city administration in 1907, their growth indicated a progressively intensive interest of Asistencia Pública officials in the health of the poor children of Buenos Aires.

CONCLUSION

Discriminatory policies designed to control the poor in the interest of public health were inevitable given the elitist conceptions of the oligarchy and the deep social and cultural chasms that existed in Buenos Aires. The oligarchy believed with justification that the poor were a threat to the social and political stability of Buenos Aires. Hence, one of the basic assumptions underlying approaches to improving standards of public health was that improvement of living conditions among the poor would contribute to socio-political integration. The threat of the spread of disease from the poor to the wealthy was an explicit concern; campaigns for smallpox vaccination, for example, were designed
not merely to eliminate the disease in the conventillos but also to diminish the risk of contracting the illness for the higher classes. The basic theme of public health officials, if any, was that discipline had to be asserted over the poor in order to benefit the whole society. If compassion were a primary motive, it appeared principally in the form of rhetorical statements immediately qualified by references to the rights of property and budgetary restrictions upon assistance to the poor.


Ibid., p. 52.

Ibid., p. 41.

Observaciones sobre higiene internacional," in Rawson, Escritos científicos, XXXI, pp. 175-176.


La Prensa, 29 Noviembre de 1888.


14Coni, Progrès de l'hygiene dans la République Argentine, pp. 83-86.


16Memoria de la Intendencia Municipal de la Ciudad de Buenos Aires correspondiente a 1884 presentada al Honorable Concejo Deliberante (Buenos Aires: Imprenta de M. Biedma, 1884), p. 17.

17Memoria de la Intendencia Municipal de la Ciudad de Buenos Aires correspondiente a 1884 presentada al H. Concejo Deliberante, II, pp. 3-4.


20Intendencia Municipal, Trabajos de la Comisión Especial. Patronato y Asistencia de la Capital de la República, pp. 188-189.

22. For the accusation that the Asistencia Pública treated the poor as they were "things" see Pedro Mallo, "La Declaración obligatoria de las enfermedades contagiosas," Boletín de Sanidad Militar, II, No. 12 (Diciembre de 1892), pp. 605-606; Coni's position has been noted earlier.


26. For a copy of the ordinance, see Coni, Progrès de l'hygiène dans la République Argentine, pp. 217-218.


32 See "Desinfección obligatoria," Anales de la Higiene Pública y Medicina Legal, I, No. 6 (Agosto de 1892), p. 328; for the ordinance of September 3, 1892, regarding obligatory disinfection see "Estación Norte del Desinfección" Anales de la Higiene Pública y Medicina Legal, I, No. 7 (Septiembre de 1892), pp. 378-380.

33 ["Informe Anual de la Asistencia Pública correspondiente a 1883"], Memoria de la Intendencia Municipal de la Ciudad de Buenos Aires correspondiente a 1883 presentada al Honorable Concejo Deliberante, pp. 27-28; Memoria de la Intendencia Municipal de la Ciudad de Buenos Aires correspondiente a 1885 presentada al H. Concejo Deliberante, p. xviii.

34 ["Informe Anual de la Asistencia Pública correspondiente al año 1885"], pp. 5-8.


36 See Chapter I.


39 Memoria de la Intendencia Municipal, 1890-1892, p. 243.


"Lorenzo Martínez al Señor Juan B. Señorans, Director General de la Asistencia Pública, Enero 2 de 1894," Memoria presentada por el Intendente Municipal—Dr. Frederico Pinedo—Años 1893 y 1894 (Enero a Julio), pp. 235-236.

Memoria presentada por el Intendente Municipal—Dr. Frederico Pinedo—Años 1893 y 1894 (Enero a Julio), p. xxxiv.


La Prensa, Octubre 19 de 1896; La Prensa, Noviembre 3 de 1896.


[Versiones Taquigráficas de las Sesiones del Concejo Deliberante], Sesión 22 de Noviembre de 1898, pp. 26-27.


50["Informe Anual de la Asistencia Pública correspondiente a 1883"], p. 63.

51Ibid., pp. 61-62.


53Rafael Bielsa, Principios de Régimen Municipal (2nd Ed.; Buenos Aires: n.p., 1940), p. 170; in law 4058 the Poor Tax was made illegal.

54["Informe Anual de la Asistencia Pública correspondiente a 1883"], pp. 48-49.

55["Informe Anual de la Asistencia Pública correspondiente al año 1885"], p. 23.

56José A. Penna and Horacio V. Madero, La Administración Sanitaria y Asistencia Pública de la Ciudad de Buenos Aires, Estudio de los servicios de higiene y beneficencia pública desde la época colonial hasta el presente (Buenos Aires: Impr. Litografía y Encuadernación de G. Kraft, 1910), II, pp. 137-138.


