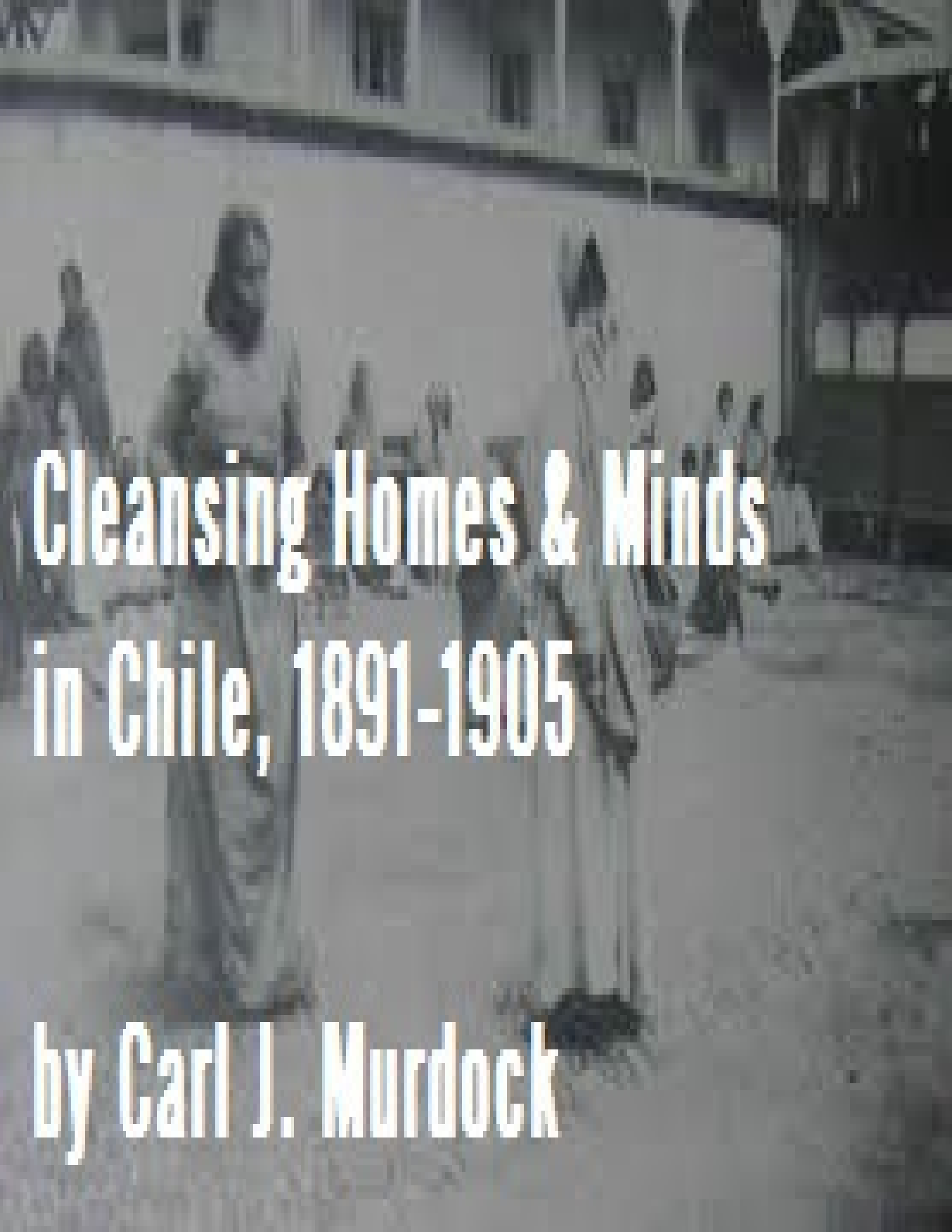




Cleansing Homes & Minds in Chile, 1891-1905

by Carl J. Murdock

Cleansing Homes and Minds in Chile, 1891-1905

by

Carl J. Murdock

Clinical Case:

Hallucinatory Delirium of Mystic Type—Madness communicated throughout a family—Cure.

J.M., fifty-three years of age, married, without any education, of robust constitution with moderate and healthy habits, without appreciable organic illness, was sent to the establishment the 12th of September of 1897.

Upon report from the médico de ciudad, the night-watch court ordered the internment of the patient, her husband and of their three daughters.

The facts which determined this order were the following:

Someone denounced to the authorities that for some days they did not see the C. family; that the neighbors of the house which this family inhabited noted there occurred in it unusual and uncustomary events: they would receive no one except an old woman who visited them daily, continuous songs were heard, and not one member of the family had gone outside for many days.

Taking account of such indignities, all observers believed they were delirious and alienated, and they were sent to the Casa de Observación, annexed to this institution....

When J.M. was interred in this establishment, there was no sign in her of any organic infection; all functions were normal and was there only a diminution of appetite and sleep. She retained perfect awareness of her state and situation, saying that she was victim of ill will and abuse for having maintained her ideals and the certainty of what she had seen.

She appeared tranquil, persevering in her convictions and belief in the hallucinations which she had experienced. She maintained that la Mamita, the name with which the family referred to the woman who visited them, was the la Virgen de Andacollo; that she saw the Virgin rise up to the heavens on a cloud, and that she heard the Virgin promise two loads of gold for her prayers, submission and faith.

"These were to appear," she said, "in the room which we gave over to la Mamita, and greed, fear of the desire to rob them, provoked our hiding."

She recounted that, with her husband and daughters, she spent several days praying and singing, without eating or sleeping, and admitted having had various hallucinations of sound, touch and sight, each of mystic character.

"I'd rather die before thinking that everything I say and believe could not be true," she frequently told us in response to the observations we made so as to awaken doubts in her beliefs....

Three weeks later, she made an attempt to present herself before colleagues so as to obtain release, and in the interview room, her delirium—which seemed already subsided—revived with fervor, remaining until, days later, this belief weakened and she was granted release.¹

This remarkable account of the C. family's experience of law and public health demonstrates with ferocity the weight of policing in the name of public health. Denounced to the authorities by a well-to-do neighbor ("vecino") for behavior which fell unacceptably far outside the norm, this family was subjected to the most coercive and intrusive of clinical treatment at the asylum. According to case notes, J.M.'s seemingly delirious eldest daughter was strapped to her bed when not submerged in lengthy therapeutic baths, force-fed through her nose purgatives and digestive "disinfectants," regularly given sedatives, and subjected to repeated attempts at hypnosis by physicians.² Despite evident resistance, this treatment was sufficient to "awaken doubts" in the parents, leading the father to recant their story:

Although ignorant and with a weak psyche, he believed with less firmness in the phenomena which had occurred, and in the existence of this supposed Virgin, of the loads of gold, etc., to such an extent that, upon admission, he already doubted the reality of those supposed facts, and it was easy to convince him of the illusions of which he and his family had been victims.³

Considering the treatment his eldest daughter and wife received at the asylum, and the rigors of hard labor on the fields worked by inmates of the *Sección de Hombres*, it is not surprising that this "ignorant" man soon saw the light his doctors were shining at him. While the entire family was released within a month, their internment at the behest of wealthier neighbors from whom they claimed to have received only "ill will and abuse" reveals one of the mechanisms of social control exercised by the "Parliamentary Republic" of Chile after 1891. That the weight of the state fell most heavily on the poor is demonstrated as clearly in documents as in photos from the asylum.⁴



Inmates of the Casa de Orates

In this essay the consequences of the Chilean Civil War of 1891 for public health policy in Chile are examined in detail. After 1891 the centralization of government slowed as the triumph of the Congressionalist faction over President José Manuel Balmaceda's supporters ensured that the *Supremo Gobierno* would retain a *laissez faire* approach to social issues. Established by the Congressionalist faction after their victory, the Parliamentary Republic of 1891-1925 extended voluntaristic conceptions of individual health to society as a whole by making the welfare of each municipality dependent on local resources and abilities. The medicalization of the poor, represented most dramatically by the family described above, would accelerate after 1891 while the provision of health care stagnated and institutions eroded. With hospitals falling into debt and cutting back on staffing as the asylum expanded into the single most generously funded public health establishment of the era, the Civil War of 1891 marked the ascendance of a political economy of social welfare utterly devoid of mercy.

The Law of Municipalities

Shortly after their victory over President Balmaceda, the Congressionalist faction passed a series of laws in 1891-92 which were of fundamental importance in shaping the history of the public health bureaucracy in Chile over the next thirty-five years. The Law of Municipalities of 1891 dealt a blow to the more centralized state emerging under Balmaceda and his predecessor Santa María in the 1880s. This code divided the electorate into municipal *comunas* and organized the election of members of Congress and the Presidency through these local administrative units which oversaw the inscription and validation of voters and ballots.⁵



The Plaza de Armas, seat of the Chilean presidency, in 1890

Through the 1891-92 reforms, control over the operation of Chilean democracy was placed in the hands of local elites and wrested away from the Presidential machinery of electoral intervention. Santa María and Balmaceda had made particularly forceful use of Presidential authority over local militia to influence events at the ballot box and thereby secure support in Congress. In his assessment of the 1891-92 reforms written a few decades after the fact, Chilean economic historian Daniel Martner observed that with the creation of "the autonomous *comuna* the Executive power lost its influence in the constitution of Legislative power."⁶



José Manuel Balmaceda

Through the decentralizing legislation of 1891-92 the structure of public health

administration in Chile shifted noticeably. The *Consejo Superior de Higiene*, created in 1889 was subsequently reformed in 1892 to hold thirteen members, seven named by the President, three by the *Municipalidad de Santiago*, and three by the *Consejo* itself. While the President maintained a majority in the selection of the *Consejo*'s personnel, the reservation of six members to local and potentially professional and patronized interests was an important limit on the power of the central state.

Moreover, the duties of this highest body of public health policy in Chile were restricted to the study of health problems, suggestion of remedies to the appropriate authorities, submission of annual reports (*memorias*) to the President, and proposal of physicians to be named to public health functions.⁷ The *Consejo Superior* held no budgetary or punitive powers to facilitate public health policy implementation. In its emphasis on naming investigative commissions and gathering information, the *Consejo Superior* had little apparent real impact on public health—in contrast to the departmental *consejos* whose involvement in neighborhood disinfection and efforts to combat local outbreaks of disease brought the implementation of policy into the day-to-day lives of the majority of Chileans.

