

**SYPHILIS AND SEX:
TRANSATLANTIC MEDICINE AND PUBLIC HEALTH
IN ARGENTINA AND THE UNITED STATES, 1880-1940**

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Submitted to the Graduate Faculty of
the Dietrich School of Arts and Sciences in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy

University of Pittsburgh

2013

UNIVERSITY OF PITTSBURGH
DIETRICH SCHOOL OF ARTS & SCIENCES

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This dissertation explores the international response to syphilis before the advent of penicillin in the 1940s. I focus on Argentina and the United States and within these two countries on New York and Buenos Aires. Since Paris, like New York and Buenos Aires, was an important node in a transatlantic system of scientific and policy exchange, I investigate first and foremost the connections between historical actors in France, Argentina, and the United States. My research pushes Atlantic history beyond the turn of the nineteenth century—the traditional ending point for most Atlantic historians—and explores the idea of a multi-centered Atlantic world, where knowledge circulated in all directions and between various nodes. By moving back and forth between different scales of analysis, this dissertation shows how subnational, national, and region-wide networks were imbricated into Atlantic and global circuits. Analyzing the relationship between Atlantic and national networks allows me to underscore the persistence of the national in the transnational. In a number of ways, rather than eliminate national boundaries, the transnational currents I examine reified national differences, as the people who shaped venereal disease control in France, Argentina, and the United States engaged in repeated cross-national comparisons.

International scientific understandings and policy proposals were filtered through local and national concerns, resulting in different outcomes in different parts of the world. More than

the demonstration effect, local political and cultural landscapes shaped the relationship between science and public policy. My discussion of sex education programs highlights the impact of transnational discourses on local conceptions of gender and sexuality. Furthermore, informed by shared eugenic concerns, all governments worried about the potential impact of syphilis on the collective welfare of the nation. However, in each case, the precise articulation between medical professionals, scientists, maternalist activists and other social reformers, on the one hand, and municipal, state, and national level politicians and bureaucrats, on the other, determined the ultimate evolution of public health laws and institutions. This dissertation blends transnational history and world history by using the transatlantic history of syphilis prevention as a window onto the formation of modern interventionist states.

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ACKNOWLEDGMENTS

First of all, my thanks go to my advisor, Lara Putnam. She painstakingly read draft after draft, and her generous comments have made this dissertation infinitely better. Reid Andrews, Ted Muller, and Todd Reeser also helped me focus on the forest when all I could see were the trees. At the University of Pittsburgh, I was fortunate to take seminars with Bruce Venarde, Alejandro de la Fuente, and Marcus Rediker. Special thanks go to Rob Ruck, who has had a profound impact on my development as a scholar and teacher. This journey began ten years ago at Davidson College, where Vivien Dietz, John Wertheimer, and Sally McMillen were early mentors.

I received generous funding from the University of Pittsburgh to conduct research in France, Argentina, and the United States. The History Department, the World History Center, the Center for Latin American Studies, the University Center for International Studies, the European Union Center of Excellence/European Studies Center, and the Women's Studies Program all supported me. Additional travel and research were funded by the University of Minnesota's Social Welfare History Archives and the University of Michigan's Bentley Historical Library. At the Hôpital Saint-Louis, Sylvie Dorison and Françoise Durand granted me access to the records of the French Society of Dermatology and Syphilology.

In Pittsburgh, Rob Gamble, Matt Casey, Alyssa Ribeiro, Jake Pollock, Oliver Bateman, Oscar de la Torre, Roland Clark, and many other friends and colleagues helped make graduate school bearable. I would be remiss not to thank Grace Tomcho, Kathy Gibson, Molly Estes, and Patty Landon for their essential role in ensuring the proper functioning of the department I called home for seven years. Finally, I wish to thank Tamara Heckel for bearing with me as I finished this project.

1.0 INTRODUCTION

The election of Barack Obama in 2008 reignited the debate over healthcare in the United States. Would the country overhaul its largely private and employer-based healthcare system? As the debate heated up, cross-national comparisons became central to the arguments of both sides. Opponents of universal healthcare cited Canada and the United Kingdom to illustrate the adverse aspects of a nationalized system: longer lines and rationed care. Meanwhile, supporters of the Patient Protection and Affordable Care Act (informally known as “Obamacare”) and supporters of a single-payer system pointed out that the United States had the unfortunate distinction of being the only industrialized nation without a universal healthcare system.

Invoking cross-national comparisons in healthcare debates has a long history. The development of public health, medicine, and science has depended on the ongoing spread of knowledge across territorial boundaries. Yet this spread has also been a crucial driver in the creation of boundaries: boundaries among people living within the same society, along lines of race, class, and gender, virtue or danger; but also boundaries between societies, from physical or legal borders to jingoistic contrasts. This dissertation sheds light on the impact of these connections and comparisons by exploring the international response to syphilis before the advent of penicillin in the 1940s. I focus on Argentina and the United States and within these two countries on New York and Buenos Aires. Since Paris, like New York and Buenos Aires, was an important node in a transatlantic system of scientific and policy exchange, I investigate first and

foremost the connections between historical actors in France, Argentina, and the United States. In so doing, I emphasize the importance of transnational connections, comparisons, and mutual learning in public policy making.

Physicians, scientists, public health officials, and reformers shaped syphilis control in Argentina and the United States. These men and women formed an epistemic community and were involved in several transnational advocacy networks. Peter Haas defines an epistemic community as “a network of professionals with recognized expertise and competence in a particular domain and an authoritative claim to policy-relevant knowledge within that domain or issue-area.”¹ Chapter 2 will pay special attention to the formation of this transnational epistemic community. In turn, a transnational advocacy network “includes those relevant actors working internationally on an issue, who are bound together by shared values, a common discourse, and dense exchanges of information and services.”² Two such networks were part of the transnational conversation over syphilis control: one composed of anti-prostitution activists and another devoted to improving child and maternal health.

1.1 ATLANTIC OR GLOBAL HISTORY?

As a work of Atlantic history, this dissertation challenges nation-centered scholarship, avoiding what some historians have called the “tyranny of the national.”³ My work is the product of the

¹ Peter M. Haas, ed., *Knowledge, Power, and International Policy Coordination* (Columbia: University of South Carolina Press, 1992), 3.

² Margaret E. Keck and Kathryn Sikkink, *Activists Beyond Borders: Advocacy Networks in International Politics* (Ithaca: Cornell University Press, 1998), 2.

³ Quoted in Donna R. Gabaccia, “Is Everywhere Nowhere? Nomads, Nations, and the Immigrant Paradigm of United States History,” *Journal of American History* 86, no. 3 (December 1999): 1115-34.

transnational turn that began in the 1980s, when historians started questioning the practice of using the nation-state as the default unit of analysis. For US historians, transnational history also offered an opportunity to challenge American exceptionalism, and this dissertation contributes to the growing historiography that seeks to internationalize American history.⁴

Much of the literature on the transatlantic exchange of ideas has tended to focus on Europe-United States relations.⁵ By placing Argentina and the United States in the same conceptual framework, I join several scholars of Latin America in extending this work on the North Atlantic southward to include South America.⁶ Historians of prostitution and venereal diseases in New York and Buenos Aires have often alluded to this transatlantic cross-fertilization, but it often remains in the background and is rarely the object of study itself.⁷ I bring these Atlantic crossings to the forefront and place the history of Buenos Aires and New York within a larger Atlantic context.

This dissertation aims to be the kind of three-dimensional Atlantic history outlined by David Armitage.⁸ In other words, this project combines Armitage's three concepts of Atlantic history: circum-, trans-, and cis-Atlantic history. Circum-Atlantic history investigates the

⁴ Thomas Bender, ed., *Rethinking American History in a Global Age* (Berkeley: University of California Press, 2002); and Thomas Bender, *A Nation Among Nations: America's Place in World History* (New York: Hill and Wang, 2006).

⁵ See, for instance, James T. Kloppenberg, *Uncertain Victory: Social Democracy and Progressivism in European and American Thought, 1870-1920* (New York: Oxford University Press, 1986); and Daniel T. Rodgers, *Atlantic Crossings: Social Politics in a Progressive Age* (Cambridge: Harvard University Press, 1998).

⁶ Jorge Cañizares-Esguerra, *How to Write the History of the New World: Histories, Epistemologies, and Identities in the Eighteenth-Century Atlantic World* (Stanford: Stanford University Press, 2001); Jorge Cañizares-Esguerra, "Some Caveats About the 'Atlantic' Paradigm," *History Compass* 1, no. 1 (2003): 1-4; and Julia Rodríguez, "South Atlantic Crossings: Fingerprints, Science, and the State in Turn-of-the-Century Argentina," *American Historical Review* 109, no. 2 (April 2004): 387-416.

⁷ Pippa Holloway, "Regulation and the Nation: Comparative Perspectives on Prostitution and Public Policy," *Journal of Women's History* 15, no. 1 (Spring 2003): 202-11; David J. Pivar, *Purity and Hygiene: Women, Prostitution, and the "American Plan," 1900-1930* (Westport, CT: Greenwood Press, 2002); and Donna J. Guy, *White Slavery and Mothers Alive and Dead: The Troubled Meeting of Sex, Gender, Public Health, and Progress in Latin America* (Lincoln: University of Nebraska Press, 2000).

⁸ David Armitage, "Three Concepts of Atlantic History," in *The British Atlantic World, 1500-1800*, ed. Michael J. Braddick and David Armitage, 2nd ed. (New York: Palgrave Macmillan, 2009), 28.

connections and exchanges between various parts of the Atlantic world; trans-Atlantic history focuses on comparisons; and cis-Atlantic history places a specific location within a larger Atlantic context. All three approaches emphasize commonality, the same way that world history deals with “global uniformities.”⁹ This dissertation therefore weaves together a history of connections, a comparative history, and, given the importance of cross-national comparisons to the history of syphilis control, a history of comparisons.

The relationship between Atlantic and world history has been a point of contention in recent years. Critics of Atlantic history argue that the Atlantic is an artificial unit of analysis because the locales within it were part of broader, global connections.¹⁰ Periodization has also been a subject of debate among supporters and critics of Atlantic history. Atlanticists focus primarily on the period between 1500 and the 1820s, by which time most American colonies had gained their independence. The closing date has been the more problematic temporal boundary, as historians have attempted to pinpoint when the particularly dense connections that linked Western Europe, Africa, and the Americas into a distinct regional system throughout the early modern period disintegrated.¹¹ In most cases, the thematic focus of a particular study dictates a specific closing date: the end of colonialism, the end of slavery, etc.¹² Finding this chronology too limiting, Donna Gabaccia and José Moya have extended Atlantic history into the twentieth

⁹ C. A. Bayly, *The Birth of the Modern World, 1780-1914: Global Connections and Comparisons* (Malden, MA: Blackwell, 2004), 1.

¹⁰ Peter A. Coclanis, “Beyond Atlantic History,” in *Atlantic History: A Critical Appraisal*, ed. Jack P. Greene and Philip Morgan (New York: Oxford University Press, 2009), 337–56; in defense of Atlantic history, see Nicholas Canny, “Atlantic History and Global History,” in *Atlantic History: A Critical Appraisal*, ed. Jack P. Greene and Philip Morgan (New York: Oxford University Press, 2009), 317–36.

¹¹ Emma Rothschild, “Late Atlantic History,” in *The Oxford Handbook of the Atlantic World, 1450-1850*, ed. Nicholas Canny and Philip Morgan (New York: Oxford University Press, 2011), 634–48; and Cécile Vidal, “Pour une histoire globale du monde atlantique ou des histoires connectées dans et au-delà du monde atlantique?,” *Annales: Histoire, Sciences sociales* 67, no. 2 (June 2012): 391–413.

¹² James E. Sanders, “Atlantic Republicanism in Nineteenth-Century Colombia: Spanish America’s Challenge to the Contours of Atlantic History,” *Journal of World History* 20, no. 1 (March 2009): 131–50; and Aaron Spencer Fogleman, “The Transformation of the Atlantic World, 1776-1867,” *Atlantic Studies* 6, no. 1 (April 2009): 5–28.

century, arguing that an Atlantic framework remains useful for the period between 1850 and 1914.¹³

Seeking common ground among these competing interpretations, Alison Games has suggested that

Atlantic history, then, is a *slice* of world history. It is a way of looking at global *and* regional processes within a contained unit, although that region was not, of course, hermetically sealed off from the rest of the world, and thus was simultaneously involved in transformations unique to the Atlantic and those derived from global processes.¹⁴

I find this definition useful for two reasons. First, it makes no mention of periodization, thus leaving open the possibility of doing modern Atlantic history. Most Atlanticists work on the early modern period, during which an unusually dense array of connections tied the Atlantic together into a regional system. In this dissertation, I argue that a similar regional system existed at the end of the nineteenth and beginning of the twentieth centuries, albeit one based on free labor and free migration. Second, this definition invites us to problematize the Atlantic as a geographic frame of reference.

Doing away with Atlantic history on the grounds that it sometimes ignores global connections is not the answer. Historians continue to work from national perspectives even in the wake of the transnational turn. To adopt a transnational perspective is not to suggest that these national studies are inherently flawed, but that for decades they reflected a problematic assumption: that the nation was the natural unit of historical analysis.¹⁵ The impact of transnationalism on the historical profession has been such that the nation is no longer presumed

¹³ Donna R. Gabaccia, "A Long Atlantic in a Wider World," *Atlantic Studies* 1, no. 1 (2004): 1–27; and Jose C. Moya, "Modernization, Modernity, and the Trans/Formation of the Atlantic World in the Nineteenth Century," in *The Atlantic in Global History, 1500–2000*, ed. Jorge Cañizares-Esguerra and Erik Seeman (Upper Saddle River, NJ: Pearson Prentice Hall, 2007), 179–97.

¹⁴ Alison Games, "Atlantic History: Definitions, Challenges, and Opportunities," *American Historical Review* 111, no. 3 (June 2006): 748.

¹⁵ Andreas Wimmer and Nina Glick Schiller, "Methodological Nationalism and Beyond: Nation–State Building, Migration and the Social Sciences," *Global Networks* 2, no. 4 (2002): 301–34.

to always be the relevant unit of analysis. In fact, we might have moved so far in this direction that “if you are not doing an explicitly transnational, international or global project, you now have to explain why you are not.”¹⁶

My goal, then, is to heed the critiques of Atlantic history and therefore to denaturalize and historicize the Atlantic as a spatial unit of analysis. In this dissertation, the focus on the Atlantic basin is an empirical finding, not an a priori assumption or the result of provincialism.¹⁷ As the following chapters will make clear, the people involved in syphilis control in Paris, New York, and Buenos Aires all looked across the Atlantic for inspiration and validation. Networks crisscrossed the Atlantic basin, linking the Americas and Europe.¹⁸ These circuits, however, did not encompass Africa and South Asia, two regions which largely fell under European colonial control at the end of the nineteenth century. Although in that sense they were integrally connected to European developments, from neither Africa nor South Asia did actors participate in the kinds of dense intellectual, cultural, and political exchanges over health and medicine that linked Europe, North, and South America at the turn of the twentieth century. For lack of a better word, I will refer to developments in Europe and the Americas as occurring in the Atlantic, even though the African continent played no part in this story. I will, however, refrain from using the phrase “Atlantic world,” since it implies a level of cohesion that, for the era I study, remains unproven.

¹⁶ David Armitage, Jaap Jacobs, and Martine van Ittersum, “Are We All Global Historians Now? An Interview with David Armitage,” *Itinerario* 36, no. 2 (August 2012): 16.

¹⁷ On the conscious process of spatial delimitation and the possibility of determining a project’s “geographic frame of reference ... through microhistorical reconstruction of the patterns of movement of people and ideas,” see Lara Putnam, “To Study the Fragments/Whole: Microhistory and the Atlantic World,” *Journal of Social History* 39, no. 3 (Spring 2006): 620–22.

¹⁸ While they are beyond the scope of this dissertation, Brazil and Germany also functioned as key nodes.

1.2 DISEASE AS SCIENTIFIC REALITY AND DISEASE AS SOCIAL CONSTRUCTION

Beginning in the 1960s, historians began moving away from a history of medicine that celebrated the inevitable march towards progress and focused on pioneers and breakthroughs. Emphasizing the social and political aspects of disease and health, this new historiography argues that diseases are as much social and historical constructions as they are the reflection of an empirical scientific reality. Social and cultural historians of medicine now study the ways individuals, communities, and institutions have imbued diseases with particular meanings.

This dissertation treats syphilis both as a scientific reality and as a social construction. For instance, I discuss how certain groups were or were not perceived as vectors of contagion and how moral and other issues shaped syphilis control. But I also show that biomedical knowledge about syphilis was generated as people looked across different realms—medicine, laboratory science, public health—both within their own countries and internationally. The generation of knowledge was profoundly shaped by the questions scientists chose to ask and their culturally freighted perceptions of the people and practices they studied. Yet over time, through the conduct and communication of research, increasingly accurate medical knowledge was produced, knowledge that we can now rely on as we look to the past and attempt to evaluate what doctors and policymakers saw then, what they ignored, and why.

Syphilis is caused by the bacterium *Treponema pallidum*. The question of where this microorganism originated has divided scientists for years. The majority of researchers now subscribe to the Columbian theory: Christopher Columbus brought syphilis back to Europe from the Americas in 1492. Supporters of the pre-Columbian theory continue to argue that syphilis

existed in Europe prior to 1492 but was often mistaken for other diseases such as leprosy.¹⁹ *Treponema pallidum* cannot survive outside the human body, making transmission through inanimate objects, i.e., fomites, impossible.

Today, physicians differentiate between acquired and congenital syphilis. When acquired by coming in direct contact with an infected lesion, syphilis progresses in four stages. In the primary stage, a painless sore called a chancre (pronounced SHANG-ker) develops near the site of infection on average three weeks after exposure. That chancre will heal on its own in three to six weeks, but without treatment, the disease will progress to the secondary stage. At that stage, the infection will cause skin rashes, highly contagious warts, and a variety of other symptoms such as fever, sore throat, hair loss, and fatigue. Those symptoms will disappear on their own, but without treatment, the infection will progress to the latent stage. At that stage, which can last for decades, the infected person exhibits no symptoms, so the only way to diagnose syphilis at that point is through a blood test. Early latent syphilis (less than one year after secondary syphilis) is still considered contagious. Without treatment, 15 to 30 percent of the people in the latent stage will move to the tertiary stage, where irreversible damage to the internal organs may occur, possibly leading to paralysis, dementia, blindness, and death.

Syphilis can also spread during pregnancy from the infected mother to the unborn child: this is congenital syphilis. If they receive no treatment, infected pregnant women in close to half of cases will have a stillbirth or give birth to a baby who dies shortly after birth. The babies who survive often develop severe complications such as a perforated palate, hepatosplenomegaly (an

¹⁹ Kristin N. Harper, Molly K. Zuckerman, Megan L. Harper, John D. Kingston, and George J. Armelagos, "The Origin and Antiquity of Syphilis Revisited: An Appraisal of Old World Pre-Columbian Evidence for Treponemal Infection," *American Journal of Physical Anthropology* 146, no. S53 (2011): 99-133.

enlarged liver and spleen), bone and teeth deformities, deafness, and keratitis (inflammation of the cornea).

1.3 SYPHILIS AND RACE

Debates over syphilis control, sex education, and social reform in general relied on the language of race. When dealing with race, gender, ethnicity, and other categories used to classify people and naturalize social inequalities, a methodological disclaimer has become de rigueur: these categories are historically contingent “social constructions” whose effects are nevertheless very real. In my analysis of the relationship between syphilis, race, and eugenics, I will be careful not to blur the distinction between race as a category of practice and race as a category of analysis.²⁰ Quoting directly from my sources whenever possible will help avoid reproducing the naturalization of race that permeates the writings of the subjects of this dissertation.

Because syphilis was one of the leading causes of fetal and neonatal deaths, physicians in France, Argentina, and the United States all viewed the disease as a factor of depopulation. Medical views on the relationship between syphilis and “race,” however, were more complex and require a brief overview of the connections between syphilis control and eugenics, defined by the US eugenicist Charles Davenport as “the science of the improvement of the human race by better breeding.”²¹

Scholars have delineated two major trends within the eugenics movement as a whole: the Mendelian and the neo-Lamarckian traditions. According to Mendelianism, acquired

²⁰ Rogers Brubaker and Frederick Cooper, “Beyond ‘Identity,’” *Theory and Society* 29, no. 1 (2000): 1–47.

²¹ Charles B. Davenport, *Heredity in Relation to Eugenics* (New York: Henry Holt, 1911), 1.

characteristics could not be inherited; in other words, environmental factors had no effect on the “germ plasm.” For neo-Lamarckians, in contrast, acquired characteristics were in fact inheritable. Because Latin Americans tended to draw on French scientific ideas, neo-Lamarckianism was particularly pronounced in the region. Neo-Lamarckian ideas suited Latin American scientists and politicians well, because, by blurring the distinction between nature and nurture, they left open possibilities for racial advancement. And if one was to believe the European stereotypes of the day, Latin America was in dire need of advancement, since race and climate had allegedly produced backward nations. But according to a “soft” (neo-Lamarckian) take on heredity, regeneration was possible, especially with the addition of European immigration. Challenging European understandings of racial hybridization, Latin Americans developed notions of “constructive miscegenation” to reject accusations of inevitable racial degeneration. Armed with a neo-Lamarckian understanding of human heredity, Latin American eugenicists came to influence public health, sanitation, immigration, criminology, and other fields where their theories could be applied.