58Actas del Concejo Deliberante correspondientes al año 1887 (Buenos Aires: Establecimiento Tipográfico de El Nacional, 1887), Sesión del 22 de Abril de 1887, pp. 121-124.


Deliberante por el Intendente Seeber (Buenos Aires: Imprenta Sud-América, 1891), pp. 444-447.

61"Informe del Director General de la Asistencia Pública, Dr. Eugenio F. Ramírez, correspondiente al año de 1890," Anales de la Asistencia Pública, I, No. 7 (Mayo 15 de 1891), pp. 603-605; Actas del Concejo Deliberante de la Ciudad de Buenos Aires correspondientes al año 1890 (Buenos Aires: Establecimiento de Impresiones de Guillermo Kraft, 1892), Sesión del 19 de Diciembre de 1890, pp. 342-344.


64Intendencia Municipal, Trabajos de la Comisión Especial. Patronato y Asistencia de la Capital de la República, p. xv.

65Ibid., pp. vii-ix.

66See, for example, La Prensa, Octubre 14 de 1892; La Prensa, Octubre 18 de 1892; La Prensa, Setiembre 17 de 1902; and La Prensa, Setiembre 20 de 1902.


69For example, in 1909 and 1910, five milk dispensaries (Dispensarios de Lactantes) were added to the original; the original dispensed 117,434 "rations" of milk and 580 barrels of food. See Penna and Madero, Memorias de la Administración Sanitaria y Asistencia Pública, 1906-1909, pp. 350-351. Penna and Madero did not report statistics for the other dispensaries.
CHAPTER V
A PLURALISTIC SYSTEM

The Asistencia Pública existed in a federal system with conflicting jurisdictions, blurred lines of authority, and poorly defined responsibilities. Although many of these jurisdictional problems have been touched upon, the topic is of sufficient importance to treat separately. These factors limited the institution's abilities to cope effectively with problems of public health and hygiene. At times the threat of epidemics precipitated crises of authority which stemmed from the fact that the Asistencia Pública was part of a municipal government itself plagued by lack of definition of its role in a pluralistic system. The anomalous position of Buenos Aires as the principal city in a developing society helps to explain why the Asistencia Pública found itself ill-equipped to cope with what were essentially national problems. Buenos Aires, as the most advanced city in Argentina, drew many of the human and material resources of the country to itself while leaving the provinces in a lagging state.
The purpose of this chapter will be to outline the consequences of limited authority and jurisdiction upon the functioning of the municipal system of public health. It will be necessary to survey some of the pragmatic problems which stemmed from the centrality of Buenos Aires in the Argentine Republic. An analysis of the impact of rural to urban and international migration upon the city's hospitals and other health facilities will demonstrate that the institution functioned as a national facility and helped to serve as a force contributing to the city's primary position in Argentina. As Scobie points out, Argentina exported its talent and riches to Buenos Aires. It also sent its ill and insane.

I. LIMITED AND UNDEFINED AUTHORITY

The legal standing of the Asistencia Pública limited its ability to cope with pressures imposed by disease and hygienic deficits. The Asistencia Pública derived its authority from the municipal administration and the latter from the "Organic Law" or municipal charter passed by the National Congress in October, 1882. The municipal administration's legal role did not vary significantly from that assigned to it by the 1852 decree of General Justo José de Urquiza when the city was as yet a provincial
capital. This decree and successive municipal charters, and the federal charter of 1882, declared the municipal administration to be autonomous in public health and hygiene policies; after 1865 charters provided that the municipality was to be "advised" concerning these matters by the Provincial Council of Hygiene, and by the National Department of Hygiene (after December, 1880). In the 1882 charter the National Congress again stated that the National Department of Hygiene was to "advise" the city administration on subjects related to public health. The terminology was selected only after debate concerning whether or not the national body could force its views upon a theoretically autonomous municipality.

In practice, the Asistencia Pública and the National Department of Hygiene did reach a modus vivendi in distribution of responsibilities. Except in times of epidemics, the hospitals of the municipal administration were to be autonomous; when epidemics did occur, however, the Asistencia Pública and other public health agencies were to accept the guidance and leadership of the National Department of Hygiene. This division of functions, however, worked only in general terms. In 1894, for example, the supremacy
of the National Department of Hygiene was asserted when the cholera epidemic appeared in Brazil. Susini protested, in 1895, that the National Department of Hygiene, although formally recognized as the principal authority in Argentina, could not impose uniformity upon the myriad of local jurisdictions within Argentina. Susini, protesting continued "anarchic relations" between various sanitary organizations, complained that the Asistencia Pública did not follow instructions given to it by the National Department of Hygiene—that is, the Asistencia Pública personnel did not report all cholera cases to the national organization. Thus, although in legal terms the potential conflict between the Asistencia Pública and the National Department of Hygiene was settled, continuing conflict occurred at the operational level.