Given the decentralized context in which they received final form, it is not surprising that the *Consejos Provinciales de Higiene* (also created in 1889, reformed in 1892-93, and thereafter known as *Consejos Departamentales*) were structured in a manner so as to shift still more influence to local elite. The departmental *consejos* were composed of the regional governor, a *vecino* named by the Governor, the mayor of the principal municipality in the department and "a person named by this corporation." Additional members of the committee included representatives of the *Consejo Superior* and *Junta de Beneficencia* in Santiago, as well as "the *médico de ciudad*, charged with the duties of Committee Secretary."⁸ In accordance with the post-1892 structure of the Chilean state, the attributions of the departmental *consejos* included the actual enforcement of "sanitary measures" developed by the *Consejo Superior*.⁹ Under the Law of Municipalities local government was to administer the vaccination, health inspection and disinfection programs previously organized directly by the Ministry of the Interior.¹⁰

At its lower levels the Chilean public health bureaucracy experienced a thorough dislocation of its personnel and surveillance capacities as a result of the decentralization which followed 1891. Legislation passed in late 1892 made *médicos de ciudad* functionaries of municipal governments rather than of the Ministry of the Interior. In return for the relatively generous salary and prestigious appointment as *médico de ciudad*, a Presidential decree of 1887 had required these physicians to provide additional care through establishments administered by the *Supremo Gobierno* (which included the overwhelming majority of hospitals, clinics and lazarettes throughout Chile). With the 1892 law, *médicos de ciudad* were freed of this obligation, and most municipalities simply reduced the staffing of local hospitals rather than take up the expense of remunerating *médicos de ciudad* for services

rendered in local public health establishments.¹¹

One manner in which the influence of the central government in provision of public health diminished after 1891 was in marked changes in funding priorities approved by the Congress and pursued by the Ministry of the Interior. The rapid growth of central government regular and special funds to public health institutions under Santa María and Balmaceda did not continue in the Parliamentary Republic. Instead, the *Junta de Beneficencia* found itself increasingly reliant on its own means of funding to meet the inflating costs of health in an urbanizing society. Public health administration in Chile became steadily more indebted to private interests through the sale of special bonds issued by the Committee on its capital holdings, and more dependent on rents generated by haciendas administered by the *Junta de Beneficencia*.¹²

The number of patients admitted into Santiago's three hospitals was essentially stable between 1886 and 1899, indicating that the care-giving capacities of these institutions did not keep pace with urbanization.¹³ Far from expanding their treatment, Santiago's hospitals faced a losing battle with population growth and inflation which—in the political economy of social welfare dominant after 1891—led to turning prospective patients away from care within buildings that steadily deteriorated, a problem exacerbated by a decreasing and underpaid staff.¹⁴

With yearly inflation of six to seven percent on average in the period, Santiago's hospitals enjoyed annual budgetary increases after 1892 of just two to four percent.¹⁵ The yearly accounts reported to the Beneficence Committee demonstrate a tremendous drop-off in income growth for each of Santiago's hospitals.¹⁶ Losses in income were most evident at San Juan de Dios and San Francisco de Borja in terms of capital directly held by each institution (rents from properties, liquid capital assets).¹⁷ As the sale of liquid and fixed capital in the early 1890s eliminated resources particular to each institution, the relative weight of subsidies from the *Supremo Gobierno* greatly increased in the accounts of Santiago's hospitals.¹⁸ The primary effect of the Parliamentary Republic's *laissez faire* approach to public health—curbing central state aid and pushing establishments towards more individualized means of funding—was in fact to increase the dependence of hospitals on the *Supremo Gobierno*.¹⁹ The decentralizing Congressionalists of 1891-2 actually succeeded in heightening the fiscal centralization of public health through the very negligence of their social policies.



San Juan de Dios hospital, c. 1920

The various institutions of public health throughout the country also ran increasingly large deficits as the 1890s progressed, and began to resort to more radical methods of maintaining their fiscal health within the atomized structure of *laissez faire* public health. Valparaíso's only hospital carried a debt of over 150,000 pesos by 1894, while in 1899, to meet daily operating expenses, San Juan de Dios hospital in Santiago reduced the pay of nuns, medical students and subaltern employees on its staff, and suspended renovation of the crumbling eighteenth-century building.²⁰ During an epidemic of smallpox in Valparaíso during 1904-5, personnel of the entire public health system in the city (employees of the hospital, lazarettes, disinfection teams and so on) went without pay for three months as the municipality was unable to finance both care to its populace and remuneration to its functionaries.²¹



Board of Higiene disinfection team in uniform, c. 1910

The decentralization of the Chilean state led to stagnation in those public works projects related to health whose initiation had been a central feature of both the Santa María and Balmaceda administrations. Expansion and construction of public health institutions begun under budgets set in the 1880s was repeatedly delayed or halted during the 1890s as funds were withheld or cut by as much as fifty percent by the Congress.²² Existing institutions found themselves suddenly without funding in the wake of the Civil War, and later restoration of state aid followed consistent lines which reflected political priorities of a new sort. Institutions which enjoyed restored or even increased funding after 1891 were of a special cast, with the insane asylum the most conspicuous example of public health policy deployed as social control.²³



The Casa de Orates, c. 1920.

In addition to the expenditure of vast sums by the central government to renovate and greatly expand the asylum, under Pedro Montt's direction the Ministry of the Interior repeatedly found sufficient rationale and funds to provide the *Casa de Orates* with special supplements to its annual budget.²⁴ These auxiliary funds were authorized by Presidential decree rather than through regular Congressional budgetary consideration, much as Balmaceda had circumvented the Congress to alter government spending in the 1880s. Pedro Montt's political influence in obtaining these funds was described as "decisive" by one government official in an internal report compiled long after the completion of the asylum's new building.²⁵ Used as a controlled dumping ground for society's marginals, the *Casa de Orates* expanded rapidly while other institutions which offered a less clear-cut means of tightened social control or less current scientific prestige—such as Santiago's orphanage—languished in worsening debt.

With operating costs undiminished and funding slashed, the orphanage was unable to provide potable water or continue basic repairs to the ancient structure which housed Chile's abandoned young. The loss of funds during the 1891 conflict led to the sale of capital assets held by the orphanage and the floating of bonds to generate income for repairs.²⁶ These measures were successful in the short term, but in the *laissez faire* political economy of public health forged in 1891-92, such internal funding measures would reduce income and heighten

indebtedness over the long term.²⁷ Annual state support of the orphanage was drastically reduced in 1892, and remained at that decreased level for the remainder of the decade.²⁸

With far less state aid and a shrinking pool of liquid capital assets, the institution's dependence on rental income sharpened in 1890s. Unfortunately, the wealthy Chileans who rented rural properties from the orphanage (such as five haciendas located in the Choapa valley) repeatedly failed to uphold contractual obligations which provided the establishment with set income from the value of the land as well as a tax upon the commercial production of each hacienda. Between 1896 and 1899, unpaid rents owed the orphanage totaled more than 60,000 pesos, creating repeated deficits as erratic receipts impeded coherent budget formation.²⁹ Worse still, the orphanage's efforts to increase the value of its holdings were frustrated by the new political order as rural property concessions made to the institution in 1888 were sharply reduced by the Congress in 1896.³⁰

Financial difficulties contributed to the decision of the administrator of the orphanage, Dr. Nathan Miers-Cox, to contract with a local entrepreneur to provide vocational instruction to male children. Offering the institution fiscal compensation, as well as providing its charges with training and a wage, the *zapatería* of Sr. Spuhr enjoyed a controlled supply of labor. However, within a year of enacting this contract, Miers-Cox reported to the Minister of the Interior that "the money received in payment for the employed boys by far does not cover their sustenance."³¹ The result of this eminently *laissez faire* association of the public and the private in social welfare was the provision of cheap child labor to a shoemaker who granted insufficient remuneration to propel young men out of charity or ease the indebtedness of the orphanage. In effect, the orphanage was actively contributing to the formation of an enclosed, impoverished and disciplined working class.

The failure of the orphanage's efforts to distribute the financial burden of its care through greater association with private interests reflected the continuing problems public health administration in Chile faced in covering costs. San Francisco de Borja, the women's hospital in Santiago, ran a deficit in 1896 which was due entirely to late or unpaid rents on property owned by the institution.³² The unpaid rent and taxes of just one *hacendado* operating rural property owned by the Beneficence Committee amounted to over 60,000 pesos in 1898-99, suggesting that earlier difficulties with recourse to such means of funding public health worsened in the Parliamentary Republic.³³ Attempts to collect such debt by suit were not only expensive and time-consuming, but also diluted in their effectiveness by the fact that most congressmen simultaneously worked as lawyers.

Another direct consequence of the passage of the Law of Municipalities was the near-complete halt in the construction of potable water facilities throughout Chile. This problem was particularly evident outside Santiago, in rural Chile, where the small towns of the central valley were wholly unable to meet the expense of public works which were begun in the

1880s with central government assistance, but after 1891 received no such aid.³⁴

Ovalle, then a town of some 5,000 people to the north of Santiago, provides one of the more dramatic examples of public health policy and its implementation after the triumph of *laissez faire*. Repeatedly visited by water-borne diseases in the 1880s, Ovalle suffered a mortality rate three times higher than the national average in the cholera epidemic of 1887-88. In response, with engineering plans and budgets drawn up in 1889, the Ministry of Public Works began construction of water filtration facilities on the nearby Limari River.³⁵

However, the outbreak of civil war interrupted construction, and the decentralizing legislation of 1891-2 killed the project. As Ovalle's *médico de ciudad* commented in a letter to the *Consejo Superior*, while the 25,000 peso budget for completion of water filtration was "of insignificant cost for the Government, it is unfortunately beyond the reach of local resources."³⁶ Despite repeated appeals by members of Ovalle's *Consejo Departmental* (and the town *alcalde*), the Chilean Congress refused consideration of auxiliary funds for the municipality. Efforts by municipal officials to gain the attention of the *Consejo Superior* in Santiago brought little more than the forwarding of their requests to the upper echelons of the Executive. In late 1893 Pedro Montt, then Minister of the Interior, wrote to the *Consejo Superior*

For its part, this Ministry, not having at its disposal funds to supply the solicited auxiliary, believes you should furnish the Municipality with the respective plans and budgets formed under the General Directory of Public Works in 1889 ... in the case that the town should resolve to bring these works to completion.³⁷

Health officials in Ovalle continued to submit to the *Consejo Superior* lengthy reports on the poor health of the town inhabitants to bolster its appeals for fiscal aid.³⁸ By the mid 1890s the *Consejo Superior* had ceased to even forward these reports to the Interior.

Ovalle was by no means an isolated case. Over the course of 1893-4 the *Intendente* of Valdivia and health officials in Copiapo, Ñuble, Temuco and San Carlos made appeals for assistance from the *Supremo Gobierno* in the completion of filtration projects.³⁹ Yet social spending of even this most fundamental character lay outside the ideological universe of the Parliamentary Republic. As the year came to a close, Pedro Montt made the following simple, blanket response to such appeals:

The funds appropriated for such an object in the budget currently in force have already been disbursed in their totality and in the next year there will be no item appropriated with said end, in view of the law of December 22 of 1891 which entrusts to the respective municipalities the installation of said services and to provide themselves with the necessary funds for the execution of these projects.⁴⁰

The Minister of the Interior made it clear that in the wake of 1891, the health of a given municipality would be determined by its wealth, elevating nineteenth-century explanations of individual fortune as a function of character to the level of civic welfare. The proper economy of the self became the proper economy of the nation, an ethos of individual opportunity marking out territory which might have been inhabited by an ethos of communal responsibility had the outcome of the Civil War of 1891 been different.