Unlike in Latin America, where a neo-Lamarckian approach dominated, a stricter understanding of heredity prevailed in the United States, especially after World War I. Proponents of Mendelianism rejected the theory of the inheritance of acquired characteristics; they believed instead that hereditary material was transmitted to the next generation unmodified. A great deal less optimistic than neo-Lamarckianism, Mendelianism led to a smaller emphasis on public health and a bigger reliance on negative eugenics (i.e., preventing the reproduction of the unfit). In the 1920s and 1930s, this approach led to measures that historians have often treated as

representative of the US eugenics movement: the segregation and sterilization of dysgenic individuals, bans on interracial marriage, and immigration restriction laws.²²

At the turn of the century, contemporary understandings of syphilis transmission led doctors and eugenicists to speak of the disease as a “racial poison,” as a factor in the “degeneration of the race” (or “degeneración de la raza” in Argentine sources). In this dissertation, I explore how the meaning of this concept changed over time in Argentina and the United States, especially after 1905 and the discovery of the bacterium responsible for syphilis. Allusions to “racial poison” or “degeneration” could be literal (that is, reflecting a belief that syphilis was a hereditary disease in the strictest, Mendelian meaning of the word) or metaphorical (that is, reflecting the belief that syphilis would have an immediate, negative impact on healthy reproduction by causing fetal and neonatal deaths and leading to severe complications for the surviving children). “Race” was used to express different meanings in different contexts and at different times. However, the existing literature on eugenics and venereal diseases has presented the relationship between syphilis and “race” as static, always reading references to “race” as literal.²³ Closer attention to the changing meaning of “race” will refine our understanding of the relationship between eugenics and syphilology, and indeed between racial ideologies and public health more broadly.

²² Alexandra Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley: University of California Press, 2005), 14–16.

²³ Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 1987); Nancy Leys Stepan, *“The Hour of Eugenics”: Race, Gender, and Nation in Latin America* (Ithaca: Cornell University Press, 1991); Julia Rodríguez, *Civilizing Argentina: Science, Medicine, and the Modern State* (Chapel Hill: University of North Carolina Press, 2006), 244; Andrés H. Reggiani, “Depopulation, Fascism, and Eugenics in 1930s Argentina,” *Hispanic American Historical Review* 90, no. 2 (May 2010): 283–318.

1.4 SYPHILIS, SEXUALITY, AND THE FAMILY

In the 1930s and 1940s, national governments across the Atlantic basin introduced premarital and prenatal testing laws for syphilis. The decades-long movement to establish these laws intersected with a larger movement whose goal was to reduce infant mortality and achieve legal protections for mothers and children. This maternalist-feminist movement emerged in Europe, Latin America, and North America in the late nineteenth century. In all three regions, feminists embraced the protection of motherhood as part of their campaign for women's rights and sought to address issues that might prevent women from having and raising children.²⁴ This movement had medical dimensions, since it attempted to lower infant mortality rates. As Anne-Emmanuelle Birn has shown, the notion of "infant mortality as a medical, social, and ultimately political problem" had to be discovered, and that specific concern emerged almost simultaneously in all three corners of the Atlantic in the 1870s.²⁵ Like syphilis control, children's health and welfare generated considerable international debates, and Latin American actors were active participants in that conversation.

While reformers in Latin America and the United States shared a concern over children's health and welfare, maternal and child health policies in those two regions differed. In the United States, maternalist reformers struggled to pressure the federal government to address maternal and child health. Their efforts were rewarded in 1912 with the creation of the Children's Bureau.

²⁴ Ann Taylor Allen, *Feminism and Motherhood in Western Europe, 1890-1970: The Maternal Dilemma* (New York: Palgrave Macmillan, 2005); Asunción Lavrin, *Women, Feminism, and Social Change in Argentina, Chile, and Uruguay, 1890-1940* (Lincoln: University of Nebraska Press, 1995); Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Urbana: University of Illinois Press, 1994); and Karen Mead, "Beneficent Maternalism: Argentine Motherhood in Comparative Perspective, 1880-1920," *Journal of Women's History* 12, no. 3 (Autumn 2000): 120-45.

²⁵ Anne-Emanuelle Birn, "Child Health in Latin America: Historiographic Perspectives and Challenges," *História, Ciências, Saúde--Manguinhos* 14, no. 3 (September 2007): 684.

Dominated by women, this federal agency investigated and reported on infant mortality, birth rates, orphanages, and juvenile courts. Another political victory came in 1921 with the passage of the Sheppard-Towner Act. Also known as the Maternity and Infancy Protection Act, the Sheppard-Towner Act was the first federal social welfare measure that addressed child welfare. A broad coalition of working-class and middle-class women, with the support of women's organizations, had campaigned for the bill. Yet, the act represented only a temporary victory, since Congress repealed the law in 1929. Moreover, the Sheppard-Towner Act offered no medical or nursing care, only matching grants to states to educate physicians, nurses, midwives, and parents. The American Medical Association (AMA), which saw the Sheppard-Towner bill as putting America on a path towards socialized medicine, prevented the act from offering funds for medical or nursing care. In the conservative political climate of the 1920s and with continued opposition from the AMA, the Sheppard-Towner Act ended before the decade was over.²⁶

Latin American governments responded to the problem of infant mortality in a different way. In turn-of-the-century Latin America, child and maternal welfare intersected with modernizing and nationalizing projects. Unlike what happened in the United States, many Latin American feminists and physicians joined forces in support of state efforts to improve child and maternal welfare. With regard to prenatal care in Buenos Aires, municipal services began first and were later complemented by federal initiatives. In the 1880s and 1890s, various porteño (Buenos Aires-based) organizations became involved in prenatal care in some capacity: the Facultad de Medicina created a course on the causes of early childhood mortality in Buenos Aires, the municipal council formed a commission to study this topic, and private organizations such as the Sociedad de Beneficencia and the Patronato de la Infancia provided numerous child

²⁶ Ladd-Taylor, *Mother-Work*, chapters 3 and 6.

welfare services.²⁷ In 1908, municipal authorities officially recognized prenatal services when the Asistencia Pública opened the Dirección de Protección a la Primera Infancia (Office of Protection of Early Childhood).²⁸ Fifteen years later, the federal government stepped into action and created the Sección de Asistencia y Protección a la Maternidad y la Infancia within the Departamento Nacional de Higiene. These measures led in 1937 to the passage of law 12.341 (or the Palacios law, after the socialist senator who sponsored it in congress), which created the Dirección de Maternidad e Infancia (Department of Maternity and Childhood) to oversee maternal and child welfare at the national level. Among other things, this national law promoted prenatal care, controlled professional wet nurses, created shelters for single mothers, and demanded the creation of a national survey of children since birth.²⁹ Law 12.341 therefore represented the culmination of decades of public involvement in motherhood in Argentina.

Sex education offered another weapon against the spread of syphilis and other venereal diseases. Beginning at the end of the nineteenth century, numerous countries throughout the world established sex education programs that promoted extramarital abstinence, particularly for men. Male continence was a feature of sex education in Mexico, Uruguay, France, the Netherlands, Spain, Britain, Germany, and New Zealand, to name a few countries.³⁰ In this

²⁷ Emilio R. Coni, *Asistencia y previsión social: Buenos Aires caritativo y previsor* (Buenos Aires: Emilio Spinelli, 1918), 81–103; and Donna J. Guy, *Women Build the Welfare State: Performing Charity and Creating Rights in Argentina, 1880-1955* (Durham: Duke University Press, 2009), 43.

²⁸ For the links between the US Children’s Bureau and this new organization, see María José Billourou, “‘El niño es un todo y debe ser servido como tal’: Las relaciones entre el Children’s Bureau y la Dirección de Protección a la Primera Infancia,” in *Historias de salud y enfermedad en América latina*, ed. Adrián Carbonetti and Ricardo González Leandri (Córdoba: Universidad Nacional de Córdoba - Centro de Estudios Avanzados, 2008), 185–208.

²⁹ Lavrin, *Women, Feminism, and Social Change*, 123.

³⁰ Katherine Elaine Bliss, *Compromised Positions: Prostitution, Public Health, and Gender Politics in Revolutionary Mexico City* (University Park: Pennsylvania State University Press, 2001), 105, 131; Silvana Darré, *Políticas de género y discurso pedagógico: La educación sexual en el Uruguay del siglo XX* (Montevideo: Ediciones Trilce, 2005), 57–93; Alain Corbin, “Le peril vénérien au debut du siècle: Prophylaxie sanitaire et prophylaxie morale,” *Recherches* no. 29 (1977): 245–83; Ramón Castejón Bolea, “Las estrategias preventivas individuales en la lucha antivenérea: Sexualidad y enfermedades venéreas en la España del primer tercio del siglo

dissertation, I focus on the place of abstinence in US and Argentine sex education materials. By adopting a transnational perspective, my work contributes to the growing scholarship on the impact of transnational discourses on local conceptions of gender and sexuality.³¹

As several historians have argued, the emphasis on abstinence that anchored early twentieth-century sex education programs stemmed from a middle-class, Victorian belief in self-control that had roots in the nineteenth century.³² While these scholars have traced the importance of this code of conduct across time, I concentrate instead on space and examine the transatlantic ties that linked reformers in various parts of the Atlantic basin.

Studies of prostitution and venereal diseases tend to focus on how physicians, policymakers, and public health officials defined the boundaries of acceptable behavior for women.³³ By looking at the intersection of venereal diseases and sex education, I direct my

XX,” *Hispania* 64, no. 218 (2004): 933–35; Roger Davidson and Lesley A. Hall, eds., *Sex, Sin and Suffering: Venereal Disease and European Society Since 1870* (New York: Routledge, 2001), 51–52, 78, 81–82, 125; and Antje Kampf, “Controlling Male Sexuality: Combating Venereal Disease in the New Zealand Military During Two World Wars,” *Journal of the History of Sexuality* 17, no. 2 (May 2008): 235–58.

³¹ See, for instance, Judith Surkis, “Sex, Sovereignty, and Transnational Intimacies,” *American Historical Review* 115, no. 4 (October 2010): 1089–96; Joanne Meyerowitz, “Transnational Sex and U.S. History,” *American Historical Review* 114, no. 5 (December 2009): 1273–86; Pete Sigal, “Latin America and the Challenge of Globalizing the History of Sexuality,” *American Historical Review* 114, no. 5 (December 2009): 1340–53; Matthew James Connelly, *Fatal Misconception: The Struggle to Control World Population* (Cambridge: Belknap Press of Harvard University Press, 2008); William E. French and Katherine Elaine Bliss, eds., *Gender, Sexuality, and Power in Latin America Since Independence* (Lanham, MD: Rowman & Littlefield, 2007); and Johanna Schoen, *Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005).

³² Brandt, *No Magic Bullet*, 26; Jeffrey P. Moran, *Teaching Sex: The Shaping of Adolescence in the 20th Century* (Cambridge: Harvard University Press, 2000), 25; and Alexandra M. Lord, “Models of Masculinity: Sex Education, the United States Public Health Service, and the YMCA, 1919–1924,” *Journal of the History of Medicine and Allied Sciences* 58, no. 2 (April 2003): 137.

³³ David McCreery, “‘This Life of Misery and Shame’: Female Prostitution in Guatemala City, 1880–1920,” *Journal of Latin American Studies* 18, no. 2 (November 1986): 333–53; Donna J. Guy, *Sex and Danger in Buenos Aires: Prostitution, Family, and Nation in Argentina* (Lincoln: University of Nebraska Press, 1991); William E. French, “Prostitutes and Guardian Angels: Women, Work, and the Family in Porfirian Mexico,” *Hispanic American Historical Review* 72, no. 4 (November 1992): 529–53; Laurie Bernstein, *Sonia’s Daughters: Prostitutes and Their Regulation in Imperial Russia* (Berkeley: University of California Press, 1995); Gail Hershatter, *Dangerous Pleasures: Prostitution and Modernity in Twentieth-Century Shanghai* (Berkeley: University of California Press, 1997); Mary Gibson, *Prostitution and the State in Italy, 1860–1915*, 2nd ed. (Columbus: Ohio State University Press, 1999); Diana Obregón, “Médicos, prostitución y enfermedades venéreas en Colombia (1886–1951),” *História, Ciências, Saúde--Manguinhos* 9 (2002): 161–86.

attention instead to how these historical actors sought to impose moral and sanitary restrictions on male sexuality. This inquiry shows the national and transnational conversations about sex to have been fundamentally entwined. I discover that American and Argentine intellectuals approached abstinence and male sexuality in slightly different ways. However, they did so as part of a transnational conversation.

1.5 SYPHILIS, SCIENCE, AND THE STATE

Our story plays against the backdrop of three processes that transformed medicine and public health in the closing decades of the nineteenth century: institutionalization, professionalization, and bacteriologization. I will concentrate on how these changes unfolded in Argentina and the United States, but similar dynamics occurred in Europe and in other parts of Latin America.

Public health specialists carved a place for themselves in municipal and national governments by pointing to the importance of maintaining a healthy population. These trained specialists derived their authority from the institutions they created and from their embrace of bacteriology. In Argentina, the medical school of the University of Buenos Aires created a chair in hygiene in 1873. Guillermo Rawson, a former senator and interior minister, became its first occupant.³⁴ In 1870, the functions of the Consejo de Higiene Pública were expanded before it became the Departamento Nacional de Higiene in 1880.³⁵ At the municipal level, physicians in Buenos Aires created the Asistencia Pública in 1883 to administer the city's medical facilities. In New York City, the Metropolitan Board of Health was created in 1866 by New York State and

³⁴ Rodríguez, *Civilizing Argentina*, 182.

³⁵ Ricardo González Leandri, *Curar, persuadir, gobernar: La construcción histórica de la profesión médica en Buenos Aires, 1852-1886* (Madrid: Consejo Superior de Investigaciones Científicas, 1999), 84.

staffed with gubernatorial appointees. In 1870, the mayor of New York created a new Health Department to replace the Metropolitan Board. This Health Department was overseen by its own Board of Health, composed of mayoral appointees.³⁶ At the national level, public health professionals formed the American Public Health Association in 1872. Moreover, in 1870, the federal government created the Marine Hospital Service to screen sailors and immigrants. In 1912, that agency was renamed the Public Health Service, as its responsibilities expanded to public health more broadly.

The bacteriological revolution moved public health and medicine into the domain of science, bringing prestige and professionalization. In the United States, trained specialists replaced a sanitation movement that had been composed mostly of laypersons (engineers and social reformers). These sanitarians had focused on environmental and miasmatic explanations of disease in their effort to deal with the consequences of urban life. They therefore focused on improving living conditions and preventing contact with miasma. At the turn of the century, bacteriology and the new understanding of contagious diseases it generated overshadowed the sanitarian model.³⁷ Biomedicine and public health would become closely linked.

The physicians who embraced biomedicine turned to the state to guarantee their monopoly on healing. In the United States, medical organizations pushed state governments to pass licensing laws in the 1870s and 1880s, making it a crime to practice medicine without a license. The Supreme Court deemed these laws constitutional in the 1889 decision *Dent v. West Virginia*.³⁸ By 1890, the Board of Regents of the University of the State of New York (a state-run regulatory, not educational, agency) had sole licensing power over medical practice in the

³⁶ John Duffy, *The Sanitarians: A History of American Public Health* (Urbana: University of Illinois Press, 1990), 120.

³⁷ *Ibid.*, 196, 206.

³⁸ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic, 1982), 102–06.

state.³⁹ Likewise in Argentina, the province of Buenos Aires passed a law regulating the exercise of medicine in 1877, which the federal government adopted as its own in 1891, requiring physicians to have a medical degree from an Argentine university.⁴⁰

In the process of consolidating their new professional identity, medical doctors distanced themselves from extraprofessional healers such as midwives and patent medicine makers.⁴¹ This could include painting their opposition with broad strokes. In Argentina, trained physicians caricatured all *curanderos* (traditional healers, often used as a synonym for quacks), regardless of the practices they engaged in, by creating a binary between biomedicine and magic and superstition.⁴²

In practice, however, all these laws did not eliminate extraprofessional healers. As Diego Armus has shown, porteños had plenty of extraprofessional options to treat diseases like tuberculosis: from 1870 to 1950, “herbalists, pharmacists who recommended medicines, empiricists, healers, swindlers, charlatans, midwives, fortunetellers, and quacks were mainstays of health care for vast sectors of society in Buenos Aires.”⁴³ To the despair of professional doctors, similar options were also available in New York.⁴⁴

³⁹ John Barry Bardo, “A History of the Legal Regulation of Medical Practice in New York State,” *Bulletin of the New York Academy of Medicine* 43, no. 10 (October 1967): 926.

⁴⁰ Susana Belmartino, *La atención médica argentina en el siglo XX: Instituciones y procesos* (Buenos Aires: Siglo XXI, 2005), 61.

⁴¹ Starr, *The Social Transformation of American Medicine*, 129, 223.

⁴² González Leandri, *Curar, persuadir, gobernar*, 51.

⁴³ Diego Armus, *The Ailing City: Health, Tuberculosis, and Culture in Buenos Aires, 1870–1950* (Durham: Duke University Press, 2011), 38.

⁴⁴ Jamie J. Wilson, *Building a Healthy Black Harlem: Health Politics in Harlem, New York, from the Jazz Age to the Great Depression* (Amherst, NY: Cambria, 2009).

1.5.1 The persistence of the national

Transnational history does not erase the nation-state, and I take issue with recent claims that reintroducing national boundaries into Atlantic history “defies the purpose.”⁴⁵ Two factors explain this persistence of the national in my transnational study. First, by following ideas across national borders, my work shows how transnational debates interacted with local variables to shape public health policies at a key moment in the making of modern states. Transnational ideas were often filtered through local, national concerns, and certain debates on syphilis control took place at the national level.⁴⁶ How doctors and public health specialists organized their campaigns against syphilis was therefore not predetermined but the product of specific debates between various historical actors. Because a key element of those debates was the effort to shape national policies, the process generated national connections and shaped inter-national differences. Second, the study of syphilis and sex at the turn of the century makes very visible the growth of modern interventionist states and their efforts to shape the private lives of citizens. Inspired in part—but not exclusively—by the work of Michel Foucault on the regulatory control and modification of populations by the state, historians have produced an extensive literature on the links between disease, public health, state-formation, and nation-building.⁴⁷ I emphasize the place of transnationalism in these various nationalist projects, the same way that Marilyn Lake

⁴⁵ Armitage, Jacobs, and Van Ittersum, “Are We All Global Historians Now?,” 14.

⁴⁶ On this process for diseases other than syphilis, see José G. Amador, “‘Redeeming the Tropics’: Public Health and National Identity in Cuba, Puerto Rico, and Brazil, 1890-1940” (PhD diss., University of Michigan, 2008).

⁴⁷ See, for instance, Stepan, *The Hour of Eugenics*; Jorge Salessi, *Médicos, maleantes y maricas: Higiene, criminología y homosexualidad en la construcción de la nación argentina (Buenos Aires: 1871-1914)* (Rosario: Beatriz Viterbo, 1995); Alexandra Minna Stern, “Responsible Mothers and Normal Children: Eugenics, Nationalism, and Welfare in Post-Revolutionary Mexico, 1920-1940,” *Journal of Historical Sociology* 12, no. 4 (December 1999): 369–97; Bliss, *Compromised Positions*; Ann Zulawski, *Unequal Cures: Public Health and Political Change in Bolivia, 1900-1950* (Durham: Duke University Press, 2007).

and Henry Reynolds have shown how immigration policies (i.e., nationalist—and exclusionary—projects) were built from transnational elements.⁴⁸ In fact, through repeated cross-national comparisons, the physicians, scientists, public health officials, and reformers who shaped syphilis control in France, Argentina, and the United States drew on transnational currents to reify rather than dissolve national differences.

In this dissertation, I frame syphilis prevention programs as a form of biopower. Biopower (or biopolitics), which Foucault identifies as a key concern of modern states, refers both to the disciplinary mechanisms seeking to make individual bodies docile and useful and to the regulatory processes designed to control and modify entire populations. Given sexuality's unique position as "the precise point where the disciplinary and the regulatory, the body and the population, are articulated," my dissertation analyzes how the two poles of biopower—individualizing and massifying—interacted in syphilis prevention programs.⁴⁹ What drove most of these programs, including those that emphasized individual self-control, was the need to ensure collective welfare and protect future generations.

1.6 SYPHILIS AND MEDICINE AND PUBLIC HEALTH ACROSS BORDERS

This dissertation rejects diffusionist approaches to the history of science and medicine, which presume that peripheral scientific and medical communities passively received knowledge

⁴⁸ Marilyn Lake and Henry Reynolds, *Drawing the Global Colour Line: White Men's Countries and the International Challenge of Racial Equality* (Cambridge: Cambridge University Press, 2008); see also Leon Fink, ed., *Workers Across the Americas: The Transnational Turn in Labor History* (New York: Oxford University Press, 2011).