The Roquista-dominated (the term Roquista refers to the followers of President Julio A. Roca) Congress perceived limitations upon municipal autonomy as necessary in the light of separatist tendencies which had led to the civil war of 1880 and subsequent federalization. Participants in congressional debates did stress the importance of autonomy in accordance with the tradition of the cabildo in colonial times.
But in their attempts to reach a compromise between municipal independence and central authority the congressmen did place limitations upon the former.

The municipal charter of 1882 reflected this dichotomy. The intendante, as chief executive of the municipal administration (and to whom the director of the Asistencia Pública reported), was appointed by the President of Argentina with the consent of the Senate. At the same time, the intendante could (at least legally) be suspended for a period of two months by a two-thirds vote of the popularly-elected legislative branch (the Honorable Deliberating Council). In practice, the intendante could and did virtually ignore such attempts by the council with the support of the President of Argentina through the Minister of the Interior of the moment. This did occur in 1884 when an attempt by a majority of the council to remove Torcuato de Alvear for alleged faulty health policies were overridden by the President. Again, in 1886, the practical power of the Presidency was illustrated when the council, the intendancy, and the Asistencia Pública became embroiled in controversy over how to deal with an epidemic, and over conflicting interpretations of jurisdictional responsibilities; in this case the
Moreover, the President could in practice suspend the council and in its stead appoint a municipal commission (although Senate approval had to be obtained). This was done twice in the period 1882 to 1910.13

As noted earlier, the Asistencia Pública also found itself to be only one of several institutions responsible for various aspects of public hygiene and health in the city administration itself. Thus, there were several facilities which shared overlapping responsibilities and had control of various aspects of hospital care or sanitary housekeeping. The hospitals of various agencies were subject only to those municipal ordinances which had to do with hygiene and good medical practice. In the critical matter of patient admissions they were independent, a privilege which elicited (as we have seen) negative responses from members of the Asistencia Pública as they contemplated their overcrowded facilities and contrasted them with other hospitals in the city. The Sanitary Administration (Administración de Limpieza), which had the duty of cleaning streets and garbage removal, and various offices responsible for inspection of foodstuffs, also enjoyed autonomy from the Asistencia Pública.14
Therefore, the attributes of the Asistencia Pública placed limitations upon the capacity of its personnel to deal with what were essentially national problems. Directors of the Asistencia Pública, as noted earlier, thus agitated for a national system and/or unification of municipal facilities—but without results.

II. THE CITY, THE PROVINCES, AND IMMIGRATION

Buenos Aires had facilities that did not exist elsewhere in Argentina, or if they did they were inadequate. This includes general hospitals as well as specialized centers of treatment and prevention as the Hospicio de los Mercedes, the Pasteur Laboratory, the Smallpox Vaccine Administration, and later in the period inspection facilities for meats and other foodstuffs. Statistical data, for example, consistently indicate that one-third of the patients of the Pasteur Laboratory were from the provinces or from neighboring countries (see Table 3). This particular influx of patients precipitated few complaints because the service was small and inexpensive.

The Hospicio de los Mercedes, however, was a more burdensome proposition than was the Pasteur Laboratory. In addition to residents from Buenos
## TABLE 3
NON-RESIDENTS TREATED IN THE
THE PASTEUR LABORATORY, 1888-1912

<table>
<thead>
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<th>Date</th>
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<th>Other Countries</th>
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The table is adapted from the following sources:
Aires, the asylum for men served individuals from the provinces and recently arrived ships in the harbor. Until it was made a national hospital in 1904, the institution consistently housed a high proportion of non-Buenos Aires residents. Statistical data are indicative of problems facing a municipal administration forced by circumstance to serve a national clientele. In 1888, the director of the Hospicio de los Mercedes reported that of 463 patients only 383 were from the capital. Domingo Cabred, noted in 1889 that 124 of 544 patients were Argentine and that the rest were of foreign extraction. At one point, Meléndez accused foreign governments (especially Italy) of the practice of "dumping" their unwanted citizens, especially the insane, upon Buenos Aires. La Prensa also claimed that this was the case and extended the accusation to include individuals with tuberculosis and criminal pasts.