This stagnation in public works mirrored an erosion in the efficacy of Chilean public health services at the turn of the century. With the shift in fiscal responsibility from central to local government, a gradual diminishing of social welfare services developed during the 1890s. Municipal governments were either unable or unwilling to continue funding of health services at the levels they had been under Balmaceda. An important contributing factor to this erosion in services was Chile's steadily depreciating currency. As Dr. Nathan Miers-Cox, administrator of Santiago's orphanage noted, inflation in food prices during the early 1890s increasingly distorted the budgetary reports submitted by the establishment and diverted resources away from medicines.⁴¹

The capacity of the state to engage in bureaucratic surveillance of its populace also deteriorated under the Parliamentary Republic. Without threat of regular health inspection in Santiago's emerging industry, state-employed physicians worried that shop and small factory owners increasingly sought to evade compliance with existent health codes regarding hygiene and work.⁴² Figures compiled by Dr. W. Ugarte Serrano, *médico de vacuna* in Santiago, reveal that a dramatic increase in the number of vaccinations made by the service in 1886 (the beginning of the Balmaceda administration), gradually declined in the latter half of the 1890s.⁴³ This steady erosion of vaccination policy did not reflect a decreased incidence of infectious diseases such as smallpox or any other general improvement in Chile's public health. Ugarte's figures, intended to demonstrate the vigor of the Vaccination Service, instead suggest a debilitating atrophy of public health policies at the national level during the Parliamentary Republic which coincided with—and contributed to—rising concern over the Social Question.

The erosion of central government authority after 1891 reduced the ability of state agencies to continue the liberal modernization of society which had threatened the preeminence of local, oligarchic power in Chile. Public works projects which had sped the expansion of wage labor stagnated, and the expansion of public education into overwhelmingly illiterate rural areas ceased. One consequence of this deterioration in the efficacy of the state was that medicalization became focused more on target populations (alcoholics, prostitutes, the mentally ill) than a broader spectrum of society.

An indication of this altered shape of medicalization in the 1890s lies in rates of vaccination for smallpox recorded during epidemics.⁴⁴ According to data compiled at Santiago's lazarette during the epidemic of 1886, only four percent of all entrants had been

vaccinated.⁴⁵ However, during the outbreak of 1890-91, it seemed as if the aggressive vaccination programs of the Balmaceda administration had enjoyed some success, as vaccination rates among entrants to the lazarette rose to over twenty-one percent. However, a year of war and ensuing cuts in health services were sufficient to have an immediate impact on vaccination rates. The epidemic of 1892-93 saw the incidence of vaccination among entrants to Santiago's Lazareto Norte de San Jose decline to sixteen percent. To the south, the 1892-93 outbreak saw a vaccination rate among entrants at the lazarette located in the town of Talca of merely six percent.⁴⁶

The low vaccination rate in Talca during 1892-93, and the far more serious outbreaks of smallpox during the early 1900s in Valparaíso, suggest that vaccination programs outside the capital were never high enough to prevent wide-spread attacks of the pox.⁴⁷ Members of the *Consejo Superior* asserted in a report of 1908 that municipal governments in the country simply did not have sufficient funds to carry out health programs such as vaccination which—prior to 1891—had been the responsibility of the *Supremo Gobierno*.⁴⁸

In Valparaíso, public health officials repeatedly commented on the low pay and poor appearance of *vacunadores*. These factors contributed to widespread mistrust of *vacunadores* as well as the frequency with which such public health employees turned to other forms of wage-earning.⁴⁹ However, the senior government official in attendance at the regular meetings of the port city's *Consejo* felt that the best means of improving vaccination efforts was to place *vacunadores* in the company of policemen while making the rounds of Valparaíso's poorer neighborhoods.⁵⁰



Valparaíso, 1916

Springing directly from professional medicine's oft-stated concern with burial practices among much of the Chilean populace was a concerted effort to control public funeral processions (*fiestas de velorio*) and rites (*misas del cuerpo presente*) regularly practiced by working-class people. These celebrations of the final passage frequently involved large numbers of participants drinking and dancing before the body of the deceased within a home, church or burial plot. These carnivals usually lasted well into the night or over several days—particularly in the case of a deceased infant. In Valparaíso during the 1880s, efforts to halt burials beneath church floors or in parish cemeteries and direct funerals toward the general public cemetery of Playa Ancha contributed to lengthy processions round the harbor shore and through much of the town. By the 1890s, attempts by local state officials to exert further influence over the public's behavior unravelled the weak threads which knit together bureaucratic surveillance and policy implementation.

As the heat of summer enveloped the port in 1894, concerns over *velorias* sharpened among government officials. *Intendente* Osvaldo Renjifo informed the *Consejo Departamental* that—as a consequence of an agreement with the Beneficence Committee in

Santiago—prohibitions on burial in parish and neighborhood cemeteries were lifted. Renjifo explained that this change in policy had

as its objective evading the contagion and the inconveniences produced by the procession (*acompañamiento*) to Playa Ancha, in which, the people almost always are in an intemperate state.⁵¹

Before the year was out numerous problems had developed with this effort to redirect popular expression of affect in relation to death. By August it was clear that the municipality lacked sufficient resources to establish neighborhood cemeteries, and evidence rapidly mounted that popular behavior had not changed much in any case. At meetings of the *Consejo Departamental* during December of 1894, *Intendente* Renjifo and several physicians expressed concern that hospital administrators were allowing families to recover bodies of deceased relatives from the isolation ward in order to hold vigil in their homes. Parish priests continued to offer lengthy *misas del cuerpo presente* without heeding the *Consejo's* circulars issued to the effect of persuading the clergy to limit the frequency of these celebrations. Also, priests frequently did not provide the Civil Registry with documentation of the name and cause of death of individuals who were the subjects of such vigils.⁵²

Consequently, officials of the Civil Registry were unable to provide the *Consejo* with the detailed picture of public health it desired. This absence of data left the *Consejo* unable to provide a full accounting of the incidence of infectious disease to the *alcaldía* of Valparaíso. Confronted by this lack of response among vital civil and professional links in its network of social surveillance, the *Consejo* could do little more than issue more strongly worded notes to the priesthood (warning that during an extended vigil before the deceased "it cannot be avoided that the atmosphere of the church will undergo some alteration that could harm those present") and acknowledge to the Civil Registry the futility of its duties. On 15 January 1895, the *Consejo* recommended that the statisticians of state content themselves with recording only those cases in which families requested a vigil for a death due to infectious disease, rather than attempting to track all deaths and vigils held in the city.⁵³ Meanwhile, the processions to Playa Ancha continued through the port's avenues.

Medicalization

A realm of public health which did not experience stagnation after 1891 was that of social control over marginalized elements of society through medicine. The insane asylum was expanded so as to receive marginals from throughout the country and greater efforts were made to regulate prostitution, while disinfection and demolition programs carried out in lower-class neighborhoods of Santiago and Valparaíso increased in frequency and scope.

Much as in other Western countries of the late nineteenth century, after 1891 the Chilean

government engaged in more extensive regulation of legalized prostitution. In 1896 the municipality of Santiago issued ordinances prohibiting prostitutes from loitering about cafes or seeking to "tempt passersby with immoral words or remarks." In addition to this attempt to structure their public presence, municipal regulations required prostitutes to register in person with the *alcaldia*, as well as carry an identification card documenting their hygienic status as determined through inspection by a physician. Similar decrees issued during the 1890s by the mayor's office charged some of the city's *médicos de ciudad* with inspection of brothels and prostitutes working there—any compensation for that duty to be met by the owners of such establishments.⁵⁴

Identification Card required of prostitutes in Valparaíso in the 1890s

However, the ability of municipal physicians to provide health care for these women was wholly compromised by the scarcity of funding for public health at the local level. Within a decade of enacting the above ordinance, the *alcaldia* of Santiago conceded that without a clinic or sufficient medicines to treat prostitutes, medical oversight of brothels had achieved nothing as far as health care was concerned.⁵⁵ This admission on the part of local authorities did not lead to changes in municipal spending or the exertion of pressure on either the *Supremo Gobierno* or the Congress for increased budgetary support. The principal aims of regulation—controlling the space, speech and income of prostitutes through special surveillance—were already met.

Statistical surveillance was a central ingredient in the exertion of legal power over marginalized elements of the Chilean populace. In Valparaíso, *Intendente* Renjifo instructed the *Comandante* to begin regular statistical surveys of *conventillos* (tenement blocks) in the city. As an outbreak of typhoid struck the port in mid 1893, these *visitas* began to be assisted by "vecinos of good disposition." The following year Renjifo succeeded in convincing the

leadership of several workers' mutual aid societies to cooperate with medical officials in realization of vaccination efforts in the city—in part by assisting the Civil Registry in compiling a roll of workers' societies in the port.⁵⁶ A municipal regulation of 1898 specifically directed Santiago's *inspectores sanitarios* (*médicos de ciudad* charged with statistical surveillance of urban hygiene) towards the rental housing and *conventillos* where working-class families lived "in order to suppress the foci of infection."⁵⁷