⁴⁹ Michel Foucault, "Society Must Be Defended": *Lectures at the Collège de France, 1975-76*, ed. Mauro Bertani and Alessandro Fontana, trans. David Macey (New York: Picador, 2003), 242–43, 252.

produced in centers of medical and scientific innovation. The diffusionist model, most famously summarized by George Basalla in his 1967 “The Spread of Western Science,” has been under attack since the 1990s.⁵⁰ Following this trend in the historiography, I emphasize the international ties that shaped biomedical knowledge production in a multi-centered Atlantic system, where information circulated in all directions and between various nodes. Katherine Arner has applied this concept to the early modern Atlantic, and as with Atlantic history more broadly, I find this approach applicable to the turn of the twentieth century as well.⁵¹

I also join the growing literature that emphasizes the collective nature of biomedical knowledge production. In recent years, historians have paid close attention to issues of space, race, and sex in the production of scientific knowledge. Recent works on the history of Atlantic science in the early modern period have focused on the key role that slaves, women, and indigenous people played as collectors, mediators, and intermediaries in French, British, and Iberian colonies in the New World.⁵² These findings show that knowledge was not simply collected in the periphery and processed in imperial centers. Moreover, works such as *Pandora’s Breeches* remind us of the importance of (female) translators and teachers in producing and disseminating knowledge within Europe.⁵³

Similar issues have informed scholarship on medicine and health. The practice of medicine and public health across borders has taken different forms, and works on public health

⁵⁰ George Basalla, “The Spread of Western Science,” *Science* 156 (May 5, 1967): 611–22.

⁵¹ Katherine Arner, “Making Yellow Fever American: The Early American Republic, the British Empire and the Geopolitics of Disease in the Atlantic World,” *Atlantic Studies* 7, no. 4 (December 2010): 447–71.

⁵² Susan Scott Parrish, *American Curiosity: Cultures of Natural History in the Colonial British Atlantic World* (Chapel Hill: University of North Carolina Press, 2006); Neil Safier, *Measuring the New World: Enlightenment Science and South America* (Chicago: University of Chicago Press, 2008); and Christopher M. Parsons, “Plants and Peoples: French and Indigenous Botanical Knowledges in Colonial North America, 1600–1760” (PhD diss., University of Toronto, 2011).

⁵³ Patricia Fara, *Pandora’s Breeches: Women, Science and Power in the Enlightenment* (London: Pimlico, 2004).

in Latin America and the Caribbean reflect this diversity. Some historians have analyzed European and especially US involvement in colonial and neo-colonial settings. Going beyond the examination of the unilateral imposition of imperial will, scholars now adopt a nuanced view of the interplay and power relations between colonial and local public health officials.⁵⁴ A similar approach now characterizes scholarship on the Rockefeller Foundation.⁵⁵ Between its launch in 1913 and its dismantlement in 1951, the International Health Board (later Division) of the Rockefeller Foundation (IHB/D) helped modernize public health institutions in over ninety countries, including almost all Latin American countries, where it focused on hookworm, malaria, and yellow fever control. With respect to syphilis, international exchanges were also crucial to the recently uncovered experiments that took place in Guatemala in the 1940s under the aegis of the United States Public Health Service and with the cooperation of local public health officials. While perusing the papers of one of the physicians involved in the infamous Tuskegee Syphilis Study, historian Susan Reverby discovered that, between 1946 and 1948, this same doctor and his team deliberately exposed hundreds of Guatemalan prisoners, soldiers, sex workers, and mental patients to syphilis in order to test the effects of penicillin in the early stages of the disease. For this study to take place, Reverby tells us, ideas, practices, justifications, bodies, and even rabbits had to cross borders.⁵⁶ Building on Reverby's work, my dissertation

⁵⁴ Laura Briggs, *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002); and Mariola Espinosa, *Epidemic Invasions: Yellow Fever and the Limits of Cuban Independence, 1878-1930* (Chicago: University of Chicago Press, 2009).

⁵⁵ Compare Marcos Cueto, ed., *Missionaries of Science: The Rockefeller Foundation and Latin America* (Bloomington: Indiana University Press, 1994) and Anne-Emanuelle Birn, *Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico* (Rochester: University of Rochester Press, 2006) to Steven Palmer, *Launching Global Health: The Caribbean Odyssey of the Rockefeller Foundation* (Ann Arbor: University of Michigan Press, 2010).

⁵⁶ Susan M. Reverby, "'Normal Exposure' and Inoculation Syphilis: A PHS 'Tuskegee' Doctor in Guatemala, 1946-1948," *Journal of Policy History* 23, no. 1 (2011): 21.

demonstrates that even before World War II, advances in the field of syphilology depended on the spread of knowledge across territorial boundaries.

Latin Americanists working on the national period have also produced a large literature on emerging scientific communities, especially in the field of tropical medicine.⁵⁷ Focusing not on a tropical disease but on syphilis, a disease associated with the process of modernization, reveals the similarities between New York, Paris, and Buenos Aires. Public health in Buenos Aires had more in common with public health in other metropolitan centers—including Latin American cities such as Mexico City and Rio de Janeiro—than with less urbanized parts of Latin America. As Steven Palmer has noted, Costa Rica, “a secondary, Hispanicized zone of Latin America with residual and peripheral indigenous and African influences,” was “more representative of the Latin American experience” than Buenos Aires.⁵⁸ I therefore propose to integrate the history of public health in Buenos Aires into an Atlantic narrative. Moreover, this focus on syphilis rather than on a tropical disease allows me to shed light on an entire realm of international health in the Americas that was not dominated by US agencies such as the Rockefeller Foundation. Syphilis formed a minuscule part of the IHB/D’s agenda. Eventually other international organizations such as the League of Nations would take up a larger involvement in syphilis control, but my analysis partially predates the creation of these organizations. It demonstrates a different kind of international connectivity within science and public health—a pattern of multi-sited communication, borrowing, and mutual comparison, rather than of alliances built outward from a metropolitan agency. This dissertation therefore

⁵⁷ Nancy Leys Stepan, *Beginnings of Brazilian Science: Oswaldo Cruz, Medical Research and Policy, 1890-1920* (New York: Science History Publications, 1976); Marcos Cueto, *Excelencia científica en la periferia: Actividades científicas e investigación biomédica en el Perú, 1890-1950* (Lima: Grade, 1989); Julyan G. Peard, *Race, Place, and Medicine: The Idea of the Tropics in Nineteenth-Century Brazilian Medicine* (Durham: Duke University Press, 1999).

⁵⁸ Steven Palmer, *From Popular Medicine to Medical Populism: Doctors, Healers, and Public Power in Costa Rica, 1800-1940* (Durham: Duke University Press, 2003), 14.

complements the existing literature to produce a better overall picture of medicine and public health across borders.

1.7 OUTLINE

Chapter 2 explores the idea of a multi-centered Atlantic system, where information circulated in all directions and between various nodes. I show how syphilology developed through international dialogue and collaboration and benefited from the technological innovations that accompanied the Industrial Revolution. In a second section, I focus on how the international circulation of ideas impacted the scientists who worked on perfecting the serologic tests for syphilis. This topic allows me to explore how doctors and scientists navigated and belonged to multiple imagined communities, ranging from national to regional and international. I end the chapter by showing how the tension between localizing and globalizing forces impacted the international standardization of serologic tests for syphilis.

Chapter 3 focuses on syphilis prophylaxis. Rather than take for granted the primacy of prostitution control in the fight against syphilis, this chapter examines the debates surrounding another weapon against syphilis: post-exposure prophylaxis. The second part of this chapter explores the meaning of “sex.” By tracing the treatment of oral and anal sex in medical and public health discourse, this section shows how public health officials popularized the idea that vaginal intercourse with female prostitutes constituted the principal source of contagion. As a result, to large sectors of the general public, other sexual practices like oral and anal sex—including between same-sex partners—appeared safer by comparison.

Premarital and prenatal testing laws for syphilis are the focus of chapter 4. I argue that what explains the adoption of mandatory premarital and prenatal testing in the 1930s and 1940s was not new medical discoveries but growing popular and political support for state intervention in reproductive matters. This topic also allows me to shed light on the convergence of venereal disease control, eugenics, and maternal and child welfare. I show that in the 1910s and 1920s syphilologists and eugenicists abandoned the belief that syphilis was hereditary in the strictest sense of the term. This new understanding of syphilis transmission severed the connections between eugenics and venereal disease control in the United States but not in Argentina.

In chapter 5, I focus on the place of abstinence in US and Argentine sex education materials. This chapter first traces the connections between reformers in different parts of the Atlantic and shows how these connections shaped the emerging movement for sex education. I then turn to debates over the health hazards of prolonged abstinence in order to analyze the contested nature of scientific truth. I point to the importance of sexual sublimation in US sex education programs. In a second section, I show how sexual self-control became a marker of civilization and a way to establish the boundaries of citizenship. The third and final section addresses how Argentine intellectuals approached abstinence and male sexuality. I argue that discussions of abstinence reflected a wider debate about Argentina's identity and its place in the civilized world.

The dissertation is organized thematically but each chapter deals with a progressively larger set of historical actors. Chapter 2 focuses on physicians and scientists. Chapter 3 adds public health officials and social hygiene reformers to the mix. Chapter 4 reprises the same set of actors as chapter 3 but adds policymakers and eugenicists. Finally, chapter 5 brings sex educators into the purview of this project. To be fair, however, the boundaries between these groups were

porous. Indeed, some public health officials and policymakers were trained doctors, especially in Argentina. So were reformers like Prince Morrow, the founder of the American Society of Sanitary and Moral Prophylaxis, and Alfredo Fernández Verano, the founder of the Liga Argentina de Profilaxis Social. Moreover, some actors moved between these groups over the course of their lifetime. Charles Walter Clarke, for instance, began his career in the American Social Hygiene Association before accepting a position in the New York City Department of Health. Doctors John Stokes and Joseph Earle Moore served as consultants for the United States Public Health Service in addition to teaching syphilology at the University of Pennsylvania and Johns Hopkins University, respectively.

2.0 PROFESSION OR PATRIA?

SYPHILIS AND THE PURSUIT OF SCIENTIFIC PRESTIGE ON A GLOBAL STAGE

In the closing decades of the nineteenth century, New York City and Buenos Aires underwent dramatic economic and demographic changes, with international migration, urban growth, and industrialization fueling each other. By 1914, Buenos Aires and New York had become the two largest cities on the Atlantic seaboard. As globalizing forces intensified and transatlantic linkages deepened, New Yorkers and porteños began to experience the dark side of rapid urbanization: class and ethnic tensions flared, the living conditions of the poor deteriorated, and diseases like tuberculosis and syphilis proliferated.¹ How these globalizing forces also brought ways to confront these problems is the subject of this chapter. Focusing on syphilis in New York and Buenos Aires, this chapter examines how the circulation of medical knowledge contributed to the development of syphilology. In so doing, it builds on recent scholarship by highlighting the international ties that shaped biomedical knowledge production.

With improvements in transportation connecting the international scientific community more than ever, innovations in the fight against syphilis were often the product of international collaboration and debate. American and Argentine syphilologists both contributed to and

¹ Eduardo Zimmermann, “La sociedad entre 1870 y 1914,” in Academia Nacional de la Historia, *Nueva historia de la nación argentina* (Buenos Aires: Planeta, 2000), 4:133-60; Julia Rodríguez, *Civilizing Argentina: Science, Medicine, and the Modern State* (Chapel Hill: University of North Carolina Press, 2006), 4; and John Hull Mollenkopf, ed., *Power, Culture, and Place: Essays on New York City* (New York: Russell Sage Foundation, 1988): 77-157.

benefited from this transatlantic exchange. They studied abroad, read foreign medical journals, but also circulated their own work abroad and presented their research at international meetings and at foreign universities. By shedding light on the transnational networks that linked Buenos Aires with the rest of the Atlantic, this chapter reevaluates the relationship between so-called peripheral scientific communities and traditional centers of medical innovation. My research reframes the work of historians like Marcos Cueto who have found evidence of “excellence in the periphery.”² These scholars challenge the older historiography that, borrowing the language of dependency theory, emphasized the asymmetrical relationship between Latin America and core areas in Europe and the United States. But looking for “excellence in the periphery” does not call into question Latin America’s peripheral status. To go beyond the language of core and periphery, I explore the idea of a multi-centered Atlantic system, where information circulated in all directions and between various nodes.

As we saw in the introduction, professional doctors were building prestige by distancing themselves from traditional healers within their respective countries. But if we turn our attention to dynamics that transcend national boundaries, we see that there was also an international way of building prestige, which the international circulation of ideas made possible. This is not to deny the importance of nation-states during this period, however; nationalism shaped international scientific debates, as doctors and scientists often felt they represented their country on the international stage, even as non-state actors. In other words, doctors and scientists were acting on behalf of the nation at the same time that they were positioning themselves within the

² Marcos Cueto, *Excelencia científica en la periferia: Actividades científicas e investigación biomédica en el Perú, 1890-1950* (Lima: Grade, 1989); Paul Gootenberg, “A Forgotten Case of ‘Scientific Excellence on the Periphery’: The Nationalist Cocaine Science of Alfredo Bignon, 1884-1887,” *Comparative Studies in Society and History* 49, no. 1 (January 2007): 202-32; Julyan G. Peard, *Race, Place, and Medicine: The Idea of the Tropics in Nineteenth-Century Brazilian Medicine* (Durham: Duke University Press, 1999); and Diego Armus, ed., *Disease in the History of Modern Latin America: From Malaria to AIDS* (Durham: Duke University Press, 2003).

nation, both individually and collectively. The Atlantic basin therefore served as arena for both competition and collaboration, and this chapter emphasizes the importance of competitiveness to the growth of medical science.

I begin this chapter by examining how the technological innovations that accompanied the Industrial Revolution transformed the circulation of people, ideas, and goods across the Atlantic.³ I then show how syphilology benefited from these transformations and developed through international dialogue and collaboration. By tracing the transatlantic circulation of knowledge and demonstrating the existence of a multi-centered Atlantic system, I discover that Buenos Aires sat alongside cities like Paris, Berlin, and New York as one of the premier dermatological centers in the Atlantic basin. Indeed, for French, Argentine, and American syphilologists alike, transatlantic connections dwarfed connections with other parts of the world. In a second section, I focus on how the international circulation of ideas impacted the scientists who worked on perfecting the serologic tests for syphilis. This topic allows me to explore how doctors and scientists navigated and belonged to multiple imagined communities, ranging from national to regional and international. I end the chapter by showing how the tension between localizing and globalizing forces impacted the international standardization of serologic tests for syphilis. In other words, the first section explores how doctors in various corners of the Atlantic basin came together while the second section highlights the forces that pulled them apart.

³ On the importance of studying the infrastructures that make the circulation of information possible, see Paul N. Edwards et al., "Historical Perspectives on the Circulation of Information," *American Historical Review* 116, no. 5 (December 2011): 1392-435.

2.1 SYPHILOLOGY AND THE TRANSATLANTIC CIRCULATION OF IDEAS

Syphilis existed in New York and Buenos Aires before the turn of the century, but the convergence of the Atlantic economy created the conditions for an epidemic.⁴ When transatlantic migration peaked at the turn of the century, Buenos Aires and New York expanded rapidly. The Argentine capital grew from nearly 178,000 inhabitants in 1869 to over 1.5 million in 1914, while New York City quintupled in size during the same period, reaching well over five million people on the eve of World War I. In both cities, close to half of the population was foreign-born, and among the largest immigrant groups, men outnumbered women.⁵ As the population of young, single men increased in New York and Buenos Aires, so did the demand for sexual services, and commercial sex became an important feature of urban life. With partner exchange on the rise, syphilis came to the attention of public health officials and dermatologists. Because syphilis was initially known for its skin manifestations, dermatology and syphilology evolved together. In the era I describe, the two terms were used interchangeably.

The technological innovations that accompanied the Industrial Revolution transformed the circulation of people, ideas, and goods across the Atlantic. First, the transition from sailing vessels to steamships that took place in the second half of the nineteenth century made mass migration and an unprecedented expansion of international trade possible. Steamers were faster, cheaper, and more predictable than sailing vessels. Ships leaving Europe could now reach Buenos Aires in less than three weeks and New York in about twelve days, as opposed to

⁴ Kevin H. O'Rourke and Jeffrey G. Williamson, *Globalization and History: The Evolution of a Nineteenth-Century Atlantic Economy* (Cambridge: MIT Press, 1999).

⁵ Jose C. Moya, *Cousins and Strangers: Spanish Immigrants in Buenos Aires, 1850-1930* (Berkeley and Los Angeles: University of California Press, 1998), 149; and Samuel L. Baily, *Immigrants in the Lands of Promise: Italians in Buenos Aires and New York City, 1870-1914* (Ithaca: Cornell University Press, 1999), 63–64.

anywhere between five weeks and two months for a New York-bound sailing ship.⁶ This transportation revolution was accompanied by the development of new forms of communication, such as the telegraph. Of crucial importance to the world economy, the telegraph also played its part in creating an international scientific community. For instance, it became easier for doctors to organize international travels when they could send cables to their colleagues abroad informing them of any last-minute changes to their itinerary.⁷ The telegraph, which arrived in Buenos Aires in 1874, also allowed Argentine syphilologists to receive news of medical discoveries from other corners of the Atlantic basin.⁸ Complementing these innovations in transportation and communication, the mass production of cheap wood pulp paper and the invention of the linotype machine lowered the cost of printing and triggered an explosion in the number of medical journals being published throughout the Atlantic.⁹ For instance, in 1884, Argentina had three medical journals. Twenty years later, Argentine doctors were publishing sixteen different journals, and that number would continue to grow in subsequent years.¹⁰

At the end of the nineteenth century, dermatosyphilology received official sanction from medical schools with the establishment of designated chairs.¹¹ At the Saint-Louis Hospital in Paris, Alfred Fournier became in 1880 the first French doctor to occupy a chair of

⁶ Baily, *Immigrants in the Lands of Promise*, 32.

⁷ See, for instance, Frank Boudreau to Reuben L. Kahn, January 6, 1928, Conferences and Trips: Copenhagen. League of Nations Health Committee Serological Conference, 1928, box 2, Reuben Leon Kahn Papers, Bentley Historical Library, University of Michigan, Ann Arbor, MI.

⁸ See, for instance, Nicolás V. Greco and Adolfo H. Muschiatti, “El Bismuto En El Tratamiento De La Sífilis,” *La Semana Médica* 28, no. 51 (December 22, 1921): 849–61; Victor M. Berthold, *History of the Telephone and Telegraph in the Argentine Republic, 1857-1921* (New York, 1921), 6.

⁹ Jose C. Moya, “Modernization, Modernity, and the Trans/Formation of the Atlantic World in the Nineteenth Century,” in *The Atlantic in Global History, 1500–2000*, ed. Jorge Cañizares-Esguerra and Erik Seeman (Upper Saddle River, NJ: Pearson Prentice Hall, 2007), 191.

¹⁰ *Argentina médica: Guía médica é higiénica* (Buenos Aires: Coni Hermanos, 1904), 339–42.

¹¹ Because the complications of gonorrhoea are often urethral and surgical, dermatologists generally left the treatment of that disease to urologists and genito-urinary surgeons.

dermatosyphilology.¹² In Argentina, following the approval in 1887 of a plan to restructure Argentine medical education, the University of Buenos Aires created the country's first chair of dermatosyphilology in 1892. Baldomero Sommer occupied that position until his death in 1918.¹³ In 1871, James C. White was awarded the first chair in dermatology in the United States at Harvard Medical School. While the title of White's position did not explicitly connect dermatology and syphilology,¹⁴ the titles of later chairs, like the ones at New York University and Columbia University, would.¹⁵ Alongside these chairs, the creation of medical journals and associations would further legitimize dermatosyphilology as a medical specialty. And as we will see, although dermatologists formed only a small segment of the doctors working in France, Argentina, and the United States, the dermatological community would grow large enough to organize international congresses.¹⁶

The creation of these chairs, university courses, journals, associations, and conferences marked the consolidation of dermatosyphilology as a medical specialty. For most of the period under study, however, the process of becoming a specialist was not regulated, a problem that plagued all medical specialties. To remedy this lack of standards, American ophthalmologists created the first national certification board in 1916, followed by otolaryngologists in 1924 and

¹² Gérard Tilles, *Dermatologie des XIXe et XXe siècles: Mutations et controverses* (Paris: Springer-Verlag France, 2011), 105.

¹³ Nicolás V. Greco, "Historia y desarrollo de la dermatología y sifilografía en la República Argentina," *La semana médica*, tomo cincuentenario (1944): 360.

¹⁴ At the same time, failing to combine dermatology and syphilology in a title did not necessarily indicate an explicit rejection of one of these two disciplines. For instance, in the first issue of the *Annales des maladies vénériennes*, its founder clarified that the journal would also publish works on dermatology, even though its title only referred to venereal diseases. Ernest Gaucher, "Préface," *Annales des maladies vénériennes* 1 (1906): 1-2.

¹⁵ George Miller MacKee, "John Addison Fordyce," *Bulletin of the New York Academy of Medicine* 1, no. 5 (July 1925): 205.

¹⁶ George Weisz, *Divide and Conquer: A Comparative History of Medical Specialization* (New York: Oxford University Press, 2006), 213–18; Rosemary Stevens estimates that in 1923 there were only 361 full-time dermatologists and syphilologists in the United States. That number represented only 2.3 percent of all full-time medical specialists in the country. Rosemary Stevens, *American Medicine and the Public Interest* (New Haven and London: Yale University Press, 1971), 162.

obstetricians and gynecologists in 1930. In 1932, the American Board of Dermatology and Syphilology (ABDS) became the fourth specialty board. Certification from the ABDS was voluntary, but the organization hoped that passing its examination would become a prerequisite for appointment as a dermatologist in a hospital or other organization.¹⁷ Certification remains voluntary to this day.