Directors of the Asistencia Pública and of the Hospicio de los Mercedes did attempt to exclude non-paying non-residents from the succor of the asylum. Coni, for example, prevented the Governor of the Province of Tucumán from admitting several victims of insanity into the asylum for free care because the municipal administration could not
not support such a burden upon its budget and there was insufficient space for charity patients from outside the city limits.\textsuperscript{19}

Success in excluding such patients was rare. It was relatively easy for a province or individuals to arrange that such undesirables be incarcerated in the asylum. All that was necessary, as Meléndez averred, was for prospective patients to be released in the streets of Buenos Aires; thereafter, it was a matter for the police who would collect and transport the unfortunates to the asylum.\textsuperscript{20}

Other practices adopted by the management of the Hospicio de los Mercedes and by directors of the Asistencia Pública were equally ineffective. For example, officials of the Asistencia Pública unsuccessfully attempted to impose payments upon governments of provinces and of foreign countries whereby the latter would pay the cost of hospitalization for patients from their jurisdictions.\textsuperscript{21} Even after an asylum for men had been built in the capital city of the Province of Buenos Aires, La Plata, Meléndez found it impossible to exclude patients from that area.\textsuperscript{22}

Directors of the general hospitals faced similar difficulties. For example, Revilla complained that
non-Argentine and non-resident patients were dominant in the population of the San Roque Hospital. In 1888, he commented that the San Roque Hospital had more patients from the provinces than from the city. Astigueta alleged that both foreigners and provincial migrants filled the general hospitals and contributed substantially to the lack of adequate facilities for needy residents of Buenos Aires. Intendants Crespo and Bollini, in 1888 and 1892 respectively, made similar complaints; in 1892 the latter stated that the "municipal hospitals have thus been converted into national institutions" supported by municipal taxes alone. The situation remained unchanged in 1910; in that year Antonio V. Ibarguren charged that the ill from the provinces were filling the hospitals of Buenos Aires because of the lack of adequate facilities elsewhere. De Anchorena, in 1910, noted the influx of immigrants from the provinces as one of the primary factors behind a shortage of beds in the municipal hospital system.

Occasionally, such concerns were expressed in the debates of the council. In 1905, a member claimed that thirty percent of the patients in municipal hospitals were from the provinces; he outlined his vision of the hygienic future of Buenos Aires:
It is necessary . . . to state that in a very few years Buenos Aires will be an immense sanatorium with more than 10,000 insane, chronically ill, cancerous, leprous, etc., patients. . . . [This will] be disastrous for the hygiene and treasury of the commune.

He went on to suggest that the only solution was the building of adequate facilities in the provinces and the passage of a national law that would exclude such individuals from municipal facilities. 28

The problem of excess usage of municipal facilities was complicated, as we have seen, by the lack of administrative subordination of other facilities in the city to the Asistencia Pública. The Beneficent Society had several facilities, but the important issue was that its directors, enjoying high prestige in Argentina, were able to reject applicants for admission whereas the Asistencia Pública could not. 29 The Beneficent Society, for example, enjoyed the considerable support of La Prensa, which claimed that the Society was a "national monument" representing "sixty-five years of tradition", and was, "unlike the Asistencia Pública," independent of the vicissitudes of politics. 30

The Faculty of Medicine of the National University of Buenos Aires and foreign hospitals were also at times the brunt of verbal attacks by members of the Asistencia Pública. Not only did the Faculty of
Medicine, for example, receive the municipal Clinical Hospital in 1882, but it was able to take over various clinics for teaching purposes. In 1904, for example, the Faculty of Medicine dismissed Dr. Alfredo Lagarde, an appointee of the Asistencia Pública, from his position as chief of the maternity division of the San Roque Hospital after the facility was donated to the Faculty for teaching objectives.\(^{31}\) Both the Faculty of Medicine and foreign hospitals (as we have seen) often were accused of rejecting patients and leaving them therefore to already overcrowded Asistencia Pública facilities.

Attempts to alleviate overcrowded conditions were generally futile. The Hospicio de los Mercedes was made into a national facility in 1904, and the municipal administration did receive occasional subsidies and a share of the proceeds of the national lottery held for purposes of supporting charity and health organizations.\(^{32}\) Proposals for a national Asistencia Pública with control over all hospital facilities met with virtually no support outside narrow circles. The Beneficent Society and foreign hospitals were in no danger of succumbing to a public system; indeed, it is unlikely that members of the Asistencia Pública believed that they
would become subdivisions of the municipal administration.