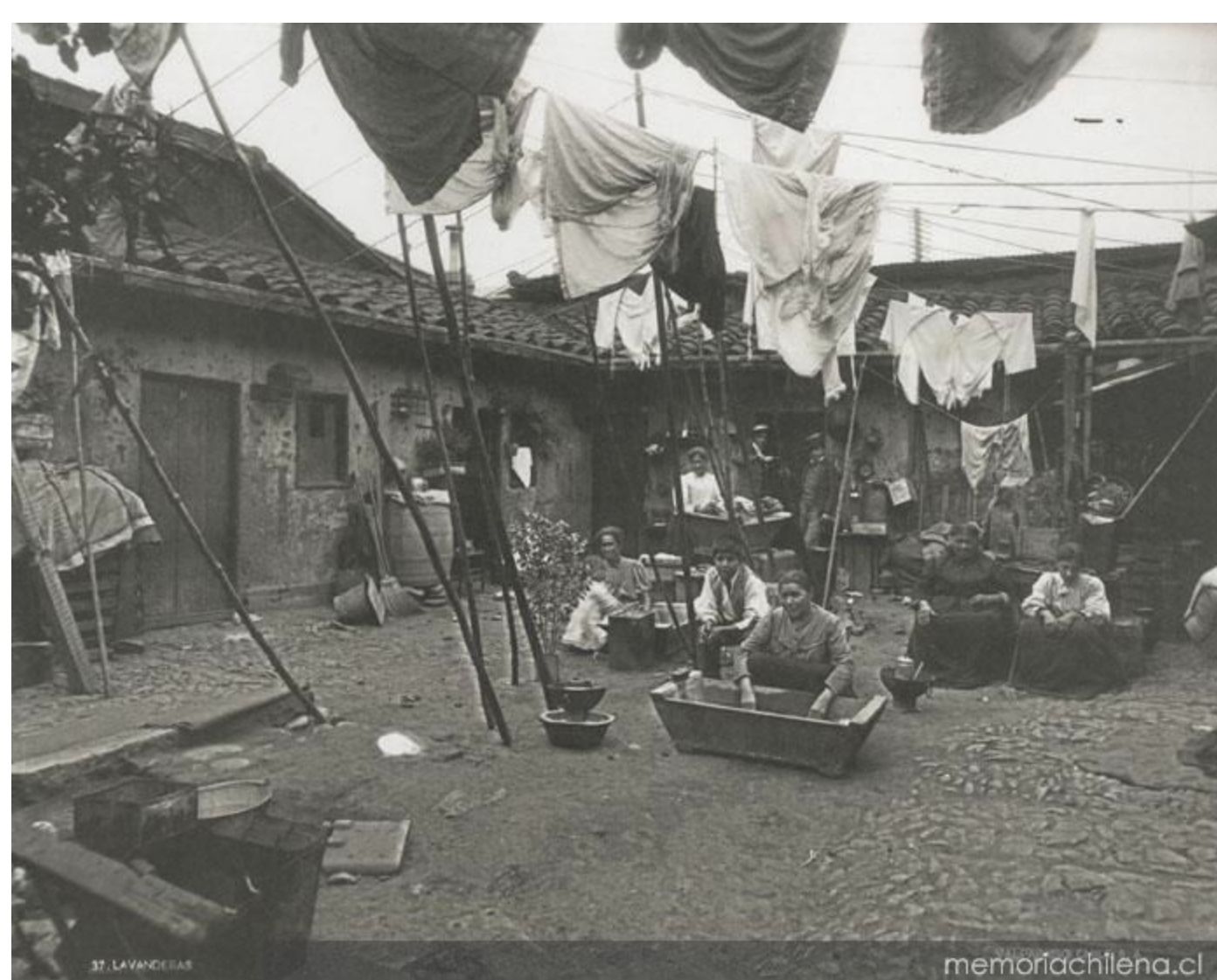
A conventillo in Santiago, 1920

Municipal surveillance such as this led to passage of legislation, in 1906, enabling the demolition of working-class housing declared uninhabitable by inspectors. Among the factors enabling these declarations was the presence of a "permanent focus of infection" capable of causing harm to residents of neighboring houses.⁵⁸ Denunciations of unhygienic housing were regularly made not only by *inspectores sanitarios* but also by private citizens, leading to the demolition of nearly 230 *conventillos* in Santiago (housing almost 7,000 people) by 1908.⁵⁹ Early observers of such urban clearing projects noted that in several cases demolition was impeded by the lack of any other housing for Santiago's poor. Despite the worsening housing conditions of the city's burgeoning urban population, in late 1908 the *Consejo Superior* ordered the demolition of nearly 100 additional *conventillos*.⁶⁰

A more common solution to problems of unhygienic housing than outright demolition was disinfection. Disinfection programs brought together profession and state in surveillance

of working-class neighborhoods with imposing consequences. Detailed accounts from city medical professionals and the *Consejo Departamental de Higiene* in Valparaíso allow the recovery of a complete picture of the disinfection process.

In the spring of 1894, as he made his usual rounds through the barrios, Dr. Benjamin Manterola—*médico de ciudad* in Valparaíso—made a stop at a particularly run-down tenement to attend to the illnesses of the families living there. Three children, residents of this *conventillo* located in one of the narrow gorges (*quebradas*) which run up from the shore into the cliffs to overlook Valparaíso from crowded heights, were diagnosed by Manterola as suffering from diphtheria. The physician's report to his colleagues of the *Consejo Departamental* led to the dispatch of two other *médicos* to the *conventillo*, number 8-A on Calle Santa Victorina, to complete a full hygienic inspection of the premises with the assistance of the *Prefecto de Policía*.⁶¹



Laundresses at work in the interior courtyard of a conventillo, 1920

These physicians found number 8-A a damp and smelly place—conditions which they attributed to the two stables which adjoined the building. One of the children examined by Dr. Manterola earlier in the week had already died, and although no new cases were detected,

the physicians reminded their colleagues that this same locale was recorded as having been the site of several cases of smallpox in the past. The evidence seemed overwhelming to the physicians and officials of the *Consejo Departamental*: the *Intendente* believed that immediate disinfection was imperative, and by unanimous vote, the *Consejo* agreed to inform Valparaíso's mayor of the unhygienic conditions of number 8-A.⁶²

CONSEJO DE HIGIENE DE VALPARAISO

Señor _____

comunico a Ud. que en la calle _____

cerro _____ N.º _____ conventillo _____

pieza N.º _____ se

ha presentado la enfermedad contagiosa _____

y se necesitan los

servicios de la Oficina de Desinfección.

VALPARAISO, _____ DE 189 _____

Firma _____

Denunciation form used by the Disinfection Office in Valparaíso

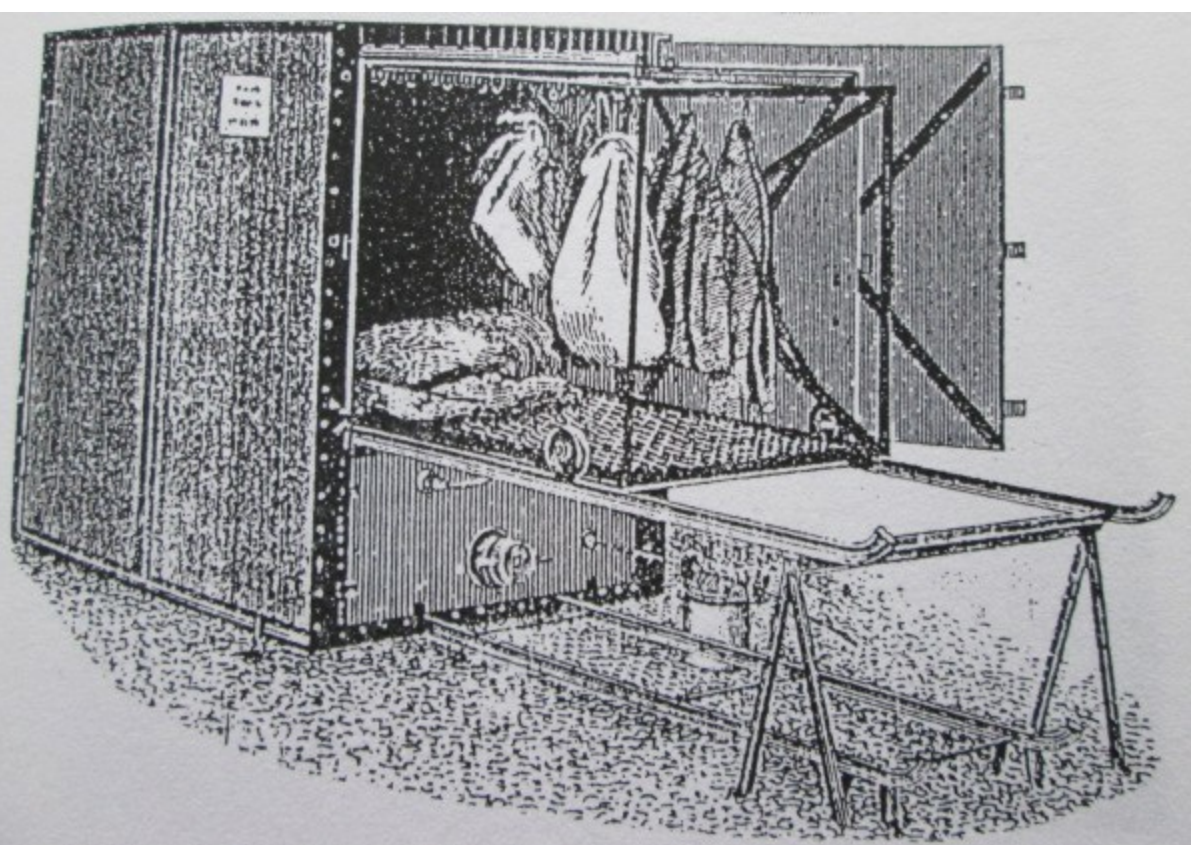
The disinfection process at this tenement involved the isolation of the surviving children infected with diphtheria in the city hospital, seizure and disinfection of the body of the deceased boy and the entire wardrobe of the residents of number 8-A. The disinfection of personal effects removed from the *conventillo* was achieved by either immersion for two days in an acidic solution, or baking them in a disinfecting furnace which operated at the *Oficina de Desinfección* attached to police headquarters in Valparaíso. Following its evacuation by police, the *conventillo* was disinfected through detonation of a bomb composed of a mixture of carbolic and sulfuric acids, and then dousing the premises with a similar acidic solution. The gasses produced by these mixtures were then sealed within the structure for forty-eight hours with police guards stationed at the entrance to prevent early return by the residents.⁶³ This guard was reinforced by recent passage of municipal legislation imposing a fine of twenty pesos (nearly twice the monthly salary of a laundress at that time) on individuals caught attempting to return to their homes before the quarantine was lifted.⁶⁴



A disinfection squad at work, c. 1910

Unfortunately, spring rains made the detonation of the gas bombs impossible for over a week, during which time the families of number 8-A were dislocated to another *quebrada* while the entire *conventillo* stood unoccupied under police guard. That week a Valparaíso newspaper accused the police and their disinfection team of having "committed abuses" involving theft of items from the quarantined tenement. At its meeting of 16 August, the *Consejo* was preoccupied with this threat to the reputation of municipal authorities, noting only in passing the ongoing homelessness of the former occupants of number 8-A. Toward the end of the month the *Consejo* began to give some thought to the practical problems facing families evacuated from tenements without any provision for temporary housing during disinfection, deciding to effect future evacuations on a room-by-room basis rather than by emptying the entire building.⁶⁵

As late as mid September, the *conventillo* on Santa Victorina was still under quarantine, and the *Consejo* remained far more concerned with issuing denunciations of unfavorable assessments of public health policy in Valparaíso printed in the press than with the actual experience of that policy by the inhabitants of the city. No efforts or mere expressions of concern for the homelessness disinfection created were forthcoming from the *Consejo*, only an agreement reached on 25 September to reimburse occupants for the value of clothing and other inflammable belongings destroyed in the disinfection furnaces located at the *Comisaría de Policía*. The *Consejo* reserved to itself the right to establish the "just value" of such items in the event that their owners should seek to reclaim them.⁶⁶



Sketch of disinfecting furnace used by Valparaíso's Board of Higiene in the 1890s

A complete lack of mercy in the implementation of public health policy at the local level pervaded each element of the disinfection process. At the outset, a physician making his regular passage of the neighborhood was called upon by the residents of number 8-A to aid their sickened young. The physician's professional attention included his dutiful report to a body of colleagues, reminding them of the results of prior surveillance of the particular *quebrada*. These guided recollections led to the apprehension and isolation of the children of the tenement by police, and the expulsion of every family without any aid from officials in finding shelter—or confidence that their belongings would be protected from theft during the quarantine imposed upon their home.

The disinfection process commenced without even the identification of a worsening outbreak within the *conventillo*, and ended in the fullest expression of power over the powerless. The former occupants of 8-A were expected to present themselves before the *Consejo*—the very same official body which, having discovered the conditions of 8-A, proceeded to burn their belongings—and claim compensation for their loss. That same official organ set the value of any such compensation, although, considering the chronic lack of funding which characterized the public health system in Chile at the time, the extent to which the *Consejo* could offer monetary remuneration was severely limited. The sum of items subject to disinfection by fire was considerable: clothing, furniture, religious artifacts and so on. It is likely that only the actual room (*pieza*) which the family had once occupied in number 8-A escaped the fires of disinfection, though the *pieza* itself would undergo a trial by acidic gas and exposure to the whim of police during quarantine.