Argentine dermatologists eyed these developments with envy. In 1935, a leading Argentine syphilologist called on the Argentine Association of Dermatology and Syphilology to regulate the title of specialist in dermatosyphilology. Drawing on US, German, and other examples, he wanted to reserve the title of specialist to those who practiced dermatosyphilology exclusively. He also wanted the state to pass a law mandating that its clinics and dispensaries be headed by certified specialists. Finally, he wished to establish a monopoly on syphilis control, shutting out charlatans, general practitioners, and “pseudo specialists.”¹⁸ As we will see in the next section, however, the absence of regulation for most of the period I describe did not prevent the emergence of an international dermatological community.

2.1.1 Cheap printing and cheap travelling

As British dermatologist Jonathan Hutchinson told the third International Congress of Dermatology in 1896, it was “cheap printing and cheap travelling” that had accelerated the international circulation of medical knowledge and made international gatherings possible.¹⁹ Taking advantage of these innovations, American and Argentine medical students routinely

¹⁷ Fred Wise, “The American Board of Dermatology and Syphilology : A Step Forward in the Supervision of Specialism,” *Archives of Dermatology and Syphilology* 29, no. 1 (January 1934): 6–7.

¹⁸ José L. Carrera, “¿Debe de ser regulado el empleo del título de médico especialista en enfermedades venéreas?,” *Revista Argentina de Dermatosifilología* 19 (1935): 102–12.

¹⁹ *Third International Congress of Dermatology* (London: Waterlow and Sons, 1898), 5.

traveled abroad and formed lasting personal and professional relationships with foreign colleagues. For instance, in 1905, the young Pedro Baliña left for Europe, his doctorate from the University of Buenos Aires in hand. Baliña continued his training in Vienna, Berlin, and Paris, where he spent several months at the Hôpital Saint-Louis, the home of French luminaries like Alfred Fournier and Louis Brocq.²⁰ In all three cities, Baliña would have studied alongside foreign colleagues, including American ones. Although by 1900 American medical students were increasingly favoring Berlin and Vienna over Paris and London, which had been the favorite destinations of American students in the first half of the nineteenth century, American dermatologists studying in Europe rarely returned home without also stopping in Paris for a stay at Saint-Louis.²¹ After his return to Buenos Aires in 1907, Baliña joined his mentor Baldomero Sommer, himself a seasoned traveler, to form the Sociedad Dermatológica Argentina (Argentine Dermatological Society, or ADS) along with fourteen other colleagues. Headquartered in the Hospital San Roque (renamed Ramos Mejía in 1914), the ADS was publishing its own journal, the *Revista Dermatológica*, within fourteen months.²²

Journal editors helped readers keep up with foreign research by devoting large sections of their publications to foreign work. Taking the form of abstracts, reviews, bibliographies, and transactions of society meetings, foreign research complemented the original articles that opened every issue. This format both contributed to and depended on the international exchange of ideas. Like other medical organizations, the ADS followed a pre-established routine with the release of

²⁰ William Belmont Parker, ed., *Argentines of Today*, vol. 1 (Buenos Aires: Hispanic Society of America, 1920), 469–70.

²¹ Thomas Neville Bonner, *American Doctors and German Universities: A Chapter in International Intellectual Relations, 1870-1914* (Lincoln: University of Nebraska Press, 1963). For instance, George Henry Fox, L. Duncan Bulkley, and John A. Fordyce studied in both Vienna and Paris.

²² The *Revista Dermatológica* became the *Revista de la Asociación Argentina de Dermatología y Sifilología* in 1927, when the ADS changed its name to Asociación Argentina de Dermatología y Sifilología. In 1929, the title of the journal was changed again to *Revista Argentina de Dermatosifilología*.

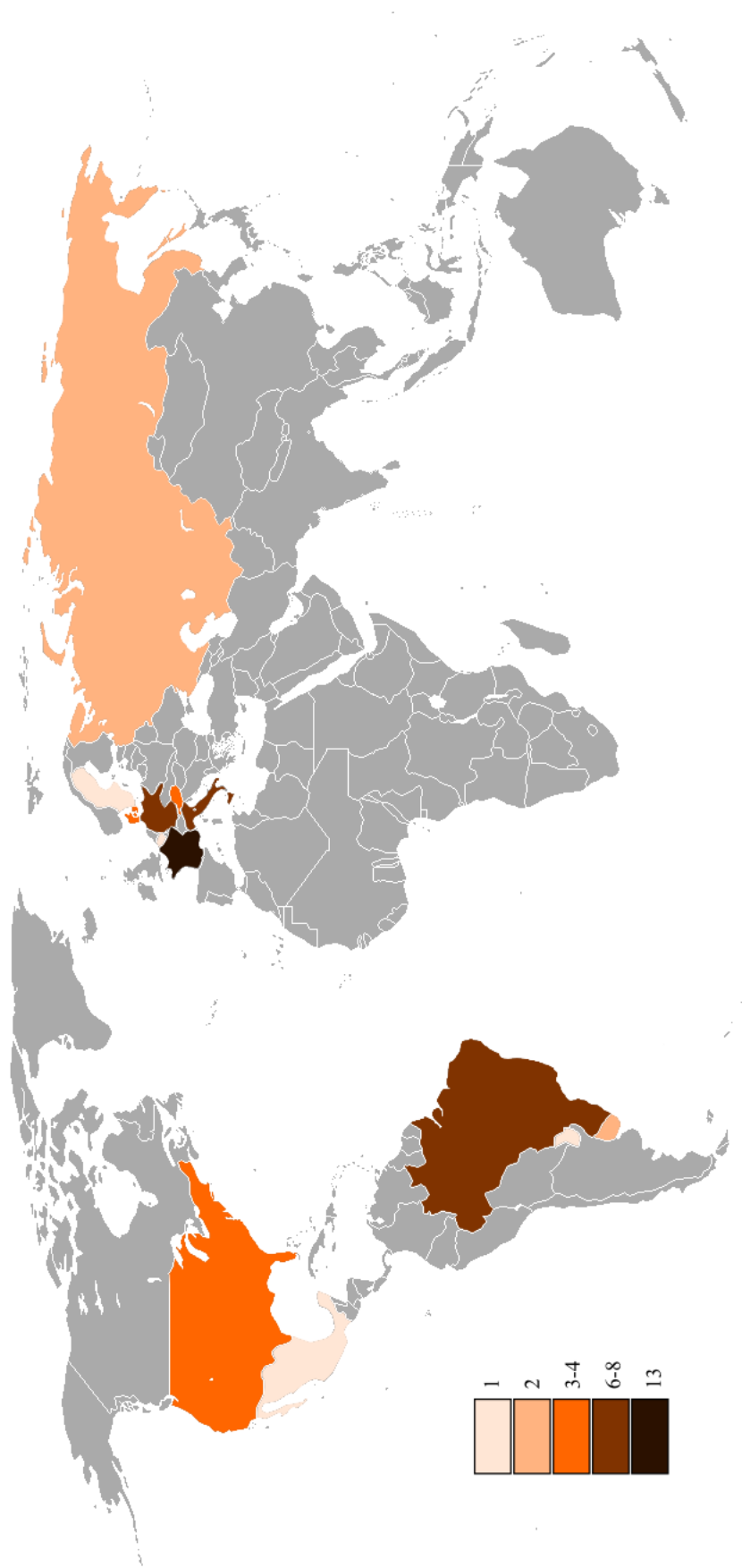


Figure 1. Foreign corresponding members of the Argentine Dermatological Society (1922).

each new issue of its journal. Every member of the association, including foreign corresponding members, received a copy of the journal. By 1922, the association had 28 active members in Argentina and 53 foreign corresponding members split among 13 countries. These countries (see figure 1) were France (13 members), Brazil (8), Italy (7), Germany (6), the United States (4), Austria (4), Denmark (3), Uruguay (2), Russia (2), Sweden (1), Paraguay (1), Belgium (1), and Mexico (1).²³ To encourage the circulation of medical knowledge, the association also maintained a partnership with over thirty foreign publications like the *American Journal of Syphilis*, the French *Annales de dermatologie et de syphiligraphie*, and the *Archivos de higiene de Rio de Janeiro*, to name a few. The ADS sent a copy of its journal to these foreign publications, which returned the favor by sending copies of their own journals to Argentina. This routine promoted international collaboration and ensured that relevant foreign articles would be summarized in due time. Finally, the ADS also made sure that relevant libraries and medical schools throughout the world would receive copies of its journal.²⁴ Medical journals therefore served two purposes: (1) they compiled foreign research into a useable digest, and (2) they projected domestic research outward, hoping to generate positive feedback.²⁵ By combining foreign work and domestic production, medical journals captured snapshots of two overlapping worlds: one local, one global.

Foreign response mattered to journal editors. In 1903, the Boston-based syphilologist James C. White, the new editor of the *Journal of Cutaneous and Genito-Urinary Diseases*, vowed to increase foreign readership of the journal. White was particularly interested in what

²³ *Revista Dermatológica* 9 (1922): 5-7.

²⁴ "Reseña histórica," *Revista Argentina de Dermatosifilología* 21 (1937): 302-28.

²⁵ See also Peard, *Race, Place, and Medicine*, 38-39.

European doctors had to say about the work of American dermatologists.²⁶ To enhance the journal's reputation, White and his team eliminated the emphasis on genito-urinary diseases to focus entirely on dermatology and syphilology, renaming the publication the *Journal of Cutaneous Diseases*. The efforts of the editorial board paid off, as foreign doctors praised the *Journal of Cutaneous Diseases* at the 1913 International Congress of Medicine, assembled in London.²⁷ Despite its success, however, the journal was operating at a loss, and members of the American Dermatological Association, which had bought the journal in 1912, were charged higher and higher fees to keep it in business.²⁸ In 1920, the American Medical Association (AMA) took over publication of the *Journal of Cutaneous Diseases*, renaming it the *Archives of Dermatology and Syphilology*. Under this new title, the journal continued to provide a forum for American dermatologists. While it was uncommon for American dermatological journals to publish reprints, American editors saw nothing wrong with other journals doing so. To increase the exposure of the *Archives of Dermatology and Syphilology*, the AMA made clear it would not object to reproductions of its material in "reputable medical journals."²⁹

Foreign digests provided valuable information, and the doctors who did not keep up with foreign research risked falling behind their more internationally inclined colleagues. As James C. White argued in 1903, "medicine is to advance to its highest development by the united labors of all nations, and any school is sadly narrowed which ignores the work of others."³⁰ Journal editors

²⁶ James C. White, "Editorial Announcement for 1903," *Journal of Cutaneous Diseases* 21, no. 1 (January 1903): 1-4.

²⁷ Howard Fox, "The 17th International Congress of Medicine: Dermatological Section," *Journal of Cutaneous Diseases* 31, no. 10 (October 1913): 765.

²⁸ Morris Fishbein, "William Allen Pusey--The Editor," *Archives of Dermatology and Syphilology* 35, no. 1 (January 1937): 7.

²⁹ *Archives of Dermatology and Syphilology* 2 (1920): 823.

³⁰ James C. White, "Editorial Announcement for 1903," 4. Here, White warns foreign colleagues of the dangers of ignoring the work of *American* dermatologists, whose publications he argues contain "an unknown treasury of knowledge."

prided themselves on delivering comprehensive digests of foreign research in the shortest turnaround time possible. Clément Simon, the editor of the *Annales de dermatologie et de syphiligraphie*, was happy to report that his team could publish foreign notices within four months of reception. Simon noted that he remained dependent on the timely delivery of foreign journals to his office.³¹ To ensure that medical journals could present an up-to-date panorama of global research, it was in everyone's best interest to shorten the time between publication in one country and reception in another. To facilitate the circulation of medical knowledge, French dermatologist Ernest Gaucher surrounded himself with foreign collaborators when he founded the *Annales des maladies vénériennes* in 1906. Over the years, Baldomero Sommer from Argentina; José Brito Foresti from Uruguay; Werneck Machado and Eduardo Rabello from Brazil; and James Nevins Hyde, John A. Fordyce, and James C. White from the United States served as collaborators from the Western Hemisphere, sending the latest American research to the editors of the *Annales*.³²

Proper abstracting mattered to doctors, and occasional messages from readers shed light on how valuable these summaries were.³³ Advertisements for the *Journal of Cutaneous Diseases* also made clear how important abstracts had become. In those ads, the editorial board confidently promised that “every issue of every dermatological journal in the world, and all articles of interest to the dermatologist, appearing in general medical journals and journals of the various medical specialties, of all countries, will be carefully, completely and promptly

³¹ Clément Simon, “A nos abonnés,” *Annales de dermatologie et de syphiligraphie*, 7th ser., 1, no. 1 (January 1930): 1.

³² See the title pages of volumes 1 (1906), 8 (1913), and 30 (1935), for instance.

³³ La rédaction, *Annales de dermatologie et de syphiligraphie* 4th ser., 8 (1907); Henri Fournier, “Aux lecteurs,” *Journal des maladies cutanées et syphilitiques* (1908): 1–2; and Grover William Wende, “A Brief Historical Review of Dermatological Journalism in the United States,” *Journal of Cutaneous Diseases Including Syphilis* 30, no. 7 (July 1912): 389–96.

abstracted” in the *Journal of Cutaneous Diseases*.³⁴ Patting themselves on the back, American dermatologists believed they had reached the pinnacle of dermatological journalism, writing of the *Archives of Dermatology and Syphilology* that “there is probably no other single dermatologic publication anywhere else in the world so completely meeting the needs of the dermatologist for announcements of research in his field, clinical reports, news, editorial comment, the proceedings of dermatologic societies and abstracts of the significant dermatologic literature.”³⁵

Editors had to balance clarity and timing when organizing reviews and bibliographies. Until Clément Simon took over the *Annales de dermatologie et de syphiligraphie*, abstracts were organized by subjects, which facilitated the task of readers looking for information on a particular topic but forced editors to wait to have enough abstracts to fill a section before running it. To satisfy both those who liked the organization by topic and those eager to read the most recent updates, Simon proposed to run every abstract twice, once organized by journal and once by subject.³⁶ With this new design, the yearly volume of the *Annales* jumped from 716 pages in 1926 to 1,156 pages in 1928 and to 1,466 pages in 1929. To Simon, that growth indicated “progress.”³⁷

Journals sometimes reported erroneous information, but the ease with which information circulated between countries meant errors or frauds could be quickly identified and corrected. One case illustrates how letters from abroad, which journals could process and publish faster than articles, helped correct an erroneous report. The American Medical Association maintained

³⁴ *Journal of Cutaneous Diseases* 35, no. 10 (December 1917): 861.

³⁵ Fishbein, “William Allen Pusey--The Editor,” 7.

³⁶ Clément Simon and Jean Darier, “A nos abonnés et à nos lecteurs,” *Annales de dermatologie et de syphiligraphie* 6th ser., 9 (1928): 2.

³⁷ Clément Simon, “A nos abonnés,” 1.

correspondents in a number of foreign locales and could publish their reports in as a little as a month. As a result, the *Journal of the American Medical Association (JAMA)* was able to correct earlier reports that a pair of Argentine scientists, Jáuregui and Lancelotti, had developed a serum to cure syphilis in the llama, with promising results for humans.³⁸ Between 1915 and 1924, Jáuregui and Lancelotti had transmitted syphilis to llamas, conferring immunity to the animals. They had then used serum from the immunized animals to cure syphilis in human cases, before crossing the Atlantic to present their research in Paris at the Pasteur Institute and at the National Academy of Medicine.³⁹ As a result, the Argentine llama experiment first came to the attention of American journal editors through the December 1924 issue of the *Bulletin de l'Académie Nationale de Médecine*.⁴⁰ But the AMA's correspondent in Buenos Aires alerted the association that the two doctors were actually unknown in Argentine circles and that the reports of their reception in France had been greatly exaggerated. The transatlantic circulation of ideas was responsible for correcting this mistake but also for generating it in the first place. Several American journals picked up the story, but *JAMA*, with its correspondent on the ground, was the first to relay the news that the Argentine study had been discredited.⁴¹

While medical organizations favored article submissions from their own members, some also accepted submissions from foreign doctors. Of the five major French medical journals devoted to dermatology and syphilology, the *Annales des maladies vénériennes* was the most international in character. As previously mentioned, the editors of the *Annales* surrounded

³⁸ "Buenos Aires," *Journal of the American Medical Association* 84, no. 6 (February 7, 1925): 456.

³⁹ "Abstracts from Current Literature," *Archives of Dermatology and Syphilology* 11, no. 6 (June 1925): 827.

⁴⁰ "Bulletin de l'Académie Nationale de Médecine, Paris: Serum from Immunized Llamas in Treatment of Syphilis," *Journal of the American Medical Association* 84, no. 4 (January 24, 1925): 319.

⁴¹ The *JAMA* correction predated both "New Observations on Syphilis," *American Journal of Public Health* 15, no. 10 (October 1925): 895; and "Llama Serum for Syphilis Repudiated," *Journal of Social Hygiene* 11, no. 9 (December 1925): 561.

themselves with collaborators from all corners of the Atlantic basin, and they accepted both original articles and translations of existing pieces from Argentine, American, Belgian, and Italian colleagues, among others.⁴² José L. Carrera, the chief of dermatosyphilology at the Salaberry Hospital in Buenos Aires, published two articles in the *Annales des maladies vénériennes* and one in the *Revue française de dermatologie et de vénéréologie*.⁴³ Meanwhile, the Rosario-based dermatologist Enrique Fidanza published two articles in the *Bulletin de la Société française de dermatologie et de syphiligraphie*.⁴⁴ These two pieces corresponded to presentations he had given at meetings of the society's Strasbourg branch, the Réunion dermatologique de Strasbourg. In turn, foreign syphilologists graced the pages of Argentine journals on a regular basis. French dermatologists could even publish in their native language, since most Argentine doctors read French.⁴⁵

In contrast to French and Argentine publications, American and German journals concentrated on domestic production, rarely featuring articles by foreign researchers. German dermatologist Josef Jadassohn published two papers in the 1930 *Archives of Dermatology and Syphilology*, but these were conference papers that he had given in English in San Francisco and

⁴² See, for instance, Baldomero Sommer, "Saturation mercurielle," *Annales des maladies vénériennes* 4 (December 1909): 905–08; Daisy Orleman Robinson, "La méthode de Noguchi dans le séro-diagnostic de la syphilis," *Annales des maladies vénériennes* 5 (December 1910): 881–98; Armando Businco, "Sur la contagiosité du sperme syphilitique," *Annales des maladies vénériennes* 8 (February 1913): 106–12; John A. Fordyce, "Quelques problèmes sur la pathologie de la syphilis," *Annales des maladies vénériennes* 11 (January 1916): 20–35; and H. Van Runckelen, "La réaction de Kahn," *Annales des maladies vénériennes* 24 (November 1929): 997–1008.

⁴³ José L. Carrera, "Précocité élective de la réaction de Sordelli-Miravent au début de la syphilis," *Annales des maladies vénériennes* 29 (November 1934): 826–29; José L. Carrera, "Critérium sur la guérison de la syphilis," *Annales des maladies vénériennes* 30 (November 1935): 826–33. José L. Carrera, "Les résultats du traitement précoce et intensif de la syphilis, contrôlés par l'examen du liquide céphalo-rachidien, pratiqué ultérieurement," *Revue française de dermatologie et de vénéréologie* 10, no. 5 (May 1934): 296–98.

⁴⁴ Enrique P. Fidanza, "Les indications des sels de bismuth dans le traitement de la syphilis," *Bulletin de la Société française de dermatologie et de syphiligraphie* 37 (1930): 984–88; Enrique P. Fidanza, "Sur l'étiologie de l'érythromélie de Pick," *Bulletin de la Société française de dermatologie et de syphiligraphie* 36 (1929): 793–803.

⁴⁵ See, for instance, Émile Emery, "Discussion des preuves sérologiques de la stérilisation de la syphilis," *Revista Dermatológica* 6 (1916): 59–73; Constantin Levaditi, "Action thérapeutique du bismuth dans la syphilis," *La Semana Médica* 30, no. 15 (April 12, 1923): 673–78; and Raymond Sabouraud, "Coup d'œil d'ensemble sur l'évolution de la dermatologie contemporaine," *Revista Argentina de Dermatología* 16 (1932): 191–98.

Portland the previous year.⁴⁶ Notable foreign publications were still indexed or abstracted, however. Abstracts from *La Semana Médica*, *La Prensa Médica Argentina*, and the *Revista Dermatológica* appeared alongside selections from the French and German dermatological literature in *JAMA*, in the *American Journal of Syphilis*, and in the *Archives of Dermatology and Syphilology*. In contrast with French and Argentine examples, the editors of the German *Archiv für Dermatologie und Syphilis* reduced foreign contributions by adhering to a strict set of rules: only original publications in proper German would be considered, and the editorial board would not consider articles that had already been published in another language elsewhere.⁴⁷

Different journals had different audiences. A publication like the *Journal of the American Medical Association* or *La Prensa Médica* reached a large audience, whereas specialized journals like the *Revista Dermatológica* and the *Archives of Dermatology and Syphilology* would reach an audience of specialists. Original research in dermatosyphilology frequently appeared in generalist journals such as *JAMA*, which points to the relevance of that specialty to all medical professionals. Joseph Earle Moore, the editor of the *American Journal of Syphilis* from 1935 to 1954, once pondered whether his own specialized journal was the best venue for an important editorial he was writing. He told his friend Thomas Parran, the Surgeon General of the United States, that he was considering sending the piece to the editor of *JAMA*, since that editorial might “be sufficiently important as to justify wider publicity than can be given it in the *American Journal of Syphilis*.”⁴⁸

⁴⁶ Josef Jadassohn, “The Importance of Immune Biologic Processes in the Morphology of Skin Lesions,” *Archives of Dermatology and Syphilology* 21, no. 3 (March 1930): 355–71; Josef Jadassohn, “Hematogenous Infectious Diseases of the Skin,” *Archives of Dermatology and Syphilology* 21, no. 4 (April 1930): 526–38.