Other tasks of the Asistencia Pública suffered because of its position as a municipal institution in a federal system. Supervision of foods imported into the city over various routes was a nearly impossible task, for it involved the inspection of materials entering the capital in numerous conveyances. It was further complicated by the fact that the Province of Buenos Aires and the river provinces did not have adequate facilities and personnel to assure the safety and palatability of products sent to the capital city; it is difficult to see why they would feel compelled to exercise this responsibility in any case.

Thus, the major task of inspection fell upon the municipal offices and upon the Asistencia Pública when, after 1892, it received the major portion of the responsibility for assuring the quality of foodstuffs. One attempt to solve the problem of inspecting the enormous amount of food brought into Buenos Aires was to concentrate wholesale outlets in one restricted area. This was done successfully with meatkilling operations when they were moved to the newly completed Liniers Slaughterhouse in 1903.
A similar attempt took place in 1912 when the council fruitlessly attempted to establish that fish be wholesaled in one site; this proved to be impossible because of opposition by wholesalers and retailers throughout the city. Uninspected meat, regardless of legal provisions and the centralization of meat-killing operations, continued to filter into the city from illegal slaughterhouses in the Province of Buenos Aires and in the city itself.

The municipal administration also attempted to ensure the inspection of foods brought in by railroad. Penna prevailed upon the intendant and council to establish some dozen inspection stations at all entrances to the city, and especially at the major railroad stations, between 1906 and 1909. Previously, enormous amounts of foodstuffs had entered the city with no systematic effort of inspection. Nonetheless, in 1909 he asserted that improvements were not yet sufficient to maintain the quality of foodstuffs and milk sold to the residents of the city.

The Asistencia Pública also took an active part in sanitary efforts elsewhere in the Republic and abroad. For example, in 1899, Intendant Bullrich sent a task force of disinfection personnel to Paraguay to counter an epidemic of Black Plague.
Appearance of cholera in Rio de Janeiro and Rosario in 1894 led to director Juan B. Señorans' requiring that a special wing be prepared in the pest-house in the event that the disease appeared in Argentina. In addition, the Asistencia Pública occasionally served in a consultative role in other areas of the Republic when epidemics threatened.

CONCLUSION

The Asistencia Pública could not escape the consequences of being a municipal administrative agency in a nation dominated socially, economically, and politically by one city. Buenos Aires' domination of the human and material resources of Argentina led to a situation in which the city not only attracted the talent and riches of the provinces but also proved to be a magnet to those who were ill and poor. As residents of the interior and immigrants from abroad flooded the city and contributed to its growth, so they added to existing pressure upon its municipal facilities. The Asistencia Pública received little assistance from the national government, and provinces could not support institutions which would relieve the Asistencia Pública of its de facto national task.
NOTES


3See Decreto del Director Provisorio de la Confederación Argentina, Buenos Aires, Setiembre 2 de 1852, in Recopilación de los Debates de Leyes Orgánicas Municipales y sus Textos Definitivos, I (1821-1876), pp. 17-23.

4See Articles 33 to 42 of the Decreto del Director Provisorio de la Confederación Argentina, Buenos Aires, Setiembre 2 de 1852, in Ibid., I (1821-1876), p. 20; also see Article 32 in Texto Definitivo de la Ley del 11 de Octubre de 1854, in Ibid., p. 62; see also Article 10 in Texto Definitivo de la Ley del 30 de Septiembre de 1860, Ibid., p. 111. After 1865, municipal charters provided for autonomy in health and hygiene related matters except that the municipal administration had to be advised by the Provincial Council of Hygiene (of the Province of Buenos Aires); see Texto Definitivo de la Ley del 2 de Noviembre de 1865, Article 18, Ibid., p. 201; see Article 49 of Texto Definitivo de la Ley del 23 de Octubre de 1882, Organización de la Municipalidad de la Capital de la República, Ibid., III (1882-1885), p. 314.
The particular phrase was chosen in 1881 and not changed thereafter.

"Semana Médica--Cólera en la República," La Semana Médica, I, No. 50 (Diciembre 27 de 1894), pp. cccivii-cccviii.


See for example the discussion concerning the attributes of the municipal administration in Recopilación de los Debates de Leyes Orgánicas Municipales y sus Textos Definitivos, III (1882-1885), pp. 222-252.

See Article 53, Texto Definitivo de la Ley del 23 de Octubre de 1882, in Ibid., p. 316, for provisions concerning the appointment of the intendant; see Article 56 for a legal summary of the means by which an intendant could be suspended.