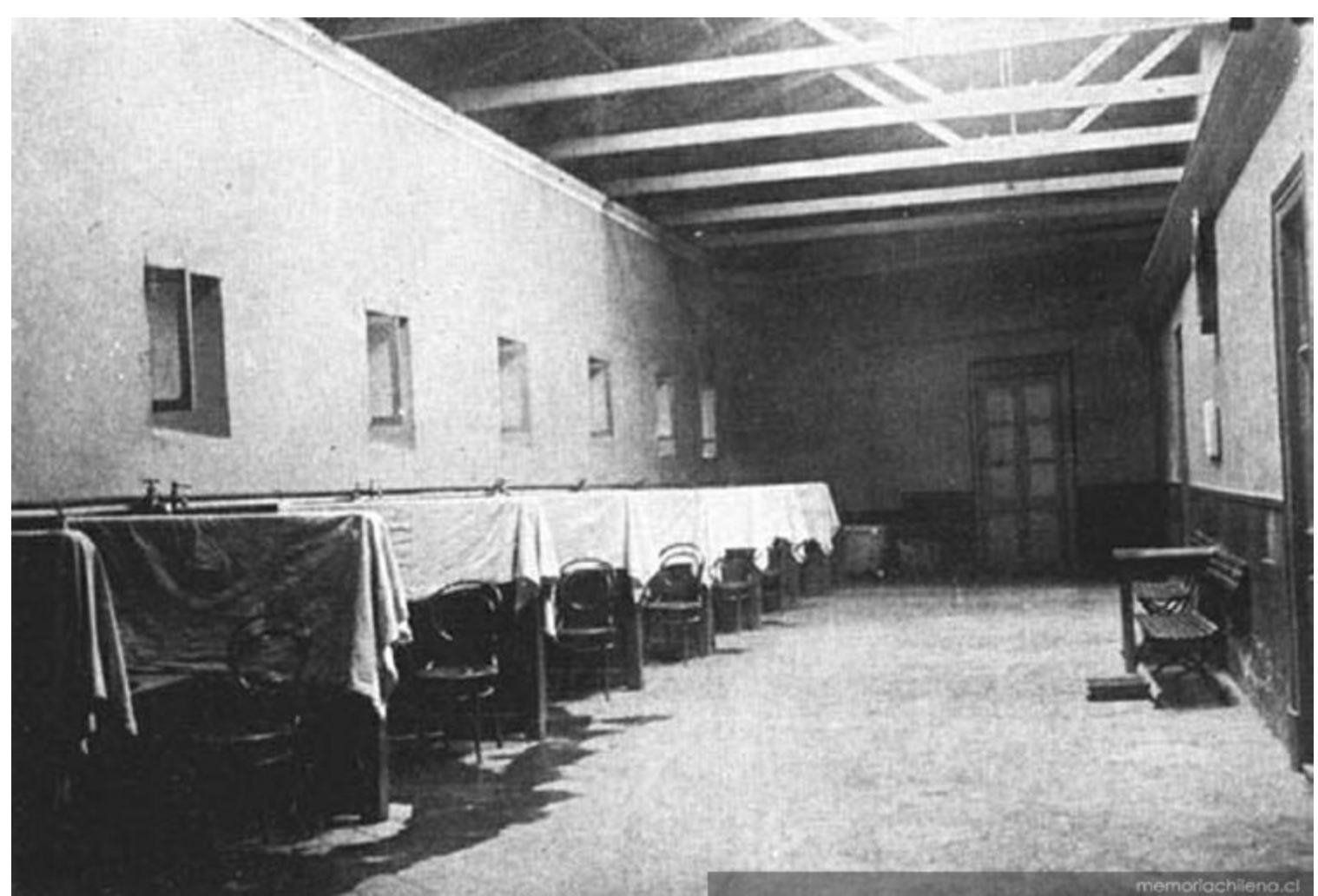
Data from the *Consejo Departamental* in the port makes it clear that disinfection was carried out only in working-class barrios. One neighborhood, el Cerro del Baron, saw forty-one disinfections effected in one quarter during 1894, each of these disinfections likely to have deposed the entire occupancy of a *conventillo* during the process, leaving well over 1000 people homeless as a result. While del Baron was exceptional in the frequency with which it was subjected to disinfection, during 1894 other working-class districts saw one to three *conventillos* emptied each month, on average, displacing up to a hundred people each time.⁶⁷ Disinfection as a means of policing public health reached a fevered pitch during the smallpox outbreaks of the early twentieth century in Valparaíso, with 7729 single-room residences evacuated and quarantined in 1904-05 alone.⁶⁸

Whatever the horrors of disinfection, the state and its attendant medical profession were able to apply their fullest weight in execution of public health policy within the asylum. One measure of the import of the *Casa de Orates* within the political economy of social welfare in Chile after 1891 is the frequency with which the *Supremo Gobierno* supplied the institution with auxiliary funding while denying such aid to other health institutions. The expense of transporting people apprehended by police to the asylum was covered by special central government funds so as to alleviate any strain upon the budget of the *Casa de Orates*.⁶⁹ The asylum was greatly expanded in the 1890s to more swiftly accommodate patients who, prior to these renovations, usually spent a week or more incarcerated in a local jail before transport to the *Casa* in the capital.⁷⁰ In the eyes of physicians a further benefit of this expansion was the creation of a *Consultorio* where patients received treatment for psychological disorders without having to be interned within the asylum. As described by one of its resident physicians, the *Consultorio* provided its services—medicines, baths and electric shocks—to "the poor ill of the city," making the class orientation of this public health measure very clear.⁷¹ In this manner not only the gross capacity of the asylum was increased, but also its efficacy in exerting control over the margins of society.

Essential to the expansion of the *Casa de Orates* was the intimate connection which existed between its management and the *Supremo Gobierno* after the Civil War. Pedro Montt, one of the heroes of the Congressionalist victory in 1891, became administrator of the asylum shortly after the conflict. Contemporary and later chroniclers of the asylum consistently credit Montt's political stature within Congressionalist circles as the guarantor of a tremendous expansion of the budget, personnel and importance of Chile's asylum during the Parliamentary Republic. Montt's success, first as administrator of the asylum, then as Minister of Interior, and finally as President of the Republic, enabled the complete reconstruction of the edifice and the regular guarantee of auxiliary funding beyond the generous allotments already extended by Congress.⁷²

As a locus of professional and state power, the asylum provides some of the most complete documentation to describe the character of the patients, their illnesses, and their

treatment in any public health institution. Between 1890 and 1899, more than sixty percent of all admissions were male, with alcoholism given as the cause of internment for well over fifty percent of these men. Nearly half of all males admitted each year were defined as fully illiterate. Migrant field laborers, the single largest group by occupation, accounted for some twenty to twenty-five percent of male entrants. Of female admissions, well over half were fully illiterate and a third identified as "*hija de familia*" or "*dueña de casa*." Those women who were identified by occupation tended almost without exception to be seamstress, laundresses and cooks.⁷³ Such statistical data, when considered in light of the photos of asylum patients reproduced in this essay, suggests a deep class orientation in admissions to the Casa. The asylum was primarily a controlled dumping ground intended for the poor and indigenous peoples of Chile.



Baths at the Casa de Orates

The origin of a given patient's internment, and the diagnosis appended to each patient, offer still more evidence of the asylum's purpose within a program of social control. Male entrants, overwhelmingly diagnosed as alcoholic, tended to arrive at the Casa in the custody of police.⁷⁴ In contrast, while some twenty to thirty percent of females were discharged to the asylum by the police, more commonly female admissions were described as "at the request of the family."⁷⁵ With this relatively vague origin of internment, it is of little surprise that

between 1890 and 1899, some thirty-six percent of all female admissions gave no specific reason for their placement within the asylum, the admission form offering "*se ignora*" in place of a disorder or illness.⁷⁶

When a specific diagnosis was offered to describe the cause of a woman's internment, a group of disorders characterized by professional concern with exaggerated expression and behavior were called forth to identify disorders of the female psyche. Conditions such as "sorrow, misery, setbacks, moral suffering" and "exaggerated religious practices," together with gender-specific diagnoses such as "menstrual disorder, menstrual retention" and "hysteria," accounted for twenty-two percent of all female admissions.⁷⁷ All of these diagnoses share with public drunkenness an exaggeration of personal expression or affect which threatened a liberal economy of individual behavior and its emphasis on rationality and order. While public disturbance brought men into the asylum, women more commonly arrived as a result of private disturbance within the family. If the reason for internment offered by professional medicine was the control of alcoholism among poor males and the redirection of aberrant behavior among poor females, the diagnoses applied to men and women within the confines of the asylum suggest that a lack of affect-control lay at the heart of their transgressions against society.



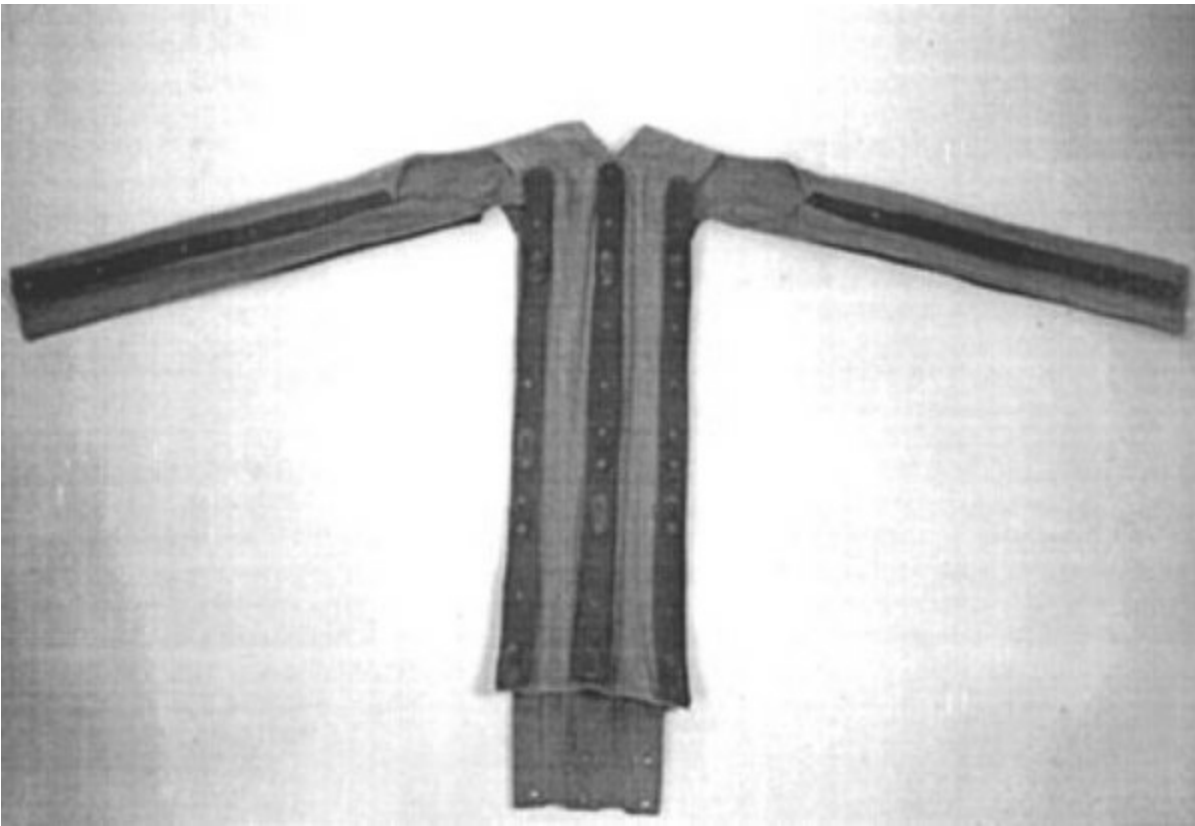
Dining room at the Casa de Orates

A lengthy report on the asylum submitted to the Beneficence Committee by two of the establishment's resident physicians reveals much of the method and intent of treatment within the *Casa de Orates*. Of particular importance to these physicians was the repeal of a law passed in 1856 which facilitated the release of people interned at the asylum by requiring only approval from the *Intendente* rather than through consultation with medical professionals. The doctors suggest that the release of patients to their families "could compromise public order, individual safety, the future of families and the tranquility of society."⁷⁸

The physicians expand upon this point, making their goals in social engineering abundantly clear: "It should not be permitted that, as general practice, the wife or husband return to their spouse and married life, as the children of such shall turn out being imbeciles, epileptics, alienated, and with tendencies toward alcoholism and criminality."⁷⁹ In this report the agitation of a professional group for an increase in their state-derived power merges with a deeply positivist valuation of society as an organism to be perfected by the guiding hand of science.