⁴⁷ “Condiciones que la revista ‘Archiv für Dermatologie und Syphilis’ de Jadassohn y Pick exige para la publicación de artículos en ella,” *Revista Argentina de Dermatosifilología* 14 (1930): 163–64.

⁴⁸ Joseph Earle Moore to Thomas Parran Jr., January 25, 1937, folder 23, box 3, Thomas Parran Papers, 1916-1962, UA.90.F14, Archives Service Center, University of Pittsburgh, Pittsburgh, PA.

If journals and books circulated across the Atlantic, so did people. Conferences periodically brought the international scientific community together in one location. Meetings of the International Medical Congress, the International Congress of Hygiene and Demography, and the International Congress of Dermatology would have been of interest to venereal disease specialists. Many doctors attended these gatherings less for the formal presentations than for the impromptu conversations that took place outside of scheduled events. Complaints about the large number of papers were frequent: at some conferences, participants were allowed to present more than one paper, and even the papers of members who were not present would be read.⁴⁹

While they complained about the number of panels and their format, doctors raved about the social activities that surrounded international congresses. Conference attendees and their guests expected to be entertained, and a successful conference would allow plenty of time for socializing. For instance, at the 1907 International Congress of Dermatology in New York, American dermatologists won their guests over by organizing an excursion on the Hudson River and down to Coney Island as well as a banquet and reception at the Waldorf-Astoria hotel.⁵⁰ At these events, doctors welcomed the opportunity to meet foreign colleagues whose publications they had been following.⁵¹ And for the doctors that had crossed paths before, international gatherings provided an opportunity to rekindle a professional or personal relationship.

⁴⁹ James Nevins Hyde, "The Fifth and Sixth Congresses of Dermatology," *Journal of Cutaneous Diseases* 22, no. 11 (November 1904): 525–27; William Dubreuilh, "Souvenirs dermatologiques," in *Deliberationes Congressus dermatologorum internationalis IX.i*, ed. Louis Nékam, vol. 4 (Leipzig: Johann Ambrosius Barth, 1936), 56; and "Notes on the Ninth International Congress of Dermatology," *Archives of Dermatology and Syphilology* 33, no. 1 (January 1936): 133.

⁵⁰ "The Sixth International Dermatological Congress at New York in September 1907," *British Journal of Dermatology* 20 (April 1908): 123-26.

⁵¹ VIIIe Congrès international de dermatologie et de syphiligraphie, *Comptes rendus des séances*, ed. Svend Lomholt (Copenhagen: Engelsen & Schroder, 1931), 28; Dubreuilh, "Souvenirs dermatologiques"; Ve Congrès des dermatologistes et syphiligraphes de langue française, *Discussions et communications* (Paris: Masson, 1935), 37.

Even if Argentine dermatologists rarely presented at international meetings that took place outside of Latin America, they benefited from them by virtue of their attendance.⁵² At first glance, conference organizers put Spanish speakers at a distinct disadvantage when it came to presenting papers. Organizers listed German, French, English, and sometimes Italian as official conference languages, but rarely Spanish.⁵³ If they wanted to present their research, Argentine doctors would have to do so in a language other than their maternal tongue. Fortunately, Argentina's leading dermatologists all spoke multiple languages, and polyglots could navigate the international scientific community more easily. For instance, Baldomero Sommer's knowledge of German made him a familiar figure at international conferences until his death in 1918. And as we have seen, because of the Argentine elite's penchant for all things French and because of the influence of French dermatology on the rest of the world, most Argentine dermatologists spoke French. Enrique Fianza, Pedro L. Baliña, Nicolás V. Greco, and Carlos Alberto Bancalari were among those who did. This facilitated exchange at international meetings and, as previously mentioned, also removed the need to translate French articles into Spanish for publication in Argentina.

Argentine doctors' knowledge of French also made them prime candidates to join the Association of French-Speaking Dermatologists and Syphilologists (AFSDS), founded in 1923. In the aftermath of World War I, this association gave specialists a forum in which to share ideas, since the conflict had disrupted the normal schedule of international gatherings. While the International Congress of Dermatology did not meet between 1912 and 1930, French-speaking dermatologists and syphilologists organized a series of meetings, most of them in France (Paris

⁵² Two exceptions were Baldomero Sommer (who spoke at the 1904 International Congress of Dermatology and Syphilis, in Berlin) and Nicolás V. Greco (who presented several papers at the 1923 Congress of French-Speaking Dermatologists and Syphilologists, in Strasbourg).

⁵³ One exception was the 1907 International Dermatological Congress, which took place in New York City.

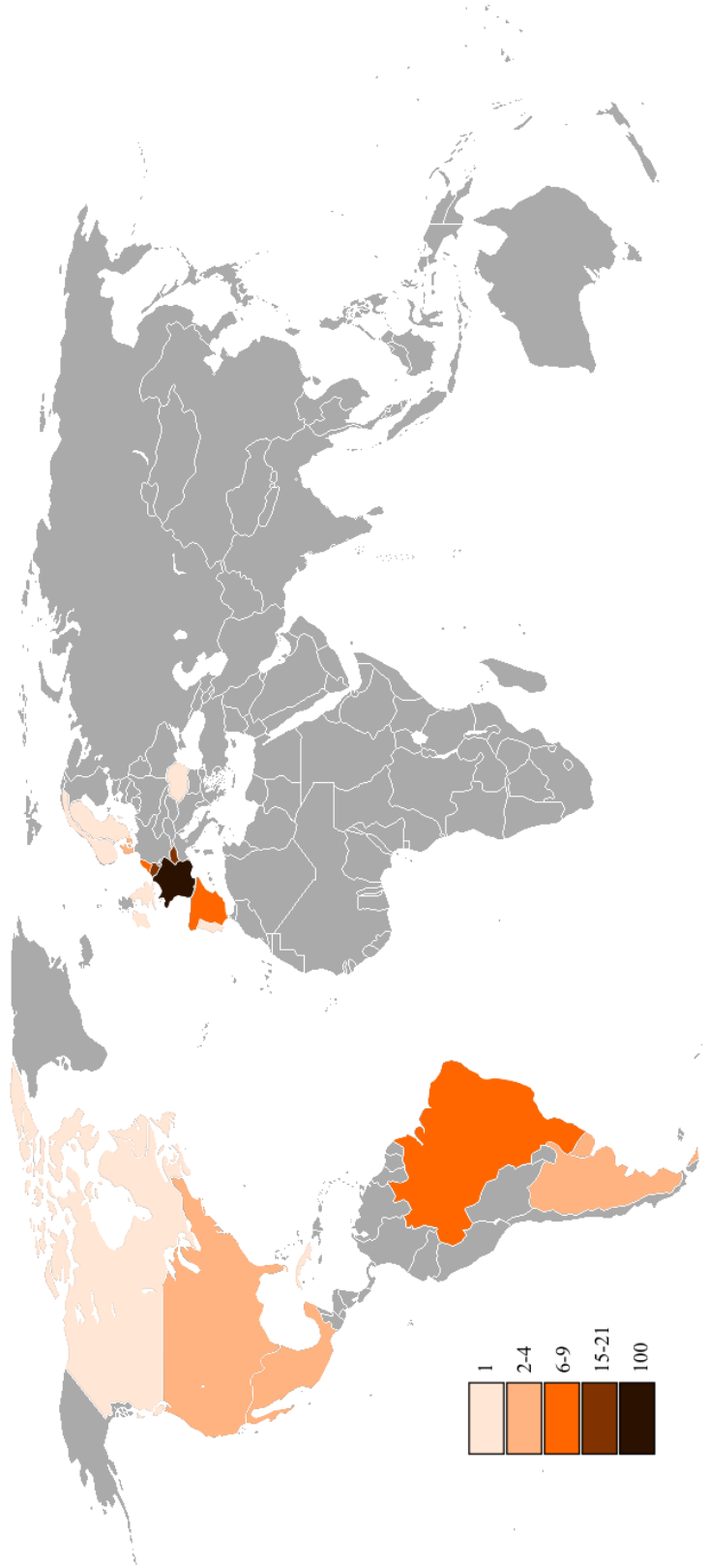


Figure 2. Place of residence of attendees at the First Congress of French-Speaking Dermatologists and Syphilologists (1922).

in 1922, Strasbourg in 1923, Brussels in 1926, Paris in 1929, and Lyon in 1934). These gatherings continued to promote international collaboration, especially within the Atlantic basin (see figure 2).⁵⁴ Nevertheless, the AFSDS did not eliminate all the tensions that persisted in the aftermath of the war.⁵⁵ No German or Austrian dermatologist was listed among the various attendees. It is unclear whether dermatologists and syphilologists from these two countries were not invited or whether they refused to attend.

Organizing a congress was another way to impress foreign colleagues and make a mark on international dermatology. Since dermatologists from the hosting country tended to dominate international congresses, organizing an event was a good way to showcase local research. As early as 1896, American dermatologists proposed to bring the International Dermatological Congress to New York. Paris and Berlin were next in line, however, and New Yorkers would have to wait ten years before hosting their first congress in 1907. The stakes were high, as it was the first international dermatological congress organized outside of Europe. Would dermatological notables attend? And how many European dermatologists would bother crossing the Atlantic? Offering reassurance, the conference announcement specified that important figures like Baldomero Sommer from Buenos Aires, William Dubreuilh from France, and the German Erich Hoffmann, who had just discovered the bacterium responsible for syphilis, would indeed be in attendance.⁵⁶

⁵⁴ The first congress brought together doctors from France (100 members), Belgium (21), Switzerland (15), Spain (9), Brazil (6), the Netherlands (6), Denmark (4), Argentina (3), the United States (3), Uruguay (2), Mexico (2), Canada (1), Norway (1), Cuba (1), Portugal (1), Sweden (1), Ireland (1), England (1), and Romania (1). *Premier congrès des dermatologistes et syphiligraphes de langue française* (Paris: Masson, 1923), 1-4.

⁵⁵ Brigitte Schroeder-Gudenus, "Nationalism and Internationalism," in *Companion to the History of Modern Science* (London: Routledge, 1990), 914–15.

⁵⁶ "The Sixth International Dermatological Congress," *New York Medical Journal* 85, no. 3 (January 19, 1907): 126–27.

With publications circulating through the Atlantic, divergences took international proportions. One controversial question among syphilologists was treatment. Since the sixteenth century, mercury had been the method of choice to treat syphilis. Exposing patients to serious complications from mercury poisoning, this treatment remained the only available option at the turn of the century. In 1909, the German scientist Paul Ehrlich discovered an arsenical compound which he believed effective against syphilis. Ehrlich's discovery, which he named Salvarsan, revolutionized the treatment of syphilis. Embraced by the press immediately, it found a tougher audience in syphilologists. Early results were promising, but extensive testing would need to be conducted before this miracle drug could be embraced all over the world. In 1921, bismuth became the third heavy metal used in the treatment of syphilis. Working at the Pasteur Institute in Paris, the Romanian-born scientist Constantin Levaditi and his French colleague Robert Sazerac discovered that bismuth salts were effective against syphilis. With bismuth and arsenical compounds at their disposal, syphilologists gradually abandoned mercury.⁵⁷

Following the discovery of arsphenamine and of bismuth's antisypilitic properties, doctors worldwide disagreed on which treatment method to adopt in cases of early syphilis: intermittent, intensive, or continuous. In the United States, the Cooperative Clinical Group (CCG) was the main advocate of continuous treatment. Assisted by the US Public Health Service and supported by a grant from the Milbank Memorial Fund, the CCG brought together the heads of the syphilis clinics of the Western Reserve University, the Johns Hopkins University, the Mayo Clinic, the University of Pennsylvania, and the University of Michigan. These men collected data for the international study of syphilis treatment launched in 1928 by the Health Section of the League of Nations (see footnote 128), but they formed the CCG to analyze this

⁵⁷ John Parascandola, *Sex, Sin, and Science: A History of Syphilis in America* (Westport, CT: Praeger, 2008), 21–22, 78.

data in ways that went beyond the League's study. The CCG recommended that a patient receive a small injection of arsphenamine or bismuth every week for at least a year. Pushing for intensive treatment was Louis Chargin and his team from the Mount Sinai Hospital in New York City. Chargin developed a five-day treatment plan through a slow intravenous drip of neoarsphenamine. Over the course of five ten-hour sessions, a patient would receive between four and five grams of neoarsphenamine, a dose that proponents of continuous treatment would spread over ten weeks.⁵⁸ Even Chargin's critics recognized the importance of his work: he was following in the footsteps of Paul Ehrlich.⁵⁹ When he discovered salvarsan in 1909, Ehrlich was searching for what he called *therapia magna sterilisans*, a drug that would cure patients in one or two injections. Salvarsan did not live up to this expectation, but doctors like Chargin continued to search for the shortest and most efficient treatment plan.

This debate over the best way to treat early syphilis was by no means confined to the United States. In a chapter on the controversy written in 1943, Joseph Earle Moore responded to the work on intensive treatment coming from Europe and Latin America. His bibliography listed several publications by Argentine, Chilean, and Colombian syphilologists who had been experimenting with intensive treatment.⁶⁰ Moore's inclusion of Latin American material in his book stands in contrast to the way he dismissed Latin American research in 1926. At the time, Moore was commenting on *Venereal Disease Information*, the monthly abstract journal of the US Public Health Service. To prepare the journal, the staff of *Venereal Disease Information*

⁵⁸ Ibid., 78–80.

⁵⁹ "Massive Arsenotherapy in Early Syphilis by the Continuous Intravenous Drip Method: Discussion of Papers by Drs. Baehr, Leifer, Chargin, Hyman, Mahoney, Webster, Thomas, and Sobotka, Mann and Feldbau," *Archives of Dermatology and Syphilology* 42, no. 2 (August 1940): 280; and Nicolás V. Greco, *Tratado de las bases dirección y práctica del tratamiento moderno de la sífilis con notas de profilaxis* (Buenos Aires: La semana médica, 1946), 697.

⁶⁰ Joseph Earle Moore, *The Modern Treatment of Syphilis*, 2nd ed. (Springfield, IL: Charles C. Thomas, 1943), 598–601.

surveyed close to 300 medical journals from across the world. In a letter to Thomas Parran, then Assistant Surgeon General, Earle Moore argued that that list could be cut down to sixty-three journals, since “any article of importance on the subject of syphilis, is more than likely to appear in [one of these sixty-three journals].” Moore’s selection of journals revealed his profound bias towards European syphilology. Out of the sixty-three journals that he deemed worthy of being abstracted, a quarter were published in France and over half were published in Germany. In the process of cutting down the list of journals given to him by Parran, Moore cast away dozens of European journals, but he also sidelined Argentine, Cuban, Brazilian, Uruguayan, and Venezuelan journals.⁶¹

Absent from Moore’s 1943 bibliography on intensive treatment was José L. Carrera, who had been critical of the conclusions of the Cooperative Clinical Group. Born in Spain and trained in Madrid, Carrera was awarded a two-year fellowship to study dermatology and syphilology at the University of Michigan in Ann Arbor, where he served as a research assistant in the Pathological Laboratory. The work he did there resulted in an original article in the January 1920 issue of the *American Journal of Syphilis*, making Carrera one of the rare foreigners to see their work featured in an American dermatological journal.⁶² After graduating from the University of Madrid, Carrera moved to Buenos Aires, where he spent the rest of his career.⁶³

An advocate of intermittent treatment through a combination of arsphenamine and bismuth, Carrera shared his critique of continuous treatment in Argentine, French, and Spanish

⁶¹ Joseph Earle Moore to Thomas Parran Jr., November 23, 1926; box 215; General Records of the Venereal Disease Division, 1918-36; Records of the Public Health Service, 1912-1968, Record Group 90; National Archives at College Park, College Park, MD.

⁶² José L. Carrera, “A Pathologic Study of the Lungs in One Hundred and Fifty-Two Autopsy Cases of Syphilis,” *American Journal of Syphilis* 4, no. 1 (January 1920): 1–33.

⁶³ José L. Carrera, *Antecedentes, títulos y trabajos presentados para optar al cargo de profesor adjunto de clínica dermatosifilográfica de la Facultad de Ciencias Médicas de Buenos Aires* (Buenos Aires, 1946).

medical journals.⁶⁴ Like his Argentine colleague Nicolás V. Greco, Carrera also presented at the 1935 International Congress of Dermatology in Budapest, never missing an opportunity to remind the international scientific community that Argentines had developed their own treatment plan. Nationalist undertones were clear in the work of Carrera.⁶⁵ In his mind, the treatment plan recommended by the AADS was an Argentine creation—although it was not that different from other intermittent plans used elsewhere in the Atlantic.⁶⁶ Argentine dermatologists administered seven and a half grams of nearsphenamine and six grams of *quinine iodobismuthate* over a two-month period (in twelve and twenty injections, respectively). The treatment then stopped for a month, after which that sequence was repeated, progressively lowering the dosage and extending the rest periods.⁶⁷

At the turn of century, many barriers to the circulation of knowledge collapsed, but some non-technological hurdles remained. In the United States, for instance, most dermatologists did not speak Spanish or Portuguese, which considerably weakened the impact of Latin American publications in the United States. Aware of the quality of their research, Argentines resented the lack of American interest in their work.⁶⁸ Meanwhile, the handful of American dermatologists who visited Latin American countries realized how much their colleagues back home were

⁶⁴ Carrera provides a bibliography of his own work in José L. Carrera, “Critérium sur la guérison de la syphilis,” in *Deliberationes Congressus dermatologorum internationalis IX.i*, vol. 2 (Leipzig: Johann Ambrosius Barth, 1936), 404–07. That conference presentation was republished in the November 1935 issue of the *Annales des maladies vénériennes*.

⁶⁵ José L. Carrera, “Estado actual del problema terapéutico de la sífilis en la Argentina,” *Revista Argentina de Dermatosifilología* 28, no. 3 (September 1944): 374.

⁶⁶ Compare to Henri Gougerot, “Vue d’ensemble sur les différentes directives des traitements antisyphilitiques: Concordances et divergences,” *Archives dermato-syphiligraphiques de la Clinique de l’Hôpital Saint-Louis* 6, no. 2 (1934): 207–11.

⁶⁷ “Plan de tratamiento de la sífilis aconsejado por la Asociación Argentina de Dermatología y Sifilografía para ser aplicado en dispensarios y servicios de venereología,” *La Semana Médica* 38, no. 18 (April 30, 1931): 1141–47.

⁶⁸ R. A. Lambert, “Notes on the Medical School of Buenos Ayres (Facultad De Ciencias Medicas) with a Reference to the Bacteriological Institute,” 1925, folder 18, box 2, series 301A, Record Group 1.1, Rockefeller Foundation Archives, Rockefeller Archive Center, Sleepy Hollow, New York.

missing.⁶⁹ A variety of Pan-American conferences attempted to foster dialogue between North and South America, as did Latin American regional conferences. Highlighting the volume of work coming out of Latin America, the region’s syphilologists convened in Rio de Janeiro in 1918, in Montevideo in 1921, and in Buenos Aires in 1926. Extending an olive branch to US dermatologists, the organizers of the 1921 congress made English an official language and invited a North American delegation.⁷⁰

From large Atlantic nodes like Paris and Buenos Aires, knowledge radiated to smaller dermatological centers like Strasbourg and Nancy in France and Rosario and Córdoba in Argentina. The French Society of Dermatology and Syphilology maintained branches in Nancy



Figure 3. Map of France.⁷¹

⁶⁹ William Thomas Corlett, “The Present Status of Dermatology in South America,” *Journal of Cutaneous Diseases Including Syphilis* 34, no. 1 (January 1916): 23–27; Howard Fox, “Dermatology in Brazil,” *Archives of Dermatology and Syphilology* 20, no. 5 (November 1929): 621–28.

⁷⁰ *Segundo Congreso Sudamericano de Dermatología y Sifilografía*, vol. 1 (Montevideo: El siglo ilustrado, 1922), 9, 15.

⁷¹ Central Intelligence Agency, “France,” *The World Factbook*, <https://www.cia.gov/library/publications/the-world-factbook/geos/fr.html> (accessed April 14, 2013).



Figure 4. Map of Argentina.⁷²

and Strasbourg. Both cities had been under German control since 1871, when the German Empire annexed Alsace-Lorraine at the end of the Franco-Prussian War. When France recovered the region after World War I, the Strasbourg medical school also switched hands. To revamp the

⁷² Central Intelligence Agency, “Argentina,” *The World Factbook*, <https://www.cia.gov/library/publications/the-world-factbook/geos/ar.html> (accessed April 14, 2013).

institution, the dean offered the chair of dermatology to Lucien-Marie Pautrier.⁷³ In 1921, Pautrier created the Réunion dermatologique de Strasbourg, the first branch of the FSDS.⁷⁴ Louis Spillmann, who was named chair of dermatology in Nancy, then founded a second branch in Nancy in 1924.