See Actas del Concejo Deliberante correspondientes al año 1884 (Buenos Aires: Imprenta de la Universidad de J. N. Klingelfuss, 1885), Sesión del día 17 de Mayo de 1884, pp. 138-145; Ibid., Sesión del día 1 de Setiembre de 1884, pp. 167-173. Beccar Varela notes that Alvear was restored to his post with the "unconditional support" of the President and the Minister of the Interior; see Adrian Beccar Varela, Torcuato de Alvear, Primer Intendente Municipal de la Ciudad de Buenos Aires, Su acción edilicia, Publicación official (Buenos Aires: Guillermo Kraft, ltda, 1926), pp. 32-39.

See Eduardo Wilde al Señor Intendente Municipal D. Torcuato de Alvear, Diciembre 17 de 1886, in Memoria de la Intendencia Municipal de la República (Buenos Aires: Imprenta de M. Biedma, 1887), Tº pte, pp. 164-165; criticism of the intendant appeared in La Prensa for most issues between mid-November and mid December, 1886, on the basis that the editor of the newspaper believed that the epidemic could be
handled more efficiently by the Asistencia Pública with its presumed expertise without undue interference by Torcuato de Alvear.

13 See Texto Definitivo de la Ley No. 2675 del 6 de Noviembre de 1889, Comisión Municipal para desempeñar las funciones del Concejo Deliberante en la Capital, in Reconstrucción de los Debates de Leyes Orgánicas Municipales y sus Textos Definitivos, V (1889-1901-1915), p. 20; The Municipal Commission so named functioned from November 26, 1889, to February 27, 1891. See also Texto Definitivo de la Ley No. 4029 del 28 de Noviembre de 1901, Comisión Municipal que reemplaza al Concejo Deliberante Municipal, in Ibid., p. 163; this Municipal Commission sat from December 21, 1901, to February 6, 1908. The President of the Republic could name members of the Honorable Concejo Deliberante; he did so by decree on July 31, 1885. See Mensaje del Poder Ejecutivo Dando Cuenta de la Suspensión de Elecciones de Concejales, Decreto de P. E. Integrando el Concejo Deliberante, Ibid., pp. 5-8.

14 The Sanitary Administration, although not by name, was provided for in Article 48 of the municipal charter; see Reconstrucción de los Debates de Leyes Orgánicas Municipales y sus Textos Definitivos, III (1882-1885), p. 315.


17 Lúcio V. Meléndez, "Informe del Médico-Director del Hospicio de los Mercedes," Memoria de la Intendencia Municipal de la Capital de la República correspondiente a 1886, II, pp. 500-501; Meléndez, "Informe de la Dirección y Administración del Hospicio de los Mercedes," Memoria de la

18La Prensa, Diciembre 1 de 1888.


21José M. Astigueta, "Memoria de la Dirección General de la Asistencia Pública correspondiente al año de 1889," Memoria de la Intendencia Municipal de la Ciudad de Buenos Aires correspondiente al año 1889 presentada al H. Concejo Deliberante por el Intendente Seeber (Buenos Aires: Imprenta Sud-América, 1891), II, p. 158; also see Bullrich's comments in Memoria de la Intendencia Municipal--1898-1901, p. 52. Bullrich noted that one steamboat carried five patients to be consigned to the Hospicio de los Mercedes.


24J. M. Astigueta al Señor Intendente Municipal de la Capital D. Torcuato de Alvear, Marzo 26 de 1887, in Memoria de la Intendencia Municipal de la Capital de la República correspondiente a 1886, 1ª pte, pp. 206-209.
25 See Memoria de la Intendencia Municipal de la Capital de la República correspondiente al 1890 presentada al H. Concejo Deliberante, I, p. lxix;
Memoria de la Intendencia Municipal, 1890-1892, p. 271.


29 See Chapter I, note 13; Penna and Madero made extensive objections to the "privileged" status of the Beneficent Society in their Memorias de la Administración Sanitaria y Asistencia Pública, 1906-1909, pp. 39-41.

30 La Prensa, Octubre 19 de 1888.


32 The National Congress, for example, spent $130,000 moneda/nacional in 1903 and 1904, and $500,000 m/n in 1912 for improving municipal hospitals. See Versiones Taquigráficas de las sesiones del Concejo Deliberante, Sesión del 30 de Setiembre de 1904, p. 889, and Memoria del Departamento Ejecutivo presentada al H. Concejo Deliberante por el Ejercicio de 1912, p. 117.