Methods of treatment at the *Casa de Orates* provide decisive documentation of the centrality of bias based on class and gender in this program of liberal, scientific social development. The "moral treatment" was employed in cases of melancholy, and relied upon fundamentally liberal valuations of behavior: social isolation from other patients as productive punishment, directed readings, "well-organized labor and distractions," and the enforcement of "punctuality" on the part of patients. Hydrotherapy was a frequent method, with people wrapped in bed sheets soaked in medicated waters and placed in warm baths once or twice daily. Patients diagnosed with hysteria, mania or epilepsy were most frequently subjected to electrical shock, attempts at hypnotism, and injections of opium or morphine. Electrical applications were administered thrice weekly, for two to twenty minutes of sustained current in each session.⁸⁰

Given the inexorable correlations in diagnosis and gender, females interred at the *Casa* were far more likely than males to undergo coerced isolation, immersion, injection of drugs and electrical shock. In addition, over a three year period at the *Casa de Orates* (1897-9), women were twice as likely to be placed in straight jackets as men, and three times as likely to be subjected to forced feeding. During the first full year of electric shock therapy employed at the *Casa*, women recipients outnumbered men by a four to one ratio.⁸¹ In sum, treatment of female patents involved far more violence than the treatment of male entrants.

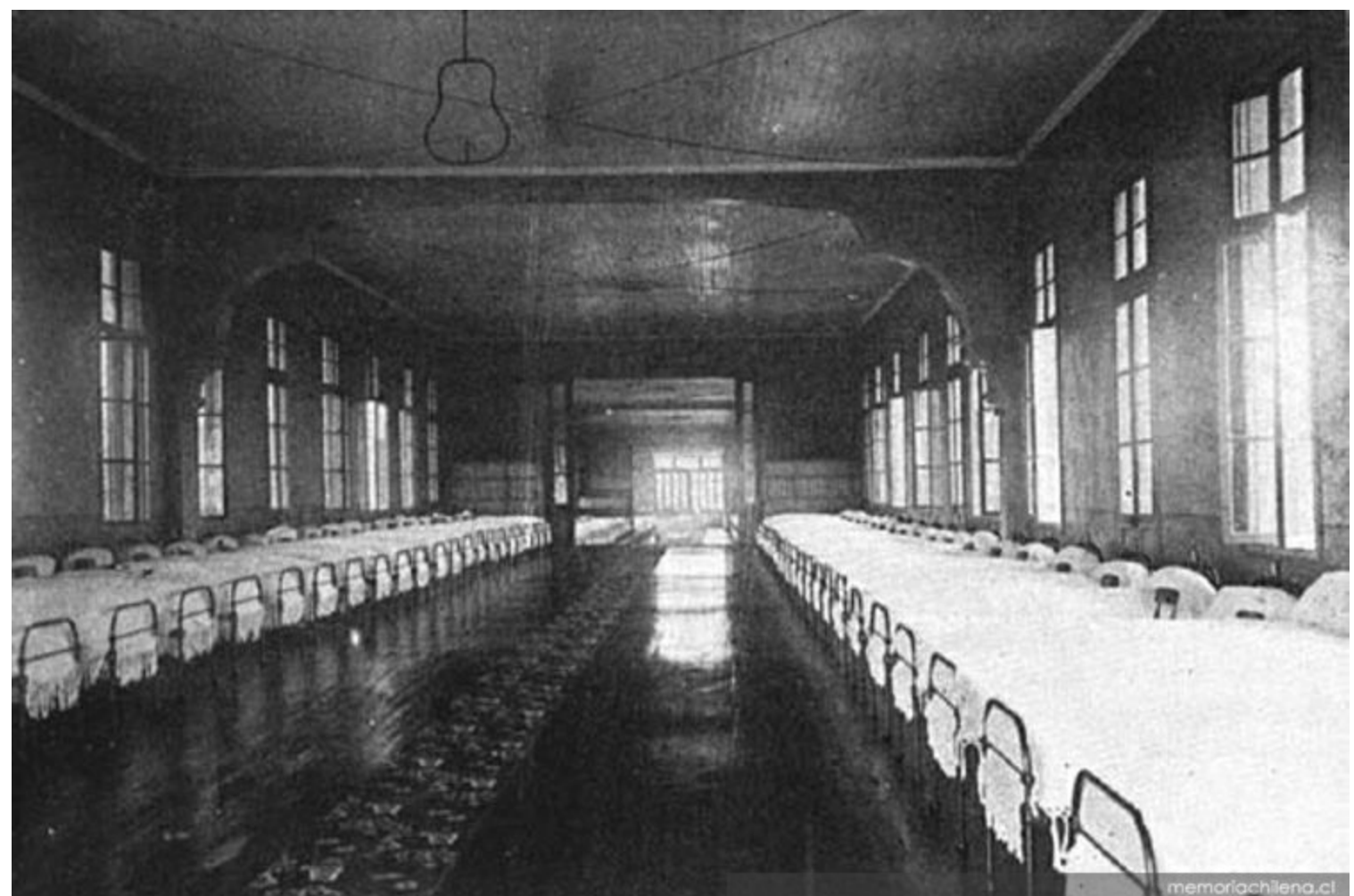


A straitjacket such as those used at the Casa de Orates

A physician assigned to the treatment of women at the *Casa* observed in a report submitted to the Beneficence Committee that females often actively resisted forced feeding and taking medicines.⁸² Physicians repeatedly described women as generally more resistant to treatment than men, and tended to explain this rebelliousness as the result of the peculiarity of the maladies which the science of the time observed in women.⁸³ Males, in contrast, found themselves more often in a "moral treatment" which consisted of labor in the workshops of the *Casa*, engaged in shoemaking and carpentry, or in the "agricultural colony" operated by the *Casa*. Physicians observed that "horticultural labor, however intemperate, is the most fitting for our ill that come from the countryside."⁸⁴

The causes of internment at the *Casa de Orates* melded with prevailing scientific understandings of gender and psychology to create profound differences in treatment and possibility for release. The copious statistical data manufactured at the *Casa* through surveillance of its population establish beyond any doubt that the vast majority of males incarcerated at the asylum were there as a result of arrest by police during a bout of public drunkenness. As alcoholism was perceived by medical professionals as not treatable through the methods of the day, men were typically released after a drying out period of one to three months dominated by the use of the "moral treatment." Women, on the other hand, arrived at the doors of the asylum for a far wider variety of less well-established conditions, ranging from the unknown or unspecified to those understood as specifically female. As such, female patients were subjected to both moral and physical methods of treatment which were more intrusive and coercive than the labor-oriented treatments used with males.

Such differences in treatment may well account for the greater resistance physicians perceived among their female charges, while the less clearly identified character of female maladies made for much longer periods of residence in the Casa⁸⁵. More disturbing is that in light of the frequency with which women were interned for no apparent reason, and the dubious grounding on which a diagnosis of hysteria rested, it seems likely that women may well have been far more in command of their faculties on entrance than the many drunken men who found themselves in this special kind of jail.⁸⁶ The fundamental aim of these differences in treatment lies in the methods employed: women were to be disciplined with the hysteria of rebellion forcefully eradicated; men directed into work which corresponded in its tasks to their class position, thereby reinforcing existing social distinctions.



Sleeping ward at the Casa de Orates

The asylum provided the opportunity for social engineers to perform medicalization through the powers of state, and the real impact of medicalization lay entirely upon the marginalized within society as they were isolated for treatment at the Casa. It is here at the asylum that the weight of the state rested most heavily upon the relatively powerless, rather than outside its walls among the general populace. Only within the confines of the asylum could professional surveillance of public health be maximized. A contemporary critic of public health policy lauded the conspicuous growth of the asylum, stating that "[t]he progressive increase of its maintenance cannot be compared with the increase of expenses which the

disastrous progress of alcohol makes day after day among our people."⁸⁷ The economy of the state became the economy of the self, with the latter policed by the former.

Conclusion

The worsening of public health services in Chile during the Parliamentary Republic produced at times a sharp reaction among liberal health professionals. This reaction is hardly surprising given the limited extent of public health policy over the whole 1890-1910 period. The frustration of physicians' efforts to enact reforms in the provision of public health occurred at the most basic levels of governance and often brought the medical profession into direct conflict with other state officials.

During 1894 two physicians serving on the departmental *Consejo de Higiene* in Valparaíso made a *visita* of the town's lazarette at the behest of Santiago's *Consejo Superior* in its information-gathering capacity. The findings of the physicians' report were so grim that when presented before their peers on the *Consejo Departmental*, several state officials—including the *Intendente* and representatives of the Beneficence Committee and the Civil Registry—elected to suppress the document. Fearing that the publication of the deplorable conditions of Valparaíso's lazarette would "produce alarm in the public," the *Consejo* refused the Secretary (*médico de ciudad* Daniel Carvallo) his request to release the report to the press.⁸⁸

The report was nevertheless leaked to a Valparaíso newspaper, provoking sharp debate at the next session of the *Consejo*⁸⁹. One of the *vecinos* sitting on the *Consejo* (in the capacity of administrator of the lazarette) accused the physicians of having acted "with preconceived animus" against the administrators of the hospitals and lazarettes of Valparaíso by issuing a potentially damaging account of conditions at one of the establishments under their charge. The tension of the meeting was manifest in a new report presented before the *Consejo* by Dr. Carvallo. In respectful and precise language, Carvallo and his fellow physicians backed off from direct confrontation with the *vecinos* of the *Consejo*, apologizing for the release of the initial report and filling a subsequent account of the lazarette with praise for the efforts and reforms already proposed by administrators.⁹⁰ Carvallo's measured tactics in allowing pressure for reform upon his superiors to yield to praise for their work exemplifies the contradictory position middle-sector professionals often occupied, retreating from conflict with local power lest the insecurity of their position lead to dismissal from posts both difficult to obtain and essential to their socio-economic status.