In Argentina, the Argentine Association of Dermatology and Syphilology was almost exclusively a porteño affair prior to the creation of two branches. The first non-porteño member of the association was Enrique Fianza, who joined in 1925. After graduating from the University of Buenos Aires in 1905, Fianza had moved to Rosario, where he fostered the study and treatment of skin diseases and became chair of dermatosyphilology in 1921. In 1935, Fianza and his Rosarian colleagues founded the Reunión Dermatológica de Rosario, the first branch of the AADS. Two years later, the Asociación de Dermatología y Sifilología de Córdoba petitioned to become the second branch of the AADS and changed its name to the Reunión Dermatológica de Córdoba in the process.⁷⁵ Through the Universidad Nacional de Córdoba, dermatosyphilology had long been taught in Córdoba, but because *cordobés* dermatologists rarely published their research, they remained on the margins of international science until the 1930s.⁷⁶

Secondary Atlantic nodes like Strasbourg and Rosario had national as well as transnational connections. Fianza interacted with his colleagues in Buenos Aires and other Argentine cities, but he also maintained direct connections with France. Fianza, in fact, was a

⁷³ Bernard Cribier et al., *Quelques cas historiques en dermatologie* (Paris: Springer-Verlag France, 2011), 140.

⁷⁴ Charles Steffen, "The Man Behind the Eponym: Lucien Marie Pautrier—Pautrier's Microabscess," *American Journal of Dermatopathology* 25, no. 2 (April 2003): 155.

⁷⁵ Pablo A. Viglioglia and Alberto Woscoff, "Historia de la dermatología argentina," in *Historia de la dermatología latinoamericana*, ed. Ricardo Galimberti, Adrián Martín Pierini, and Andrea Bettina Cervini (Toulouse: Privat, 2007), 33.

⁷⁶ Nicolás V. Greco, "Historia y desarrollo de la dermatología y sifilografía en la República Argentina,"

regular contributor to the Réunion dermatologique de Strasbourg, once spending several months in Strasbourg, working in the department of Professor Pautrier.⁷⁷ As we have seen, Fidanza's work in Strasbourg led to two publications in the *Bulletin de la Société française de dermatologie et de syphiligraphie*.

In the United States, the main dermatological organization—the American Dermatological Association—did not have any branches, so it does not fit the French and Argentine pattern. By virtue of its size, the United States could support a larger number of dermatological societies. In 1940, there were four national bodies, six sectional societies, eleven state societies and twenty local societies that focused on dermatology. New York City alone housed six organizations.⁷⁸ Nevertheless, the pattern was not one of diffusion from New York to the rest of the country, in the way that Buenos Aires dominated Argentina and Paris dominated France. Other dermatological centers existed in the United States, particularly in the Northeast and Midwest in cities like Boston, Philadelphia, Pittsburgh, Chicago, and St. Louis.

Given the extent to which people and knowledge circulated throughout the Atlantic, it is hard to see the development of syphilology simply as a process of unilateral diffusion from Europe and the United States to Argentina. Surely, if we judge the importance of Argentine dermatology by citations alone, the picture is rather bleak.⁷⁹ American and French syphilologists cited each other far more often than they cited Argentine work. But if we broaden our scope to

⁷⁷ Marcial I. Quiroga, "Profesor Doctor Enrique P. Fidanza," *Revista Argentina de Dermatosifilología* 24 (1940): 114–16.

⁷⁸ Paul E. Bechet, "The Early History of American Dermatology," *Archives of Dermatology and Syphilology* 45, no. 3 (March 1942): 482.

⁷⁹ This observation only applies to work in the field of syphilology, but most syphilologists were also dermatologists by training. I have not attempted to evaluate the impact of Argentine work in the field of dermatology proper, but doctors like Pedro Baliña and Enrique Fidanza were also interested in leprosy, for instance. In fact, American and Argentine dermatologists/syphilologists sometimes editorialized on the need to maintain the bound between the two disciplines. José L. Carrera, "¿Debe de ser regulado el empleo del título de médico especialista en enfermedades venéreas?" *Revista Argentina de Dermatosifilología* 19 (1935): 102-12; and Howard Fox, "Dermatology with Syphilology," *Archives of Dermatology and Syphilology* 37, no. 6 (June 1938): 1046-47.

include abstracts, reviews, and the membership lists of dermatological societies, the relationship between so-called peripheral scientific communities and traditional centers of medical innovation becomes more even.

Dermatologists throughout the Atlantic recognized foreign colleagues by inducting them as foreign corresponding members of their dermatological societies. The archives of the French Society of Dermatology and Syphilology (FSDS) shed light on how the organization selected its foreign corresponding members. By 1933, the society had 240 foreign members, split among thirty-seven countries. As table 1 shows, Argentina had more members than about half the European countries represented.

The FSDS only inducted the most talented nominees, and the minutes of the society show how foreign dermatologists were either accepted or rejected based on the quality of their work.⁸⁰ As for nominating candidates, existing foreign corresponding members would submit a list to the society, suggesting potential candidates. One letter between two French dermatologists—Raymond Sabouraud and Jean Darier—discusses the list that Pedro Baliña had sent them. Sabouraud and Darier were no stranger to this selection process, as they were themselves corresponding members of a number of foreign dermatological societies.⁸¹ In his letter to Darier, Sabouraud comments on the quality of Baliña's work, noting that if Baliña was not already a corresponding member, the society should consider adding him immediately.⁸² Baliña was on the rise in his own country. In 1925, he would follow in the footsteps of his mentor Baldomero

⁸⁰ Société Française de Dermatologie et Syphiligraphie, Comité de Direction, *Procès-verbaux (Déc 1921 – 5 juin 1945)*, Archives de la Société Française de Dermatologie et de Syphiligraphie, Bibliothèque Henri Feulard, Hôpital Saint-Louis, Paris.

⁸¹ Lee McCarthy, "Raymond Sabouraud, M.D.," *Archives of Dermatology and Syphilology* 37, no. 5 (May 1938): 843–46; Karl G. Zwick, "Jean Darier," *Archives of Dermatology and Syphilology* 38, no. 4 (October 1938): 625–30.

⁸² Raymond Sabouraud to Jean Darier, July 8, 1922, Archives de la Société Française de Dermatologie et de Syphiligraphie, Bibliothèque Henri Feulard, Hôpital Saint-Louis, Paris.

Table 1. Foreign corresponding members of the French Society of Dermatology and Syphilology (1933)⁸³

Europe				Americas		Asia	Africa	Oceania
Western Europe	Southern Europe	Northern Europe	Eastern Europe	North America	Latin America and the Caribbean			
Germany (16)	Spain (21)	United Kingdom and Ireland (25)	Poland (7)	United States (24)	Brazil (9)	Turkey (7)	Egypt (3)	Australia (1)
Belgium (14)	Italy (19)		Romania (7)		Canada (3)	Argentina (6)		
Switzerland (13)	Greece (7)	Denmark (9)	Czechoslovakia (4)		Colombia (3)	Ceylon (1)		
Austria (5)	Portugal (6)	Sweden (4)	Russia (4)		Mexico (2)	China (1)		
Netherlands (4)	Yugoslavia (1)	Norway (3)	Hungary (2)		Uruguay (2)	Japan (1)		
					Cuba (1)			
					Dominican Republic (1)			
					Paraguay (1)			
					Peru (1)			

Sommer and become chair of dermatosyphilology, maintaining an affiliation with the University of Buenos Aires and working from the Ramos Mejía Hospital.

Another letter, from William Dubreuilh to an unidentified member of the FSDS, discusses American dermatologists. Dubreuilh had received a list in which he identified American dermatologists of “unequal worth.” In his opinion, some, like John A. Fordyce and George MacKee, were “of the first order” while others like Edward L. Keyes were either unknown to him or “of the second degree.” Dubreuilh submitted a new list of doctors that he could personally vouch for. He also indicated that he could easily get in touch with Fordyce in

⁸³ *Bulletin de la Société française de dermatologie et de syphiligraphie* 40 (1933), xliii-liv.

New York, if his French colleague so desired.⁸⁴ Dubreuilh's letter therefore demonstrates his familiarity with American dermatologists and their work.

The records of the FSDS allow us to gauge the status of US and Argentine doctors on the international stage. By inducting them as foreign corresponding members, the FSDS recognized the work of key US and Argentine physicians like Prince A. Morrow, Hugh H. Young, B. Barker Beeson, Charles J. White, Pedro Baliña, Maximiliano Aberastury, Eduardo Jonquières, and Pacífico Díaz. The private nature of these archival sources (as opposed to the published obituaries of foreign doctors, for instance) suggests that the words of praise for foreign colleagues that appeared in French medical journals generally reflected what was said behind closed doors.

As the information I have presented so far suggests, Japanese syphilologists played a limited role on the international stage. By the standards I have used to analyze participation in the international dermatological community, transatlantic connections dwarfed connections between Japan on the one hand and France, Argentina, or the United States on the other. First, Japanese participation in international conferences was limited. Japan only sent three people to the 1902 congress in Brussels, two people to the 1907 congress in New York, four people to the 1930 congress, and three people to the 1935 congress.⁸⁵ Second, that limited engagement with the Atlantic system was also reflected in the membership lists of dermatological societies. For instance, in 1935, the Argentine Association of Dermatology and Syphilology had two Japanese

⁸⁴ William Dubreuilh to unidentified member of the FSDS, November 11, 1922, Archives de la Société Française de Dermatologie et de Syphiligraphie, Bibliothèque Henri Feulard, Hôpital Saint-Louis, Paris.

⁸⁵ IIe Conférence internationale pour la prophylaxie de la syphilis et des maladies vénériennes, *Compte rendu des séances*, ed. Émile Dubois-Havenith, vol. 2 (Brussels: Henri Lamertin, 1903), 22; Sixth International Dermatological Congress, *Official Transactions*, ed. John A. Fordyce, vol. 1 (New York: Knickerbocker Press, 1908), 9–13; VIIIe Congrès international de dermatologie et de syphiligraphie, *Comptes rendus des séances*, 1267; and *Deliberationes Congressus dermatologorum internationalis IX.i*, vol. 3 (Leipzig: Johann Ambrosius Barth, 1937), 32.

corresponding members, but both were specialists in leprosy, not syphilis.⁸⁶ In 1933, the French Society of Dermatology and Syphilology had only one corresponding member from Japan.⁸⁷ Third, American, Argentine, and French syphilologists hardly ever cited the work of their Japanese colleagues. For historical reasons—Germany had served as a model for Japan’s modernization during the reign of the Meiji emperor (1868-1912)—Japanese syphilologists interacted predominantly with their German and Austrian colleagues.⁸⁸

2.2 SEROLOGY AND THE DIAGNOSIS OF SYPHILIS

Serologic testing for syphilis also depended on the circulation of goods, people, and ideas. In 1906, the German bacteriologist August von Wassermann developed the first reliable blood test for syphilis. Building on the work of Belgian scientists Jules Bordet and Octave Gengou, Wassermann designed the first complement-fixation blood test for syphilis. The procedure was complex and better left to trained bacteriologists. In its most basic version, it required biological materials from no fewer than five species: serum from a guinea pig to serve as complement, alcoholic extract of beef heart to function as antigen, serum from a rabbit which had been injected with sheep red blood cells, and blood serum from a human patient.⁸⁹ Although the

⁸⁶ *Revista Argentina de Dermatosifilología* 19 (1935): 5-7.

⁸⁷ *Bulletin de la Société française de prophylaxie sanitaire et morale* 40 (1933) : 1.

⁸⁸ Karl Holubar and Stella Fatovic-Ferencic, “Austria and Japan: Early Relations in Dermatology: An ‘Imperial’ Connection in Historical Perspective,” *Journal of Dermatology* 28, no. 11 (2001): 671–81.

⁸⁹ John H. Stokes, *Modern Clinical Syphilology: Diagnosis, Treatment, Case Studies*, 2nd ed. (Philadelphia: W. B. Saunders, 1934), 108–11.

Wassermann test was non-specific and false positives could occur, its discovery marked a watershed in the history of syphilis prevention.⁹⁰

In the 1910s, German scientists developed tests that, unlike the Wassermann reaction, relied on the process of flocculation, or precipitation.⁹¹ The Meinicke (1917) and Sachs-Georgi (1918) tests both showed promise, but their adoption was slowed down by the long incubation period that both tests required (forty-eight hours). That long period often permitted bacteria to contaminate the sample, leading to inaccurate results. As a result, few American or Argentine laboratory workers adopted either the Meinicke or Sachs-Georgi tests.⁹² How to reduce this incubation period and simplify these precipitation reactions was a question that would occupy scientists in the years to come.⁹³

In the 1920s, American and Argentine scientists developed new diagnostic tests that surpassed existing reactions, and by 1930, the momentum had shifted from Europe to the Western Hemisphere.⁹⁴ In 1922, the Michigan-based bacteriologist Reuben L. Kahn developed a quicker and simpler test based on precipitation rather than complement fixation. Quickly adopted in Michigan and in several other American states, the Kahn test made a strong impression at the 1928 Laboratory Conference on the Serology of Syphilis, held in Copenhagen. Kahn's success in Copenhagen encouraged laboratories throughout the world to study his test. French scientists had

⁹⁰ The Wassermann test was non-specific because it was nontreponemal: it looked for certain antibodies, not just syphilis antibodies. Non-specific blood tests like the VDRL test are still used today for screening purposes, since they are cheaper and simpler to perform than treponemal tests.

⁹¹ Precipitation and complement-fixation tests both demonstrate the presence of reagin (an antibody that patients with syphilis develop). In a complement-fixation test, the reagin fixes to the complement; in a precipitation test, it precipitates with a colloidal suspension of lipids extracted from animal tissues.

⁹² C. C. Young, "The Kahn Test for Syphilis in the Public Health Laboratory," *American Journal of Public Health* 13, no. 2 (February 1923): 97.

⁹³ Harther L. Keim and Udo J. Wile, "The Kahn Precipitation Test in the Diagnosis of Syphilis," *Journal of the American Medical Association* 79, no. 11 (September 9, 1922): 871.

⁹⁴ Pedro L. Baliña, "Algo sobre el alto valor clínico de la suerología actual de la sífilis," *La Semana Médica* 39, no. 42 (November 17, 1932): 1410.

begun working on the Kahn test soon after its discovery, but it was one of the serologists present at the 1928 conference, Robert Demanche, who helped disseminate Kahn's method in France.⁹⁵

In 1930, another international conference, this time held in Montevideo, confirmed the reputation of Kahn's diagnostic test. Following his appearance in Montevideo, Kahn crossed the Río de la Plata to spend a few weeks in Buenos Aires visiting laboratories and lecturing.⁹⁶ Like French scientists, Argentine serologists were already familiar with the Kahn test prior to the 1928 and 1930 conferences, thanks to reviews of articles published in American medical journals, visits to the United States, and research of their own.⁹⁷ In fact, Argentine scientists helped popularize Kahn's work throughout the Spanish-speaking world, as it was an Argentine chemist, Ventura Morera, who decided to translate Kahn's *The Kahn Test: A Practical Guide* into Spanish after a visit to Ann Arbor in February 1929.⁹⁸

Kahn's test was not the only preparation from the Western Hemisphere that did well at the 1930 League of Nations Conference on the Serodiagnosis of Syphilis. Alfredo Sordelli and Juan Mario Miravent's modification of the Wassermann test also won praises in Montevideo. Trained in Argentina and Germany, Sordelli was the director of Buenos Aires's Instituto

⁹⁵ Marc Rubinstein and Gauran, "Procédés de floculation (Technique de Kahn)," *Bulletin de la Société française de dermatologie et de syphiligraphie*, 1924, contained in box 4, Reuben Leon Kahn Papers, Bentley Historical Library, University of Michigan, Ann Arbor, MI (hereafter cited as Kahn Papers); Marc Rubinstein and L. Suarez, "Procédés rapides de la floculation directe (Meinicke et Kahn)," *Bulletin de la Société française de dermatologie et de syphiligraphie* 33 (1926): 199-203; Robert Demanche, "L'antigène de la réaction de Kahn: Préparation, titrage et correction," *Revue française de dermatologie et de vénéréologie* 5, no. 2 (1929): 72-83; Demanche, "La deuxième conférence internationale de sérologie syphilitique (Copenhague 1928)," *Revue française de dermatologie et de vénéréologie* 5, no. 4 (1929): 195-202; and Demanche, *Précis de technique du séro-diagnostic de la syphilis*, 2nd ed. (Paris: Gaston Doin, 1936).

⁹⁶ Leon Jachesky, "La reacción presuntiva de Kahn en el chancro blando," *Revista Argentina de Dermatología* 20 (1936): 249-60.

⁹⁷ Reuben L. Kahn, "Fase rápida de precipitación de la prueba de Kahn para la sífilis," *La Semana Médica* 31, no. 11 (March 13, 1924): 492-93; Antonio Podestá, "La nueva reacción de precipitación rápida de Kahn para la sífilis," *La Semana Médica* 31, no. 18 (May 1, 1924): 827-28; Jorge W. Howard, "La nueva reacción de Kahn para la sífilis," *La Semana Médica* 33, no. 40 (October 7, 1926): 940-43; and Ramón A. Alcaraz, "Las reacciones de precipitación (Sachs-Georgi, Meinicke y Kahn) en el diagnóstico de la sífilis," *La Semana Médica* 34, no. 7 (February 17, 1927): 413-15.

⁹⁸ Reuben L. Kahn, *La reacción de Kahn: Guía práctica*, trans. Ventura Morera (Buenos Aires: El Ateneo, 1932).

Nacional de Bacteriología, where he became a frequent collaborator of Bernardo Houssay.⁹⁹ Sordelli's research spanned biochemistry, serology, nutrition, and bacteriology. Miravent also worked for the Instituto, where he was the head of the serological division. Together, Sordelli and Miravent influenced European scientists like the French serologist Robert Demanche, who used insights from their work to develop his own modification of the Wassermann test in 1934.¹⁰⁰

For reasons that I will address later, popularizing the Sordelli-Miravent outside of Argentina was a difficult task. That did not prevent José L. Carrera from praising the reaction in various forums, however. Part of Carrera's work in the early 1930s centered on comparing the Sordelli-Miravent modification of the Wassermann test to the Kahn test, which he found less sensitive and more prone to false positives. Carrera reported this conclusion in Argentine medical journals but also in Spanish and French publications.¹⁰¹ Moreover, even though Carrera's paper at the 1935 International Congress of Dermatology in Budapest was not primarily about serology, he still found a way to promote the Sordelli-Miravent reaction by mentioning that he relied on it to determine whether a patient was cured.¹⁰²

Reuben Kahn's life and work illustrate how scientists could belong to multiple imagined communities, ranging from local to national and international.¹⁰³ Kahn, like all scientists, operated within the international scientific community. The value he placed on international

⁹⁹ For information on Houssay, see Marcos Cueto, "Laboratory Styles in Argentine Physiology," *Isis* 85, no. 2 (June 1994): 228–46.

¹⁰⁰ Robert Demanche, "Les tendances actuelles dans la sérologie de la syphilis," *Bulletin de la Société française de dermatologie et de syphiligraphie* 51 (1941): 369.

¹⁰¹ See José L. Carrera, "Précocité élective de la réaction de Sordelli-Miravent au début de la syphilis," *Annales des maladies vénériennes* 29 (November 1934): 826-29; and Carrera's articles in the *Actas Dermo-Sifiliográficas*, the publication of the Academia Española de Dermatología y Sifiliografía.

¹⁰² Carrera, "Critérium sur la guérison de la syphilis" (1936), 405.

¹⁰³ See, for instance, Grégoire Mallard, Catherine Paradeise, and Ashveen Peerbaye, eds., *Global Science and National Sovereignty: Studies in Historical Sociology of Science* (New York: Routledge, 2009), 22.

collaboration and dialogue was evident in his letters to Argentine syphilologists before and after his 1930 trip to the Southern Cone. When he received his invitation to the Montevideo serologic conference, Kahn knew so little about Southern Cone medicine that he wrote Leo S. Rowe, the director general of the Pan American Union, asking for help.¹⁰⁴ Rowe responded with a list of people to contact. Kahn wrote these doctors, informing them of his upcoming trip and his desire to spend some time in Buenos Aires and Santiago. He expressed a genuine interest in learning more about Latin American research and had even begun to learn Spanish.¹⁰⁵ Kahn had a splendid time in Buenos Aires, where his hosts treated him to dinner at the Jockey Club, the prestigious club of the porteño elite. When he returned to Ann Arbor, Kahn wrote his Latin American colleagues to thank them for their hospitality and encourage them to stay in contact.¹⁰⁶

When writing to a fellow American physician about his 1930 trip to the Southern Cone, Kahn's language changed drastically. Gone was the emphasis on international exchange: what mattered about his trip to Latin America and his participation in the Montevideo conference was that he had achieved "a new victory" for American syphilology.¹⁰⁷ Kahn's comments suggest that a tension existed between national glory and international knowledge.¹⁰⁸ As Louis Pasteur argued in 1884, "in every great man of science you will find a great patriot."¹⁰⁹

¹⁰⁴ Reuben L. Kahn to Leo S. Rowe, July 24, 1930, Conferences and Trips: Montevideo. League of Nations Health Committee Serological Conference, 1930, box 2, Kahn Papers.

¹⁰⁵ Reuben L. Kahn to Ventura Morera, July 25, 1930, Reuben L. Kahn to Alfredo Sordelli, August 9, 1930, and Reuben L. Kahn to Manuel Carbonell, August 9, 1930, in *ibid.*

¹⁰⁶ Reuben L. Kahn to Alfredo Sordelli, November 11, 1930, Reuben L. Kahn to José L. Carrera, November 11, 1930, and Reuben L. Kahn to Pedro L. Baliña, December 16, 1930, in *ibid.*

¹⁰⁷ Reuben L. Kahn to William Allen Pusey, December 17, 1930, in *ibid.*

¹⁰⁸ See, for instance, Christophe Charle, Jürgen Schriewer, and Peter Wagner, eds., *Transnational Intellectual Networks: Forms of Academic Knowledge and the Search for Cultural Identities* (Frankfurt: Campus, 2004), 11.