33 See Emilio R. Coni, Apuntes Científicos (1894-1895): Correspondencias dirigidas a "La Prensa" e informes enviados a la Comisión de Obras de Salubridad de la Capital (Buenos Aires: Imprenta de Pablo E. Coni e Hijos, 1896), pp. 78-79; see also Penna and Madero, La Administración Sanitaria y Asistencia Pública
de la Ciudad de Buenos Aires, Estudio de los Servicios de higiene y beneficencia pública desde la época colonial hasta el presente (Buenos Aires: Imprenta, Litografía y Encuadernación de G. Kraft, 1910), I, pp. 299-300.

34 Memoria del Departamento Ejecutivo presentada al H. Concejo Deliberante por el Ejercicio de 1912, pp. 161-162.

35 Penna and Madero, Memorias de la Administración Sanitaria y Asistencia Pública, 1906-1909, pp. 29; 113-115.

36 Ibid., pp. 344-345.

37 Ibid., pp. 344; 336.

38 [Versiones Taquigráficas de las sesiones del H. Concejo Deliberante, Sesión del 13 de Octubre de 1899, pp. 292-293.

CHAPTER VI
CONCLUSION

Buenos Aires underwent a fundamental transformation between 1880 and 1910. From a relatively unimportant city on the fringe of world development, Buenos Aires became a central factor in supplying the European market with food for its period of greatest development. Under the impetus of the growth of European demand the capital city of Argentina became a metropolis by 1910 with a concomitant need for social and health services to accommodate the demands posed by the quadrupling of its population. The Asistencia Pública served a portion of those who asked for aid and assistance, and expanded from a relatively simple organization in 1883 to become a large division of the municipal administration by 1910. The Asistencia Pública expanded at roughly the same rate as the city, but it was unable to extend assistance to all in need throughout the period.

The Asistencia Pública was a direct expression of the oligarchy's approach to the development of
Argentina and of its capital city. The elite’s ambivalent attitude toward the immigrant—that he was an essential element in the progress of Argentina but also a threat to Argentine identity and solidarity, was reflected in public health officials’ views that he was necessary to Argentine development but also an "alien" to be "Argentinized." In their view, the Asistencia Pública’s role was to aid in assuring social and political stability by the extension of aid to the poor and recently-arrived immigrants to the city. By implication, however, such assistance was limited to that necessary to preserve the social structure (and the prominent role of the oligarchy); therefore it could not lead to fundamental changes in the living standards and quality of health care extended to the poor. The "social" conscience of the oligarchy, as is not surprising, was defined in terms of concrete political and social interests.

It is difficult, however, to establish a list of priorities held by medical men for the development of the Asistencia Pública. Some public health officials acted to a degree on the basis of charity and conscience; but for them and others the pursuit of national greatness as symbolized by hospitals,
laboratories, clinics, the holding of international medical congresses, and, importantly, the reduction of mortality and morbidity rates was more important. They supported the Asistencia Pública as a matter of national pride more than they encouraged its development specifically for the benefit of the sick and needy.

The Asistencia Pública served the provincial and overseas immigrant. Since it was one of the most important points of contact with the new country, its directors and members in part saw its role as one of furthering the loyalty of the immigrant. The immigrant and immigration were fundamental to the oligarchy's objective of modernizing Argentina and of obtaining a sufficient labor supply to open up the pampas. In accord with the dominant trend of liberal social thought in Argentina, they were also essential to the explicit policy of Europeanizing Argentina and concomitantly of changing Argentina's identity from that of a backward South American country characterized by rural caudillismo to that of a European country based upon a progressive citizenry. Public health officials sought to further both the objective of Europeanization and the goal of "Argentinization"
by first adapting European practices to the ambiente of Buenos Aires and second adopting policies designed to discipline and control the poor and the immigrant not only to "civilize" them, but also to make them into good Argentines. The contradiction between the two objectives was not evident to public health officials at the time even though they were aware of continuing attachment of first generation immigrants to the old country.

The inability of the Argentine oligarchy to complete the goal of constructing an integrated society in which they maintained their positions within the social and political structure was paralleled by the Asistencia Pública's failure substantially to further the impact of the public health system upon individuals through the extension of social services. They therefore did not contribute as much as they had hoped to overcoming political and social discontent through giving assistance to the poor. Samuel P. Huntington noted that one essential characteristic of a modern state is that it is able to assert its authority throughout the social spectrum. The Asistencia Pública, as one of the primary institutions responsible for daily contact with much of the citizenry, could not
"penetrate" the conventillo population and other sectors of society sufficiently to support the conclusion that by 1910 Buenos Aires was as modernized as the elite believed it to be.