In 1902 a *médico-inspector* of public schools, Dr. Eloísa Díaz, noted that of 121 public schools in Santiago (twenty-five of which were in buildings owned by the municipality), only five were built for educational purposes. According to Díaz the remainder were rented from private owners, inappropriately organized for schooling, and lacked minimal hygienic

facilities. This observation led the state-employed physician to make a most revealing comment: "for some twelve years school construction has been disgracefully paralyzed ... its resumption as before is a necessity of progress."⁹¹ In pointing out that it had been twelve years since school building became "paralyzed," that is, since 1890-91, she clearly marked the beginning of the Parliamentary Republic as the point at which public works stagnated.



Eloísa Díaz

Dr. Díaz's assertion that the resumption of such public works was a "necessity of progress" carried a strong implicit critique of the Parliamentary Republic, and hinted at outright praise of the Balmaceda administration for its efforts in securing a liberal definition of progress. While many liberal professionals found compelling reasons to oppose Balmaceda in the Civil War, within a decade of the conflict physicians such as Díaz and Carvallo—employed by the state in the implementation of health policy—began to find fault with the Parliamentary Republic. Frustration among middle class professionals sprang from their occupational confrontation with the urban living conditions, which also contributed to increasing labor activism, strikes and riots carried out by Chile's urban workers.

Among the more striking features of public health administration during the early Parliamentary Republic is its contradictory nature within the post-1891 political order. This relatively small aspect of governance in Chile—public health administration—by 1900 already revealed that, despite the decentralizing efforts of the victorious Congressionalists after the Civil War, trends set in motion during the 1880s actually continued after 1891. The size of the government bureaucracy continued to expand, while institutional dependence on central authority within that bureaucracy increased.⁹²

From the perspective of public health policy implementation, it is clear that the oft-stated aim of Congressionalists such as Carlos Walker Martínez to restrain arbitrary Executive

powers was fundamentally undercut by the very negligence of the governing structure created in 1891-2. Completion of potable water projects in Santiago was achieved only through special funding provided by the *Supremo Gobierno*, while disinfection programs in Antofagasta, Concepción, Valparaíso and many other towns were budgeted, organized and directed through the Ministry of the Interior. As two contemporary critics of the Parliamentary Republic observed "in practice, the central government has sanitary responsibilities much more extensive than those which correspond to its faculties recognized in the law of 1891."⁹³



The Alameda in downtown Santiago, 1928

The public health system which developed from the interrupted incipient centralization of 1881-91 was one which helped reinforce and recreate class distinctions in Chilean society. *Laissez faire* public health in Chile also failed to resolve, alleviate or even extend mercy in the face of the increasing misery of the poorest and most populous class. By 1924 the corruption and inefficiency of the state as a whole had made the Parliamentary Republic so discredited in the eyes of its own functionaries that the middle sectors of society—only emergent in 1891—overthrew that government in the coup of Carlos Ibañez in 1924-25.

The 1924-25 coup was not, however, a revolution from below or the left. As a movement led by middle sector professions, whose fear of the masses below them mark their earliest

writings and actions, the coup was both the long-term product of the Social Question and the limited reform aspirations of its leaders. Early examples of the Social Question show a return to strategic mercy, where the helping professions would dispense help conditionally, preserving some of the biases which had marked the profession since its emergence after the War of the Pacific.

Notes

1. Junta de Beneficencia, "Casa de Orates: Informe sobre la sección de mujeres," *Memoria del presidente de la Junta de Beneficencia correspondiente a 1897* (Santiago de Chile: Imprenta Nacional, 1897), 393-396. Emphasis in original. All translations made in this essay are original and made by myself.
2. Ibid., 397.
3. Ibid., 398.
4. Photos taken at the *Casa de Orates* show the predominantly female, brown-skinned, and impoverished inmates of the institution during the nineteenth century. See *Movimiento de la Casa de Orates de Santiago en el segundo semestre de 1899* (Santiago de Chile: Imprenta de Federico T. Lathrop, 1900), plate between pgs. 12 and 13.
5. Daniel Martner, *Estudio de Política Comerical Chilena e Historia Económica Nacional*, vol. 2 (Santiago de Chile: Imprenta Universitaria, 1923), 492.
6. Ibid.
7. David Carvajal Arrieta, *Algunas consideraciones sobre el servicio público de la higiene* (Valparaíso: Imprenta de San Vicente de Paul, 1901), 7; Pedro Lautaro Ferrer R., *Higiene y asistencia pública en Chile* (Santiago de Chile: Imprenta, Litografía y Encuadernación Barcelona, 1911), 36. Evidence of the largely consultative character of the *Consejo Superior* can be found throughout the documents it produced and the minutes of its meetings. See *Consejo Superior de Higiene Pública, Sesiones del Consejo Superior de Higiene Pública* (Santiago de Chile: n.d., n.p.).
8. Consejo Departamental de Higiene de Valparaíso, *Actas del Consejo de Higiene de Valparaíso, 1892-1895* (Valparaíso: Imprenta y Litografía Central, 1896), 40.
9. Carvajal Arrieta, *Algunas consideraciones*, 8.
10. Mariano Guerrero Bascuñan y Lucio Córdova, *La Administración Sanitaria en Chile i en el extranjero* (Santiago de Chile: Imprenta Cervantes, 1908), 19-21.

11. Ibid., 218.

12. For examples of bonds offered and their terms, see the series of letters from prospective investors contained in Biblioteca Museo Nacional de Medica/Fondo:Establecimientos de Beneficencia/Caja 13/Documento 18/Registro 1446. Rental income from haciendas (some of which produced an annual income for the Beneficence Committee from 5,000 to 44,000 pesos) can be gauged from the treasury accounts contained in BMNM/F:EdeB/C13/D27/R1489. See also Junta de Beneficencia de Santiago, *Memoria del presidente la Junta de Beneficencia de Santiago correspondiente a 1898* (Santiago de Chile: Imprenta Nacional, 1899), 94-5.

13. See Carl J. Murdock, *Strategic Merices: Physicians, the State and Public Health in Chile, 1875-1910* (Doctoral dissertation), University of Connecticut, 2000, 61.

14. While alternative sources of health care retained a rural presence through at least the 1930s, unlicensed *machi* and *boticarios* came under increasing pressure as public health policy became increasingly concerned with social control. See Enrique Laval, "Machitun: El tratamiento del enfermo" and "Tratamiento del enfermo por yerbateros y profanos," BMNM/Archivo Laval/Machitun.

15. One indication of inflationary pressure on budgets is the relative weight of expenditure on medicine at all three of Santiago's hospitals. With patient admissions stable and no financially significant advances in treatment technique between 1886-1899, the proportion of annual budgets occupied by medicines increased from seven to ten percent between 1886-91, and twelve to fourteen percent between 1892-99. See Beneficence Committee *Memoria[s]* of 1886 to 1899. An indication of the role inflation may have played in eroding the quality of reconstitutive care is also evident in the ledgers. The presence of food in hospital budgets shrank from forty to forty-seven percent of yearly spending in 1886-91, to thirty-two to forty-four percent in 1892-99. Anecdotal commentary from hospital administrators reflects statistical data demonstrating the tremendous increase in the price of basic foods (such as beans, potatoes and corn) at the turn of the century. See Beneficence Committee *Memoria[s]* for 1886-99, especially Junta de Beneficencia, *Memoria del presidente de la Junta de Beneficencia correspondiente al año de 1894* (Santiago de Chile: Imprenta Nacional, 1894), 127, and Markos J. Mamalakis, comp., *Historical Statistics of Chile, vol. 4, Money, Prices, and Credit Services* (Westport, CT: Greenwood Press, 1983), 222. With food prices rising, and their relative presence in hospital budgets declining, it is likely that the term and extent of hospital care also declined.

16. San Vicente de Paul, as a military institution prior to 1886, was almost entirely state-funded and never acquired significant liquid or fixed capital. Throughout the period of this study, the hospital was dependent on the *Supremo Gobierno's subvención fiscal* for sixty to seventy percent of its annual income, and received additional funds directly from the Ministry

of War to assist in treatment of soldiers. See Beneficence Committee *Memoria[s]* for 1887 to 1899.

16. While under Balmaceda each of these hospitals had drawn twenty-five to thirty percent of their income from liquid capital, after increasing recourse to the sale of these assets, liquid capital provided slightly more than a fifth of their income by the end of the century. Income from rents at these establishments in the 1890s also decreased as a relative portion of annual receipts to between one-half and three-quarters percent of 1886-91 levels. For details, see figures given in Beneficence Committee *Memoria[s]* for 1886 to 1899. "Liquid capital" includes a variety of budgetary items grouped together in these reports under the heading "*Intereses de Bonos*." Some of these items include: *legados, réditos de censos reconocidos por particulares, réditos de censos redimidos en arcas fiscales, capitales por invertir*, as well as interest generated from bonds identified as *de la Municipalidad, bolivianos, de letras hipotecarias* and *del Banco*. Rental income is in all cases generated from specifically identified rural and urban properties (usually *haciendas* or Santiago-area buildings).

17. Between 1886 and 1891, San Francisco de Borja depended on the *Supremo Gobierno* for nearly half of its annual income, while the central government's *subvención fiscal* provided San Juan de Dios with barely a fifth of its yearly receipts at the time. These proportions rose to sixty percent at San Francisco and thirty-five percent at San Juan by 1896, and did not decline. Figures calculated from accounts in Beneficence Committee *Memoria[s]* of 1886 to 1899.

18. An agreement of 1898 reached directly between the Municipality of Santiago and the *Empresa de Agua Potable* brought an end to the water company's provision of free potable water to the hospitals of the capital—an arrangement which had been established through legislation enacted earlier in the year. This erosion of central state policy initiatives by representatives of local governance acting in collusion with private economic interests further increased operating costs for Santiago-area hospitals and, hence, their long-term indebtedness. See letter of the *Empresa* to the president of the Beneficence Committee, dated 23 April 1898, located in BMNM/F:EdeB/C12/D18/R1427.

19. Consejo Departamental de Higiene de Valparaíso, *Actas*, 254; BMNM/F:EdeB/C13/D27/R1489.

20. Daniel Carvallo, *Epidemia de viruelas en Valparaíso, años 1904 y 1905: Memoria presentada al señor Intendente de Valparaíso don Joaquín Fernández Blanco* (Valparaíso: Imprenta y Litografía Gustavo Weidmann, 1906), 68.

21. For examples, see Junta de Beneficencia, *Memoria del presidente de la Junta de Beneficencia correspondiente a 1895* (Santiago de Chile: Imprenta Nacional, 1896), 14-15,

35.

22. On the asylum, see below.

23. A budget deficit of 7,905 pesos for the asylum in 1893 was completely cancelled by auxiliary funding from the *Supremo Gobierno*. See Junta de Beneficencia, *Memoria del Presidente de la Junta de Beneficencia correspondiente al año de 1893* (Santiago de Chile: Imprenta Nacional, 1894), 85. For additional examples of special funding decrees issued during the Parliamentary Republic on behalf of public health institutions (such as asylum), see BMNM/F:EdeB/C12/D5/R1417. Montt became administrator of the Casa in 1894.

24. Otto Wildner Paz, "La situación del Manicomio Nacional," 2. Typescript of 1951 report contained in BMNM/Archivo Laval. Even after construction of a new building was completed between 1894-96, the Casa de Orates continued to enjoy an operating budget nearly three times as large as that of 1891, with three quarters of its receipts after 1897 provided through the *subvención fiscal*. See Beneficence Committee *Memoria[s]* of 1890-1891 to 1899.