¹⁰⁹ Quoted in Bernardo A. Houssay, "Algunos pensamientos de Pasteur," *Revista del Círculo Médico Argentino y Centro Estudiantes de Medicina* 22, no. 256 (December 1922): 2287.

Pedro Baliña, on the other hand, had a different interpretation of the results of the Montevideo conference. While he could have singled out the Sordelli-Miravent reaction and praised Argentine science, he chose to bring together the work of Kahn and Sordelli and Miravent. In doing so, he explicitly pitted the Americas against Europe.¹¹⁰ Moreover, Baliña's account of Kahn's stay in Buenos Aires differed from the one Kahn gave in a letter to Henry S. Bartholomew, a former member of the Michigan State Board of Health.¹¹¹ According to Baliña, Kahn traveled to Buenos Aires to study the Sordelli-Miravent with its inventors.¹¹² But according to Kahn, the purpose of his trip to Buenos Aires was to teach Argentines his reaction. These two conflicting accounts of the same event betray the competitive nature of scientists. Both accounts are true and yet, taken individually, tell only part of what happened during Kahn's visit.

Kahn had difficulties breaking into the world of European serology, sometimes leading him to downplay his participation in the international scientific community. European bacteriologists did not immediately embrace the Kahn test, and Kahn resented this initial lack of interest in his work. When he spent several months in Europe for the 1928 serological conference, Kahn hoped to rectify that injustice. Although his reaction did well at the conference, Kahn still felt that his work was not receiving proper attention and that he could not end "the slavery of [other bacteriologists] to the Wassermann test."¹¹³ How could European bacteriologists not admire him, Kahn wondered, since unlike Wassermann, who had relied on existing work to develop the Wassermann test, he believed he had developed the Kahn reaction

¹¹⁰ Baliña, "Algo sobre el alto valor clínico de la suerología actual de la sífilis," 1410.

¹¹¹ Reuben L. Kahn to Henry S. Bartholomew, November 10, 1930, Conferences and Trips: Montevideo. League of Nations Health Committee Serological Conference, 1930, box 2, Kahn Papers.

¹¹² Baliña, "Algo sobre el alto valor clínico de la suerología actual de la sífilis," 1414.

¹¹³ Reuben L. Kahn to Serology Family, June 4, 1928, Correspondence, Undated and 1915-38, box 1, Kahn Papers.

on his own?¹¹⁴ Facing rejection at the hands of his European peers, Kahn turned inward, distancing himself from the international community. Later bacteriologists, however, made clear that Kahn's research was building on existing work as well, and as we have seen, Kahn and his contemporaries were working to improve existing flocculation reactions like the Meinicke and Sachs-Georgi tests.¹¹⁵

Despite the intense circulation of knowledge throughout the Atlantic, physicians and laboratory workers remained provincial in their choice of a serological reaction to test for syphilis: Americans privileged American reactions, Germans preferred German reactions, and so forth.¹¹⁶ This tendency reflected in part the minor differences between the dozens of available reactions. As one of the leading American authorities on syphilis testing put it, "generally these [new] tests are based entirely upon some minor technical modification which does not make any significant contribution to the knowledge of serology."¹¹⁷ If most tests were equally capable of detecting syphilis, the one a doctor chose therefore reflected a conscious choice. In most cases, this choice demonstrated a marked preference for a test developed locally (by that very doctor or by a countryman). For instance, in 1933, a German physician rejected the Kahn test by arguing that there was no need to use an American procedure if a comparable German-Austrian method

¹¹⁴ Reuben L. Kahn to Thorval Madsen, July 16, 1928, Conferences and Trips: Copenhagen. League of Nations Health Committee Serological Conference, 1928, box 2, Kahn Papers.

¹¹⁵ Robert Demanche, "La réaction de Kahn," *Revue française de dermatologie et de vénéréologie* 13, no. 5 (May 1937): 243; and Josephine Hinrichsen, *Modern Serologic Tests for Syphilis and Their Interpretation by the Physician* (Washington: Government Printing Office, 1941), 8.

¹¹⁶ Imprecise terminology can make it difficult to determine which exact test was used in a particular place. The common use of the phrase "Wassermann test" to refer to the serological diagnosis of syphilis in general is particularly problematic. That phrasing does not clarify whether a particular modification of the original Wassermann reaction was being used or even if a complement-fixation test was in fact being used. In some cases, "Wassermann test" became a generic term that could encompass flocculation reactions as well. John A. Kolmer, "The Use of the Phrase 'Wassermann Reaction,'" *American Journal of Syphilis* 4, no. 1 (January 1920): 166-68.

¹¹⁷ J. F. Mahoney and Margaret R. Harrison, "Laboratory Administration as Regards Syphilis Serology," *American Journal of Public Health* 29, no. 1 (January 1939): 62.

existed.¹¹⁸ American syphilologists felt the same way about their own diagnostic tools. John F. Mahoney, the director of the Venereal Disease Research Laboratory of the US Public Health Service, argued that the various serological reactions developed by American scientists had proven their value, and he therefore saw no point in looking abroad for a better test.¹¹⁹ This pattern explains why the test developed by the Frenchman Arthur Vernes was popular only in France. Doctors in the United States were familiar with Vernes's technique, and they acknowledged its merits. But after careful consideration, they treated it only as "an additional laboratory check" to the Kolmer reaction (an American modification of the Wassermann test developed in 1922).¹²⁰

The preference for local methods, particularly evident among American and European serologists, was less so among Argentine serologists. In Europe, the Sachs-Georgi and Meinicke tests were widely used while American serologists preferred American reactions like those of Kahn, Hinton, and Kolmer.¹²¹ On the other hand, Argentines were more willing to adopt foreign methods. Argentine physicians and bacteriologists relied on a method of their own design—the Sordelli-Miravent modification of the Wassermann test—but they also embraced the Kahn test. In fact, they tended to use both reactions, since using a precipitation reaction alongside a complement-fixation procedure detected more cases.¹²² Even José Carrera, a champion of the

¹¹⁸ Quoted in Israel Weinstein, "Precipitation Tests for Syphilis," *Journal of the American Medical Association* 101, no. 7 (August 12, 1933): 542.

¹¹⁹ Mahoney and Harrison, "Laboratory Administration as Regards Syphilis Serology," 62.

¹²⁰ Adelaide B. Baylis, Adele E. Sheplar, and Ward J. MacNeal, "The Vernes Flocculation Test for Syphilis," *Archives of Dermatology and Syphilology* 12, no. 2 (August 1925): 251.

¹²¹ E. B. Ritchie, Ruth Herrick, and J. M. Van de Erve, "Practical Clinical and Laboratory Aspects of Precipitation Tests for Syphilis," *Archives of Dermatology and Syphilology* 29, no. 6 (June 1934): 837.

¹²² Salomon Schujman, "La reacción de Kline en el diagnóstico de la sífilis: Su valor comparativo con la Wassermann y Kahn," *Revista Argentina de Dermo-sifilología* 20 (1936): 97; and Alberto Battaglia, "Microrreacciones para la sífilis: Su importancia en puericultura," *La Semana Médica* 48, no. 10 (March 6, 1941): 590.

Sordelli-Miravent reaction, acknowledged he continued to use the Kahn reaction.¹²³ Other foreign procedures did not fare as well in Argentina. The Kolmer reaction, for instance, was rarely the method of choice for diagnosing syphilis in Argentina.¹²⁴ And with regard to precipitation reactions, neither the Kline (from the United States) nor Müller (from Vienna) methods were successful in dethroning the Kahn reaction in Argentina.¹²⁵

Comparative research served to justify the superiority of a particular procedure. Putting several methods to the test allowed serologists to claim that their own method remained superior to more recent advances in the field. Or if the goal was to demonstrate the superiority of a new method over existing ones, comparative testing was also the methodology employed. For instance, as we have seen, José L. Carrera promoted the Sordelli-Miravent in various publications. Whether these conclusions would be accepted, however, was never a given. Illustrating how difficult it was to dislodge existing methods, Robert Demanche noted in 1937 that even though the Kahn reaction had demonstrated its superiority at international conferences, serologists should still perform the Wassermann and Meinicke reactions.¹²⁶ Another French bacteriologist shared Demanche's mixed feelings towards the Kahn test, arguing that the American reaction should only be used alongside the Wassermann and Meinicke reactions.¹²⁷

In these conditions, the international standardization of diagnosis was difficult. After World War I, several international health organizations tackled the question of international standardization. The Paris-based Office international d'hygiene publique, for instance, needed a way to compare the results of Wassermann tests performed on seamen in different ports. These

¹²³ Carrera, "Critérium sur la guérison de la syphilis" (1936), 405.

¹²⁴ Julio Bazan and Ricardo Dubrovsky, *El problema médico-social de la lúes en las maternidades* (Buenos Aires: Kraft, 1952), 66.

¹²⁵ Baliña, "Algo sobre el alto valor clínico de la suerología actual de la sífilis," 1410.

¹²⁶ Demanche, "La réaction de Kahn," 258.

¹²⁷ A. Salomon, "La réaction de Kahn dans le séro-diagnostic de la syphilis," *Revue d'hygiène et de médecine préventive* 52 (1930): 88.

initiatives coalesced with the creation of the League of Nations Health Organization (LNHO) in 1920.¹²⁸ The LNHO tasked itself with collecting epidemiological information from all over the world, with setting up various commissions to standardize health statistics and biological products, and with promoting exchanges between public health specialists in different countries. As part of this drive, it organized conferences in 1921 and 1922 to discuss the international standardization of syphilis diagnosis. In 1923, it organized the first serologic laboratory conference on the diagnosis of syphilis, in Copenhagen. Only European bacteriologists were present at the meeting.¹²⁹ As we have seen, the next conferences took place in Copenhagen in 1928 and in Montevideo in 1930 and drew serologists from the Americas. At none of these conferences, however, were serologists able to agree on a single procedure for the diagnosis of syphilis.¹³⁰

Even though the LNHO could not achieve international standardization, it was successful in popularizing its recommendation that bacteriologists should always rely on two tests when diagnosing syphilis (one complement-fixation method and one precipitation method). In Paris, for instance, the department of Professor Gougerot adopted this recommendation. While Gougerot, as a Frenchman, was partial to the Vernes method, he also adopted the complement-fixation tests that had proven most effective at the 1930 conference in Montevideo: the Sordelli-Miravent and the Harrison-Wyler reactions. The latter had been developed in London by L. W. Harrison and E. J. Wyler in 1929 and would become the standard method employed by the

¹²⁸ Pauline M. H. Mazumdar, “‘In the Silence of the Laboratory’: The League of Nations Standardizes Syphilis Tests,” *Social History of Medicine* 16, no. 3 (2003): 444–47.

¹²⁹ Hinrichsen, *Modern Serologic Tests for Syphilis and Their Interpretation by the Physician*, 47.

¹³⁰ This interest in standardization led the LNHO to create a specific commission on syphilis more broadly. Individual diseases only became part of the LNHO’s agenda on an ad hoc basis—depending on the interests of participating physicians—and were addressed by specific commissions. In 1928, the LNHO created the Committee of Experts on Syphilis. This committee launched a five-year study of syphilis treatment in Denmark, France, Germany, Great Britain, and the United States, compiling data on more than 25,000 cases.

British Ministry of Health. As if to talk himself into using foreign methods, Gougerot pointed out that both the Sordelli-Miravent and Harrison-Wyler reactions built on the work of a Frenchman, Albert Desmoulière.¹³¹ Desmoulière had argued in the early 1910s that adding cholesterol as an antigen improved the Wassermann reaction.¹³² Gougerot therefore believed that any complement-fixation method that used a cholesterinized antigen owed something to Desmoulière.

If standardization at the international level was difficult, it was no easier at the national level. In 1917, Charles F. Craig, a doctor for the US Army's Medical Corps, predicted that serologists in the United States would not be able to agree on a particular technique and argued that great technical difficulties stood in the way of standardization.¹³³ In 1918, the United States Public Health Service (PHS) attempted to popularize its complement-fixation technique, with limited success.¹³⁴

The involvement of the PHS in the standardization of the Wassermann test did not stop there. In Guatemala and at Tuskegee, where two of the PHS's most infamous clinical studies took place, doctors also studied how to standardize the serologic tests for syphilis. In Tuskegee, Alabama, between 1932 and 1972, the PHS studied the evolution of syphilis in close to 400 African-American men, who were left untreated despite having been told by researchers that they would receive treatment. Meanwhile, in 1934, the American Society of Clinical Pathologists asked the PHS to conduct a study evaluating American serologic tests for syphilis. At first

¹³¹ Henri Gougerot, "Nos' directives de traitements antisypilitiques," *Archives dermato-syphiligraphiques de la Clinique de l'Hôpital Saint-Louis* 5, no. 4 (1933): 473.

¹³² Albert Desmoulière, "L'antigène dans la réaction de Wassermann," *Comptes rendus hebdomadaires des séances de l'Académie des sciences* 155, no. 13 (September 23, 1912): 592–94.

¹³³ Charles F. Craig, "The Practical Application of the Wassermann Test in the Diagnosis and Control of Treatment of Syphilis," *American Journal of Syphilis* 1, no. 1 (January 1917): 210.

¹³⁴ M. H. Neill, "The Complement Fixation Test for Syphilis," *Public Health Reports* 33, no. 34 (August 23, 1918): 1387–98; and Ruth Gilbert, "Standardization of the Wassermann Test: Part 1. Outline of the Plan," *American Journal of Public Health* 15, no. 3 (March 1925): 202.

glance, these two studies are not connected, but Benjamin Roy has determined that serum from patients in the Tuskegee Syphilis Study was used to conduct the evaluation of serologic tests.¹³⁵ After World War II, the USPHS conducted another syphilis study, this time in Guatemala with the support of the Pan American Sanitary Bureau (the precursor of the Pan-American Health Organization) and in collaboration with the government of Guatemala. Susan Reverby has recently uncovered information that details how, between 1946 and 1948, American doctors deliberately exposed hundreds of Guatemalan prisoners, soldiers, sex workers, and mental patients to syphilis in order to test the effects of penicillin in the early stages of the disease.¹³⁶ But American doctors in Guatemala had more than one objective: they were also interested in the standardization of syphilis diagnosis in Guatemala and throughout Central America. In 1948, after the initial study had ended, the Pan American Sanitary Bureau hired Genevieve Stout, a PHS serologist, to run the Venereal Disease Laboratory and Training Center in Guatemala City. Between 1948 and 1951, Stout organized studies in El Salvador, Costa Rica, and Panama to compare the Kahn, Eagle, and VDRL tests.¹³⁷

Other American organizations were also interested in standardizing the serologic tests for syphilis. In 1920, the Committee of Standard Methods of the Laboratory Section of the American Public Health Association began its campaign to standardize the diagnosis of syphilis. In 1933,

¹³⁵ Benjamin Roy, "The Tuskegee Syphilis Experiment: Biotechnology and the Administrative State," *Journal of the National Medical Association* 87, no. 1 (January 1995): 56–67.

¹³⁶ Susan M. Reverby, "'Normal Exposure' and Inoculation Syphilis: A PHS 'Tuskegee' Doctor in Guatemala, 1946-1948," *Journal of Policy History* 23, no. 1 (2011): 6–28; see also Presidential Commission for the Study of Bioethical Issues, *"Ethically Impossible": STD Research in Guatemala from 1946 to 1948* (Washington, DC: Presidential Commission for the Study of Bioethical Issues, 2011).

¹³⁷ Genevieve Stout and John C. Cutler, "Problemas serológicos en Centro América," *Boletín de la Oficina Sanitaria Panamericana* 30, no. 3 (March 1951): 321–29; and Jaime Velarde Thome, "Encuestas serológicas centroamericanas realizadas durante los años 1950, 1951, 1952, y 1953," *Boletín de la Oficina Sanitaria Panamericana* 39, no. 2 (August 1955): 131–45.

the association released a standardized procedure and recommended its adoption.¹³⁸ A survey of the procedures employed by all forty-eight states in December 1935 shows that no national standardization had taken place. Yet, this survey reveals a pattern across the United States: most state departments of health used a complement-fixation test alongside a precipitation one. The most popular arrangement was a combination of the Kolmer and Kahn methods, but a handful of states used no complement-fixation method whatsoever, using instead a second precipitation method to supplement the Kahn test.¹³⁹

For Kahn, this pattern did not amount to standardization. In 1932, he described how fragmented the United States, like other countries, remained:

The author of method or of modification A claims it to be superior to methods B, C and D, and a greater or smaller number of laboratory workers and clinicians report favorable results with A. The author of method or modification B claims it superior to A, C and D, and another group of workers is in agreement with him. The result is that a worker interested in the serology of syphilis will obtain divergent views depending on whether he seeks information in certain laboratories in New York, Pennsylvania or in Michigan.¹⁴⁰

According to Kahn, organizing an American serological conference would demonstrate whose reaction reigned supreme. Evident in this particular passage was Kahn's confidence that his reaction would prevail if pitted against other American procedures. But at other times Kahn appeared considerably more insecure. For instance, he had come to accept that the competitiveness of most scientists would limit the spread of his reaction abroad. Referring to what he called the "human side of bacteriologists," Kahn wrote:

¹³⁸ Ruth Gilbert, "Standardization of the Complement Fixation Test for Syphilis," *American Journal of Syphilis* 17, no. 2 (April 1933): 238–81; and "The Complement-Fixation Test for Syphilis: Standard Procedure of the American Public Health Association," *American Journal of Public Health* 24, no. 7 (July 1934): 727–31.

¹³⁹ E. L. Webb and T. F. Sellers, "Procedures Employed by the Laboratories of the Departments of Health in the Various States and Some of the Larger Cities of the United States in the Sero-Diagnosis of Syphilis as of December, 1935," *American Journal of Public Health* 26, no. 9 (September 1936): 918–20.

¹⁴⁰ Reuben L. Kahn, "Considerations of Present Status of Serology of Syphilis," *Archives of Dermatology and Syphilology* 26, no. 4 (October 1932): 607.

If a person has given time and effort to the development of a special Wassermann modification, he is not likely to easily abandon it. If he finds some other method superior to his modification, he will make every effort to improve his technique and to make his test as good as or better than the other method, but he will not discard his own test in favor of the other.¹⁴¹

This tendency infuriated other serologists and syphilologists as well. Joseph Earle Moore and Harry Eagle commented on “the peculiar urge which seems to beset the soul of many serologists to create technics which, even though differing only slightly from others, will bear their names.” For Moore and Eagle, “this form of serologic exhibitionism is made worse by the almost religious fervor with which certain serologists polemically defend the virtues of their own tests over all others.”¹⁴² The search for personal recognition therefore joined nationalist pride in slowing down the standardization of syphilis diagnosis, both at the international and national levels.

Standardizing reagents, however, proved an easier task than standardizing procedures, especially at the municipal or state level. Efforts to standardize the Wassermann reaction in New York City date back to 1915, when Haven Emerson, the deputy commissioner for the New York City Health Department, charged a group of twelve local serologists with that task. Unable to agree on anything besides the fact that the Wassermann test was indeed reliable, the group disbanded shortly thereafter.¹⁴³ Frustrated by this development, John Koopman, a bacteriologist for the New York City Health Department, wondered in 1917 if standardization at the city level would ever occur. Meanwhile, at the state level, the State Department of Health standardized the

¹⁴¹ “Introduction: Problems Connected with Blood Tests in Syphilis,” Topical Files, Syphilis, Unpublished manuscripts, box 3, Kahn Papers.

¹⁴² Joseph Earle Moore and Harry Eagle, “The Confusing Multiplicity of Serologic Tests for Syphilis: Standardization of the Serologic Report as a Possible Solution,” *Journal of the American Medical Association* 117, no. 4 (July 26, 1941): 244.

¹⁴³ Henry M. Ray, “The Wassermann Reaction: Reasons for Discrepancies in Estimation of Clinical Value: Necessity for Uniformity and Standardization: Suggestions: Report of a Series and Interpretation,” *American Journal of Syphilis* 5, no. 2 (April 1921): 320–21.

antigens and amboceptor it distributed to its approved laboratories.¹⁴⁴ In other words, New York State abandoned the goal of technical uniformity and settled for a modest level of standardization across its territory. Every year, laboratories engaged in public health work had to secure the approval of the Commissioner of Health.¹⁴⁵ The work of the State Department of Health actually had an impact on the diagnosis of syphilis in New York City, even though a unique feature of public health in New York was—and continues to be—that many of the provisions for New York State do not apply to New York City. From the 1935 survey of state laboratories I mentioned earlier, we learn that the laboratories of the New York City Department of Health relied on the New York State complement-fixation method and on the Kline precipitation test.¹⁴⁶

A similar approach characterized syphilis diagnosis in Argentina. In 1924, the Departamento Nacional de Higiene, then headed by Gregorio Aráoz Alfaro, formed a commission to standardize the Wassermann test and other serological reactions. Members of the commission performed thousands of tests to determine the best available reaction, but they never reconvened to analyze the results and release a standardized method.¹⁴⁷ Nevertheless, in the 1930s, a pattern emerged in Argentina, where most bacteriologists conducted three reactions on every patient: the Wassermann test, the standard Kahn test, and the presumptive Kahn test.¹⁴⁸

¹⁴⁴ Gilbert, “Standardization of the Wassermann Test: Part 1. Outline of the Plan,” 202.