The liberal oligarchy cannot be entirely blamed for this unfortunate circumstance. The existing models for developing countries were European and to a lesser extent the United States; in efforts to build a new Argentina the oligarchy took the most promising alternative. The choice of the path followed by Argentina for the three decades following 1880 did lead to initial impressive growth based upon the drive to obtain greatness on the European model. The Asistencia Pública's adaptation of services from abroad to conditions in Buenos Aires did have the positive effect of improving services available to residents of Buenos Aires; but in so doing the leaders of the Asistencia Pública were forced to deny the viability and legitimacy of Argentina's own heritage as symbolized by the deprecatory term—cultura criolla.

Immigration was the engine of Argentine growth. Seldom, however, has the immigrant been examined as a problem. Not only was he often obliged to inhabit the slum dwellings of Buenos Aires, but he also was
more likely than the native Argentine to avail himself of the facilities of the Asistencia Pública for succor and assistance. Further, because of patterns of land tenure and the attractiveness of life in the city, he did not fulfill the Alberdian expectation of peopling the pampas. Rather, he often went to the city where he contributed to unsanitary living conditions in the conventillos and to the overcrowded conditions of most municipal health facilities. Additionally, immigration-related cultural and social differences added to the already difficult conditions under which directors and other public health officials attempted to improve the health and welfare of the city's population. Many immigrants hoped to hacer la patria to return to Italy or Spain to live comfortably; they therefore saved money by refusing to invest in hygienic living conditions and personal health.

The Asistencia Pública's directors did do a creditable job in maintaining pace with the expansion of demand for health and hygiene facilities posed by immigration-induced demographic growth in spite of limitations imposed by ideological prejudices and financial stringencies. From 1883 to
1910, the Asistencia Pública expanded both in size and functions until it had taken over many of the responsibilities for municipal health and hygiene. However, the federal structure of the Argentine Republic and, more importantly, the centrality of Buenos Aires in the social, political, and economic structure of the Republic dictated that the Asistencia Pública as a municipal institution perform the function of being the National Hospital and, often, an international facility. In a sense, the Asistencia Pública subsidized provincial governments by relieving them of some of their responsibility to care for their ill. Directors of the Asistencia Pública were able to do little to prevent the influx of non-paying residents. Long before the era of Peron Buenos Aires, with the help of the construction of the basic transportation system, was proving to be a magnet to residents of the interior. The health resources available in Buenos Aires contributed to the "pull" the city exerted upon residents of the provinces.

The structure of health services in Buenos Aires itself reflected the multiplicity of jurisdictional frameworks within which various health services functioned. The inability of any single institution
to assert leadership penalized the efforts of the Asistencia Pública to provide adequate services. Further, institutions of great prestige (such as the Beneficent Society and the Faculty of Medicine) resisted encroachment upon their respective authorities and roles to the point that the municipal facilities were compelled to submit to an uncontrolled influx of patients. Overcrowdedness and subsequent unhygienic conditions related closely to the inability of the Asistencia Pública to control admissions and to exert influence upon the admission policies of non-subordinate institutions. Overcrowdedness was largely beyond the capacity of the directors of the Asistencia Pública to alleviate without substantial assistance. The national government rarely came to the assistance of the municipal services when the latter clearly needed aid.

The development and difficulties which the Asistencia Pública experienced reflect the basic themes of Argentine history in the period of oligarchical domination. Immigration, Europeanization, the growth of Buenos Aires, the concern for national identity, the constitutional structure of Argentina, the relationship of the native oligarchy to the waves of immigrants and native low-class Argentines,
dependence upon foreign precedents and models, and a sense of progress toward greatness had their reflection in the policies and ideological orientation of the directors of the Asistencia Pública and members of the municipal administration. The fundamental point, however, is that the development of the Asistencia Pública from 1883 to 1910 reflected many difficulties that a society in the process of modernization undergoes in order to construct a new order. In that sense, a study of the Asistencia Pública results in a deeper understanding of Argentine development.
## LIST OF INTENDANTS, 1882-1912

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APPENDIX B

ASISTENCIA PÚBLICA Y ADMINISTRACIÓN SANITARIA

ORGANIZATION CHART, 1910

Central Office

- Muñiz Hospital
- San Roque Hospital

Alvear Hospital

- Office of Technical Hygiene
- Estaciones Veterinarias
- Inspección Veterinaria

- Alvear Hospital
- Tornú Hospital

Disinfection Services
- Escuela de Enfermeras

- Alvarez Hospital
- Fernández Hospital (Sifilicomio)

- Pirovano Hospital
- Rawson Hospital
- Argerich Hospital

- Durand Hospital
- Patronato de la Infancia
- Domiciliary Assistance

- First Aid
- Smallpox Vaccine Administration
- Bacteriological Laboratory
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