25. Junta de Beneficencia de Santiago, *Memoria del presidente de la Junta de Beneficencia correspondiente a 1892* (Santiago de Chile: Imprenta Nacional, 1892), 42, 195-97.

26. The orphanage ran a deficit of over 37,000 pesos in 1893, and returned to the sale of *letras hipotecarias* to cover most of the shortfall. See Junta de Beneficencia de Santiago, *Memoria del Presidente de la Junta de Beneficencia correspondiente a 1893*, 83.

27. Between 1886-91, state support of the orphanage increased by an annual average of eleven percent. However, in 1892 this *subvención fiscal* was reduced from its 1891 level of 33,480 pesos to 25,200 pesos, where it remained for the rest of the decade. See Beneficence Committee *Memoria[s]* of 1886 through 1899.

28. Figure is calculated from budget reports given in Junta de Beneficencia de Santiago, *Memoria del Presidente de la Junta de Beneficencia de Santiago correspondiente a 1896* (Santiago de Chile: Imprenta Nacional, 1897), 48, *ibid.*, *Memoria del Presidente de la Junta de Beneficencia correspondiente a 1897*, 43-4, and *ibid.*, *Memoria del Presidente de la Junta de Beneficencia correspondiente a 1898*, 68.

29. Junta de Beneficencia de Santiago, *Memoria del Presidente de la Junta de Beneficencia correspondiente a 1896*, 26.

30. Junta de Beneficencia de Santiago, *Memoria del Presidente de la Junta de Beneficencia correspondiente a 1894*, 129.

31. Junta de Beneficencia de Santiago, *Memoria del Presidente de la Junta de Beneficencia correspondiente a 1896*, 56.

32. See the decree of the Ministry of the Interior regarding this rental contract in BMNM/F:EdeB/C12/D5/R1417.

33. Although the absence of potable water was much more keenly felt outside the capital, due to its continual growth, Santiago's ability to provide safe water to its populace was never assured. However, Santiago did receive significant assistance from the *Supremo Gobierno*, including a 15,000 peso auxiliary extended in 1903 for drainage improvements which the municipality was unable to complete. See Ferrer R., *Higiene y asistencia pública*, 186.

34. Consejo Superior de Higiene Pública, *Sesiones del Consejo Superior de Higiene Pública*, 1893 (n.p, n.d.), 62-3.

35. Ibid., 63.

36. Ibid., 75.

37. One communication of the *médico de ciudad* asserts that between 1889-93 nearly twenty percent of individuals treated at the free clinic in Ovalle suffered "gastro-intestinal afflictions imputable to the use of water from the river." See *ibid.*, 62.

38. Ibid., 138; *ibid.*, *Sesiones del Consejo Superior de Higiene Pública*, 1894 (n.p., n.d.), 79, 174.

39. Ibid., 145.

40. Junta de Beneficencia de Santiago, *Memoria del presidente de la Junta de Beneficencia correspondiente a 1894*, 127.

41. R. Dávila Boza, "Higiene pública en Chile," in *Higiene pública en Chile* (Santiago de Chile: Imprenta Cervantes, 1908), 17.

42. Vaccinations nation-wide peaked at 384,737 in 1890, then generally declined over the following decade, reaching a low of 201,191 in 1899. See W. Ugarte Serrano, *De la viruela i de la vacuna en Chile* (Imprenta Cervantes: Santiago de Chile, 1900), 9.

43. In the following discussion I use data from years in which epidemics occurred as the large-scale (i.e. ten-fold or more) increases in lazarette entrants encompass a broader spectrum of society than do the figures from years in which no such outbreaks took place. During these latter years, vaccination rates are consistently much higher (over fifty percent in 1889) than during periods of epidemic. This pattern suggests that individuals who sought

assistance from public health institutions (such as the lazarette) when there was no major outbreak of the disease may have been significantly more inclined to seek aid from non-traditional sources than the majority of the population. All of the statistical material in this paragraph is compiled from data given in Beneficence Committee *Memoria[s]* of 1887 through 1899.

44. See above, 90-91.

45. Consejo Superior de Higiene Pública, *Sesiones del Consejo Superior de Higiene Pública*, 1894, 70.

46 . In 1895 a Valparaíso physician reported that the majority of children brought to his dispensary for treatment of all manner of illness had not been vaccinated. See Consejo Departamental de Higiene de Valparaíso, *Actas*, 190. Efforts to combat the smallpox epidemic of 1904-1905 in Valparaíso were hampered by a shortage of inoculating fluid, leading to frequent suspensions of vaccination campaigns in the city. See Carvallo, *Epidemia de viruelas*, 56.

47. Guerrero Bascuñan y Córdova, *La Administración Sanitaria*, 45.

48. Consejo Departamental de Higiene de Valparaíso, *Actas*, 50.

49. Ibid., 46.

50. Ibid., 41-2.

51. Ibid., 58, 89, 124, 572-4.

52. Ibid., 127-8, 574.

53. Guerrero Bascuñan y Córdova, *La Administración Sanitaria*, 114, 116, 643.

54. Ibid., 640.

55. Consejo Departamental de Higiene de Valparaíso, *Actas*, 7, 17, 57, 70.

56. Reprinted in Guerrero Bascuñan y Córdova, *La Administración Sanitaria*, 214.

58. Reprinted in *ibid.*, 629.

59. Denunciations by private citizens often guided inspectors to specific locales. See Pedro Lautaro Ferrer, "Inspección sanitaria de la República," in *Higiene pública en Chile* (Santiago de Chile: Imprenta Cervantes, 1908), 63; J. Enrique Concha Subercaseaux, "Las habitaciones populares en Chile," in *ibid.*, 244.

60. Ibid., 245.

61. The *Consejo* made a definitive ruling that police would always accompany *médicos de ciudad* on *visitas* in the *barrios* of the port in 1895. Prior to that date, police accompaniment was requested on a case-by-case by the *Consejo*. See *Consejo Departamental de Higiene de Valparaíso, Actas*, 154.

62. Ibid., 60.

63. Ibid., 61, 63. More detailed descriptions of the disinfection process as practiced in Chile at the time are contained in reports submitted by city physicians to *Intendente Renjifo*, reproduced in *ibid.*, 215-6, 220-5, 276-7.

64. This fine, and the need for vigorous police presence to enforce quarantines, is discussed in a note of the mayor of Valparaíso to the *Consejo Departamental* reaffirming the legal rights of each authority to make declarations of unhygienic housing and impose disinfection procedures. See *ibid.*, 521-2.

65. Ibid., 62-3, 73.

66. Ibid., 82, 85, 88.

67. Ibid., *Documentos referentes al existente y al proyectado Hospital "San Agustín"* (Valparaíso: Imprenta y Litografía Central, 1894), 66.

68. Carvallo, *Epidemia de viruelas*, 47.

69. For example, see the note of the Minister of Interior informing the Beneficence Committee of the release of additional funds to the asylum from the *Tesorería Fiscal* and the Ministry's general budget for 1898 (BNMN/F:EdeB/C12/D5/R1417).

70. *Consejo Departamental de Higiene de Valparaíso, Actas*, 34; *Junta de Beneficencia de Santiago, Memoria del presidente de la Junta de Beneficencia correspondiente a 1895*, 229.

71. *Junta de Beneficencia de Santiago, Memoria del presidente de la Junta de Beneficencia de Santiago correspondiente al año de 1899* (Santiago de Chile: Imprenta Nacional, 1900), 593.

72. M. Guerrero Bascuñan, *Organización de la Beneficencia Pública en Chile: Rol de la Beneficencia Pública en Santiago* (Santiago de Chile: Imprenta, Litografía y Encuadernación Barcelona, 1908), 17.

73. Data compiled from Beneficence Committee *Memoria[s]* for 1890-9.

74. Between 1896 and 1899, forty-five to fifty-seven percent of each year's male entrants arrived from a jail.

75. Again between 1896-9, female admissions at the request of family members accounted for twenty-five to forty percent of all female entrants.

76. During this same period, only seventeen percent of male admissions fell into this unspecified category.

77. Only three percent of male admissions were in categories such as "sorrow" and "exaggerated religious practices."

78. Junta de Beneficencia de Santiago, *Memoria del presidente de la Junta de Beneficencia correspondiente a 1896*, 177.

79. Ibid., 178.

80. Junta de Beneficencia de Santiago, *Memoria del presidente de la Junta de Beneficencia correspondiente a 1896*, 154, 205-8; *ibid.*, *Memoria del presidente de la Junta de Beneficencia correspondiente a 1895*, 235.

81. All data compiled from Beneficence Committee *Memoria[s]* for 1896 to 1899. Reproduced here is a photo of the straight jacket (*camisa de fuerza*) used at the Casa.

82. Junta de Beneficencia de Santiago, *Memoria del presidente de la Junta de Beneficencia correspondiente a 1897*, 382.

83. Junta de Beneficencia de Santiago, *Memoria del presidente de la Junta de Beneficencia correspondiente a 1892*, 212.

84. Ibid., 208.

85. Through 1890 the number of male patients at the Casa always exceeded that of females. However, after the expansion of the Casa and the more vigorous application of medical science to behavioral disorder in the 1890s, female residency exceeded male, although female admissions continued at a lower rate than male. Though fewer in number as they passed through the doors of the asylum, women came to outnumber men behind the walls of the establishment as the diagnoses appended to them by physicians ruled out the possibility of the relatively swift release males enjoyed. See data sheets attached to Junta de Beneficencia de Santiago, *Memoria del presidente de la Junta de Beneficencia de Santiago correspondiente a 1899*, 526-9.

86. One physician at the Casa commented that "When his state of delirium has passed, it is difficult to retain alcoholics in the establishment; they take account of their situation and

insistently request their release ...; the wife comes to ask for the release of the patient, who is the only provider for the children." See Junta de Beneficencia de Santiago, *Memoria del presidente de la Junta de Beneficencia correspondiente a 1898*, 448.

87. Guerrero Bascuñan, *Organización de la Beneficencia Pública*, 18.

88. Consejo Departamental de Higiene de Valparaíso, *Actas*, 51.

89. A copy of the *Consejo's* report on the lazarette intended for the Beneficence Committee in Santiago appeared in *El Heraldo*, 9 August 1894.

90. Daniel Carvallo y J. Daniel Herrera, "Segundo informe sobre el Lazareto," reprinted in Consejo Departamental de Higiene de Valparaíso, *Actas del Consejo de Higiene de Valparaíso, 1892-1895* (Valparaíso: Imprenta y Litografía Central, 1896), 272-5.

91. Eloísa Díaz, *Recopilación de informes del Médico-Inspector de las Escuelas Públicas de Santiago* (Imprenta Nacional: Santiago de Chile, 1905), 83-84.

92. For suggestions of similar bureaucratic expansion in other areas of the Chilean state, see Harold Blakemore, "El periodo parlamentario en la historia chilena: algunos enfoques y reflexiones," in *Dos estudios sobre salitre y política en Chile (1870-1895)*, ed. Luis Ortega (Santiago De Chile: Departamento de Historia, Universidad de Chile, 1991), 45-7.

93. Guerrero Bascuñan y Córdova, *La administración sanitaria*, 456-7.