¹⁴⁵ Augustus B. Wadsworth, “Cooperation Between a Central State Laboratory and Local Municipal and County Laboratories,” *Journal of the American Medical Association* 77, no. 7 (August 13, 1921): 512; New York State, *Annual Report of the State Department of Health of New York for the Year Ending December 31, 1920* (Albany: State Department of Health, 1922), 151.

¹⁴⁶ Webb and Sellers, “Procedures Employed by the Laboratories,” 920.

¹⁴⁷ Carlos A. Sagastume and Vicente Rivera, “La reacción de Wassermann con autoantígeno,” *La Semana Médica* 35, no. 33 (August 16, 1928): 402.

¹⁴⁸ José L. Carrera, “Las reacciones de Wassermann y Kahn: Su valor clínico en sífilis,” *La Prensa Médica Argentina* 19, no. 3 (June 30, 1932): 192–93; Baliña, “Algo sobre el alto valor clínico de la suerología actual de la sífilis,” 1410; “Estadística correspondiente al año 1933,” *Revista Argentina de Dermatología* 18 (1934): 143; Hugo Maccarini, “Algunas consideraciones sobre la reacción de Kahn presuntiva,” *La Semana Médica* 44, no. 31 (August 5, 1937): 321–29; Battaglia, “Microrreacciones para la sífilis: Su importancia en puericultura,” 590; and Juan Luis Barletta, “Tratamiento de la sífilis por el método norteamericano de los cinco días o arsenoterapia intensiva,” *El Día Médico* 13 (November 10, 1941): 1193–96.

The presumptive Kahn test was more sensitive than the standard version due to the use of a modified antigen. Moreover, as in New York State, a central laboratory distributed standardized reagents in an effort to uniformize the diagnosis of syphilis across the Argentine territory. Despite the failure of the 1924 commission, the Departamento Nacional de Higiene (DNH) supplied laboratories across Argentina with antigens prepared by its Instituto Bacteriológico. The DNH also published detailed descriptions of the techniques it employed to perform the Wassermann and Kahn tests, even if it did not impose these techniques on every Argentine laboratory. In part because it was inconvenient to prepare small batches of antigen, the DNH recommended the use of its antigen or any other available commercially from a reputable source.¹⁴⁹

2.3 CONCLUSION

When examining the circulation of medical knowledge about syphilis between France, Argentina, and the United States, the Atlantic appears multi-centered. Knowledge and people circulated in all directions and between various nodes. With the Ramos Mejía hospital and the country's largest medical school located in Buenos Aires, the Argentine capital was one of the premier dermatological centers in the Atlantic basin, rivaling cities like Paris, Berlin, and New York. Like Montevideo and Rio de Janeiro, it served as a regional magnet, where other Latin

¹⁴⁹ Alfredo Sordelli and Juan M. Miravent, *Técnicas de las reacciones de Bordet-Wassermann y de Kahn usadas en el Instituto Bacteriológico del Departamento Nacional de Higiene* (Buenos Aires: Instituto Bacteriológico del Departamento Nacional de Higiene, 1931), contained in box 4, Kahn Papers.

American doctors came to study syphilology.¹⁵⁰ Buenos Aires's reputation also extended beyond Latin America, as citations to Argentine work occasionally appeared in the pages of French and American dermatological journals.¹⁵¹ As we have seen, Argentine syphilologists circulated their work abroad and travelled to international conferences. When they engaged in international debates, they did not shy away from criticizing foreign colleagues. In other words, they demanded that their voices be heard, and to a large extent, they were successful.

Envisioning Europe as the core and Latin America as the periphery obscures the patterns of exchange between doctors and scientists in New York, Paris, and Buenos Aires. Reconfiguring this system as a network of interconnected centers has allowed me to better capture the relationships between these three dermatological centers. I do not propose we forgo the concepts of core and periphery. After all, this chapter highlighted asymmetries between North and South American experts. But from the point of view of dermatosyphilology, a physician could be in the “periphery” in a small village in France and be in the “center” in Buenos Aires. Viewing all of Europe as the core and all of Latin America as the periphery falsely homogenizes both regions.

Examining the debates over the issue of standardization of diagnostic tests reveals how scientists navigated and belonged to multiple imagined communities, ranging from national to regional and international. The transnational circulation of knowledge reinforced the tension between nationalism and internationalism. In the field of syphilis serology, individual competitiveness and nationalist feelings complicated the standardization of diagnosis at the

¹⁵⁰ Víctor Idoyaga, “La lucha antivenérea en el Paraguay,” in *Segundo Congreso Sudamericano de Dermatología y Sifilografía*, vol. 1 (Montevideo: El siglo ilustrado, 1922), 79.

¹⁵¹ See, for instance, the Argentine citations in R. Burnier, “La syphiligraphie en 1920,” *Annales des maladies vénériennes* 16 (March 1921): 129–69; John H. Stokes, “The Treatment of Late Syphilis and of Syphilis in Mother and Child,” *Archives of Dermatology and Syphilology* 4, no. 6 (December 1921): 778–95; and Constantin Levaditi, *Le bismuth dans le traitement de la syphilis* (Paris: Masson, 1924), 10.

international level. But this chapter has also shown the importance of that competitiveness for the growth of medical science more broadly. Seeking prestige on the global stage, scientists had to innovate, with positive repercussions both at home and abroad.

3.0 BEYOND PROSTITUTION CONTROL: SYPHILIS PROPHYLAXIS REVISITED

Historians have devoted considerable energy to the study of prostitution. Rescued from the margins of historiography by pathbreaking works such as Alain Corbin's *Women for Hire*, studies of prostitution exploded in the 1980s and 1990s.¹ One aspect of prostitution that has attracted much attention from historians is regulation. Starting in the mid-nineteenth century, the legal status of prostitution became a concern for politicians and physicians throughout the world. Particularly influential in this debate was the French system of prostitution regulation developed by A. J. B. Parent-Duchâtelet in the 1830s. From Shanghai to Mexico City, the "French system" became the model for those seeking to regulate prostitution—that is, register prostitutes and subject them to a periodic medical examination.² Prostitution regulation grew out of the perceived need to protect soldiers and citizens from venereal diseases, both at home and abroad.³ Worried that prostitutes would infect their clients with syphilis, municipal and national

¹ Timothy J. Gilfoyle, "Prostitutes in History: From Parables of Pornography to Metaphors of Modernity," *American Historical Review* 104, no. 1 (February 1999): 117–41.

² Diana Obregón, "Médicos, prostitución y enfermedades venéreas en Colombia (1886-1951)," *História, Ciências, Saúde—Manguinhos* 9 (2002): 161-86; William E. French, "Prostitutes and Guardian Angels: Women, Work, and the Family in Porfirian Mexico," *Hispanic American Historical Review* 72, no. 4 (November 1992): 529-53; David McCreery, "'This Life of Misery and Shame': Female Prostitution in Guatemala City, 1880-1920," *Journal of Latin American Studies* 18, no. 2 (November 1986): 333-53; Mary Gibson, *Prostitution and the State in Italy, 1860-1915*, 2nd ed. (Columbus: Ohio State University Press, 1999); Laurie Bernstein, *Sonia's Daughters: Prostitutes and Their Regulation in Imperial Russia* (Berkeley: University of California Press, 1995); and Gail Hershatter, *Dangerous Pleasures: Prostitution and Modernity in Twentieth-Century Shanghai* (Berkeley: University of California Press, 1997).

³ Philippa Levine, *Prostitution, Race, and Politics: Policing Venereal Disease in the British Empire* (New York: Routledge, 2003).

governments all over the world saw the medical examination of female prostitutes as a public health necessity. Following this logic, the porteño municipal council adopted regulation in 1875.⁴ On the other hand, New York, like most American cities, never regulated prostitution—rather, they criminalized it. Purity reformers succeeded in blocking legalization and regulation in the United States, with a few short-lived exceptions like in St. Louis from 1870 to 1874.⁵

While prostitution regulation was an important weapon in the fight against syphilis, it was by no means the only one available to health authorities. They could, for instance, target other groups than female prostitutes, encourage post-exposure prophylaxis, test or examine incoming immigrants for syphilis, etc.⁶ Rather than take for granted the primacy of prostitution control in the fight against syphilis, this chapter asks which of these measures were or were not implemented in New York and Buenos Aires.⁷ I begin by tracing the institutional history of syphilis control in New York and Buenos Aires from the end of the nineteenth century to World War II. Second, I explore the Atlantic-wide debate over post-exposure prophylaxis (PEP). Argentine physicians and public health officials embraced PEP while the majority of their counterparts in France and North America did not, at least not among civilians. These different outcomes, however, should not mask the connections between these three countries. I show how Argentines drew on the few French and American sources that did praise PEP to craft their own message on the topic. In a third section, I examine how doctors approached syphilis transmission

⁴ Donna J. Guy, *Sex and Danger in Buenos Aires: Prostitution, Family, and Nation in Argentina* (Lincoln: University of Nebraska Press, 1991).

⁵ Timothy J. Gilfoyle, *City of Eros: New York City, Prostitution, and the Commercialization of Sex, 1790-1920* (New York: Norton, 1992), 268; and John C. Burnham, “Medical Inspection of Prostitutes in America in the Nineteenth Century: The St. Louis Experiment and Its Sequel,” *Bulletin of the History of Medicine* 45, no. 3 (June 1971): 204n4.

⁶ Doctors and public health officials also recommended prenatal and premarital testing for syphilis, and these topics will be covered in the next chapter.

⁷ On the difficulty of screening for syphilis at the border, see Amy L. Fairchild, *Science at the Borders: Immigrant Medical Inspection and the Shaping of the Modern Industrial Labor Force* (Baltimore: Johns Hopkins University Press, 2003), 172–79.

through anal and oral sex and show how they used the belief in casual transmission to downplay transmission through non-vaginal intercourse. Finally, I look at how doctors and other health authorities reacted when confronted with evidence of transmission through anal and oral sex, between partners of the same or opposite sex. Throughout, then, this chapter examines the disjunctures between medical evidence and public health action in order to make evident the place of ideas, ideologies, and institutions in shaping the history of medicine and health policy.

Drawing on sources from three countries, I present an Atlantic perspective on syphilis prophylaxis. In *Sex, Sin and Suffering*, Lesley Hall and Roger Davidson remark that “although there is a rich historiographical tradition relating to VD, ... comparative studies of the social response to VD in Europe in different cultural settings remain limited.”⁸ Their book fills this gap admirably and functions as a whole, but because each contributor approaches the volume’s common theme through the prism of one country, individual chapters cannot make visible the kinds of connections that a study on a larger scale can emphasize. My findings highlight the importance of transatlantic connections to the development of syphilis prevention programs. In turn, this connective and comparative approach allows me to show that syphilis control in Buenos Aires and New York—who it targeted and with what results—was not predetermined but the product of specific debates between various historical actors.

In places as diverse as Mexico and England, female prostitutes occupied center stage in the minds of syphilologists, public health officials, and reformers, and female bodies were

⁸ Roger Davidson and Lesley A. Hall, eds., *Sex, Sin and Suffering: Venereal Disease and European Society Since 1870* (New York: Routledge, 2001), 4; see also the review essay by Pippa Holloway, “Regulation and the Nation: Comparative Perspectives on Prostitution and Public Policy,” *Journal of Women’s History* 15, no. 1 (Spring 2003): 202–11.

systematically represented as the source of venereal contagion in medical and legal discourse.⁹ The perceived need to regulate—or at least address—female prostitution derived from this understanding of syphilis epidemiology. As this chapter will show, the role attributed to female prostitutes as the principal source of danger contributed to masking other sources of contagion. For instance, as several historians have noted, physicians and public health officials paid little attention to male prostitutes, since sex with female prostitutes was presented as the main mode of transmission.¹⁰ But I argue that sex with female prostitutes is in itself a notion that we need to problematize. Leading syphilologists were—often reluctantly—acknowledging that syphilis could spread via oral and anal sex, but this knowledge did not translate into efforts by public health officials to prevent this mode of transmission. By tracing the treatment of oral and anal sex in medical and public health discourse, this chapter shows how public health officials popularized the idea that vaginal intercourse with female prostitutes constituted the principal source of contagion. As a result, to large sectors of the general public, other sexual practices like oral and anal sex—including between same-sex partners—appeared safer by comparison.

⁹ See, for instance, Mary Spongberg, *Feminizing Venereal Disease: The Body of the Prostitute in Nineteenth-Century Medical Discourse* (London: Macmillan, 1997); and Cristina Rivera-Garza, “The Criminalization of the Syphilitic Body: Prostitutes, Health Crimes, and Society in Mexico City, 1867-1930,” in *Crime and Punishment in Latin America: Law and Society Since Late Colonial Times*, ed. Ricardo D. Salvatore, Carlos Aguirre, and Gilbert M. Joseph (Durham: Duke University Press, 2001), 147–80.

¹⁰ Guy, *Sex and Danger in Buenos Aires*, 86; Katherine Elaine Bliss, “Between Risk and Confession: State and Popular Perspectives of Syphilis Infection in Revolutionary Mexico,” in *Disease in the History of Modern Latin America: From Malaria to AIDS*, ed. Diego Armus (Durham: Duke University Press, 2003), 188; and Eileen Findlay, *Imposing Decency: The Politics of Sexuality and Race in Puerto Rico, 1870-1920* (Durham: Duke University Press, 1999).

3.1 SYPHILIS AND PUBLIC HEALTH IN NEW YORK AND BUENOS AIRES

The institutionalization and professionalization of public health in New York City and Buenos Aires followed a similar trajectory.¹¹ In both cities, devastating epidemics in the 1860s and 1870s (particularly cholera and yellow fever) led to the creation of permanent institutions to address sanitary conditions. Until the 1880s, however, public health in New York and Buenos Aires had more to do with sanitary engineering than with the diagnosis and treatment of specific diseases. This changed in the last two decades of the nineteenth century, when the bacteriological revolution gradually transformed and further legitimized public health. Armed with a new understanding of contagious diseases like tuberculosis and diphtheria, public health specialists expanded the scope of their activities, for instance by organizing immunization drives and promoting public health education.

Syphilis was just one of the many diseases that preoccupied public health officials at the turn of the century. Official mortality statistics show that tuberculosis, for instance, killed far more New Yorkers and porteños than syphilis did. In 1922, the New York City Department of Health reported that 387 people had died from syphilis the previous year while the number of deaths caused by tuberculosis reached almost six thousand. To put these numbers in perspective, more New Yorkers died from diphtheria than from syphilis.¹² Throughout the 1910s, about 200

¹¹ John Duffy, *A History of Public Health in New York City, 1866-1966* (New York: Russell Sage Foundation, 1974); Duffy, *The Sanitarians: A History of American Public Health* (Urbana: University of Illinois Press, 1990); David Rosner, ed., *Hives of Sickness: Public Health and Epidemics in New York City* (New Brunswick: Rutgers University Press, 1995); Ricardo González Leandri, *Curar, persuadir, gobernar: La construcción histórica de la profesión médica en Buenos Aires, 1852-1886* (Madrid: Consejo Superior de Investigaciones Científicas, 1999); Mirta Zaida Lobato, ed., *Política, médicos y enfermedades: Lecturas de historia de la salud en la Argentina* (Buenos Aires: Biblos, 1996); and Norma Isabel Sánchez, *La higiene y los higienistas en la Argentina: 1880-1943* (Buenos Aires: Sociedad Científica Argentina, 2007).

¹² *Annual Report of the Department of Health of the City of New York for the Calendar Year 1921* (New York, 1922), 144.

people died from syphilis in the city of Buenos Aires every year.¹³ In 1912, the Departamento Nacional de Higiene reported that 542 people had died from syphilis across the Argentine territory that year, meaning that syphilis was responsible for less than .5 percent of all 120,836 deaths.¹⁴ But how many of the deaths listed under pulmonary infection, meningitis, and other ailments were really the product of syphilis? Indeed, depending on how statistics were computed, figures could diverge widely. In 1921, after reviewing national data, an Argentine syphilologist estimated that “syphilis kills over 30,000 people in the Argentine Republic every year, twice as many as tuberculosis and more than any epidemic or any war.”¹⁵ In 1932, the Argentine syphilologist Nicolás Greco calculated that syphilis was responsible for close to 18 percent of all deaths in Buenos Aires, i.e., 4,675 out of 22,177 total deaths that year.¹⁶

While tuberculosis and other diseases officially killed more people than syphilis and gonorrhea, venereal diseases loomed large in the minds of doctors and public health officials. As numerous historians have shown, debates over prostitution and venereal diseases reflected broader social and cultural concerns. In Buenos Aires, female prostitutes did not conform to notions of acceptable behavior for women. Concerns over prostitution in the Argentine capital therefore reflected a larger preoccupation with women’s role in the workforce and, by extension, the nation.¹⁷ In the United States, prostitution became a national issue at the turn of the twentieth century. This growing anxiety about urban vice emerged at a critical moment in American

¹³ Nicolás Lozano, “La mortalidad por sífilis en la Argentina,” *Revista Dermatológica* 6 (1916): 393; and Manuel V. Carbonell, “Profilaxis de las enfermedades venéreas,” *Revista de la Asociación Médica Argentina* 34 (1921): 1342.

¹⁴ Angel M. Giménez, “La lucha antivenérea en la República Argentina: Un programa de acción,” in *Segundo Congreso Sudamericano de Dermatología y Sifilografía*, vol. 1 (Montevideo: El siglo ilustrado, 1922), 156.

¹⁵ *Ibid.*, 157.

¹⁶ Nicolás V. Greco, *Profilaxis antivenérea* (Buenos Aires: La Semana Médica, 1934), 189.

¹⁷ Guy, *Sex and Danger in Buenos Aires*.

history, when the United States was becoming an urban, multi-ethnic, consumption-oriented, secular society.¹⁸

The burden of syphilis prevention and treatment in New York and Buenos Aires fell on municipal and private interests. For the majority of the time period this study covers, federal and state initiatives only played a minor part in both cities, as the vast majority of venereal disease facilities were operated by the city or by private organizations. For instance, the New York City Department of Health functioned almost independently from the Venereal Disease Bureau of the New York State Department of Health, created in 1918 to supervise operations in the rest of the state.¹⁹ In Buenos Aires, the Asistencia Pública, the organization that administered the city's medical facilities, was at the forefront of the fight against syphilis and received little assistance from the Departamento Nacional de Higiene (DNH), the national agency in charge of public health.

Despite this similar trajectory, municipal oversight of venereal treatment facilities began at different times in Buenos Aires and in New York. Under the leadership of Health Commissioner Ernst J. Lederle and General Medical Officer Hermann Biggs, the New York City Department of Health moved into action in 1912, requiring all physicians to report cases of venereal diseases. Biggs's position as general medical officer insulated him from political pressures and allowed him to shape departmental policies.²⁰ Biggs and Lederle argued that syphilis, as an infectious and preventable disease, was the responsibility of public health officials. But when the Department tried opening municipal clinics to treat syphilitic patients, it

¹⁸ Mark Thomas Connelly, *The Response to Prostitution in the Progressive Era* (Chapel Hill: University of North Carolina Press, 1980).

¹⁹ Lesley W. Funkhouser, "A Study of the Venereal Disease Problem in New York City," *Journal of Social Hygiene* 8, no. 3 (July 1922): 318.

²⁰ Duffy, *A History of Public Health in New York City*, 252.

encountered resistance from the New York Academy of Medicine and from private physicians, who saw public health officials as stealing patients away from their practices. Facing opposition, the Health Department abandoned its effort to treat patients and concentrated instead on syphilis diagnosis. Once the department had moved into diagnosis, New York physicians could drop a blood sample at one of six hundred collection stations scattered through the city and the Health Department would perform a serological test for them. In addition, the Department maintained three diagnostic clinics where patients could be referred directly.²¹

Because the city had been unable to open municipal clinics, it was private interests who dominated the field of syphilis treatment in the first decades of the twentieth century. In 1912, at the request of the New York City Health Department and with the support of the Public Health Committee of the New York Academy of Medicine, the Associated Out-Patient Clinics of New York City designed a series of requirements for venereal disease dispensaries. When studies revealed that few of the city's treatment facilities met these requirements, the Health Department amended the Sanitary Code in 1917 to establish public supervision of private treatment facilities. Medical facilities continued to resent the intrusion of public health officials in their affairs, and the Health Department found it difficult to impose minimum standards for venereal clinics and dispensaries.²²

The principal voluntary organization involved in syphilis prevention in the United States was the American Social Hygiene Association (ASHA), created in 1914 through the merger of the American Federation of Sex Hygiene and the American Vigilance Association. Over time, the ASHA would absorb older organizations such as the New York Social Hygiene Society,

²¹ Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 1987), 42–45.

²² Duffy, *A History of Public Health in New York City*, 580.

which had been founded by Prince Morrow in 1905 as the American Society of Sanitary and Moral Prophylaxis. The ASHA's activities involved pressuring politicians for legal measures to repress prostitution, stimulating the organization and improvement of public health programs to combat venereal diseases, and carrying out educational campaigns to reach the general public (see chapter 5). Membership was predominantly composed of physicians and, to a lesser extent, businessmen, clergymen, and educators. Most of the organization's budget came from generous contributions from members, including John D. Rockefeller. Membership dues and the income generated by the sale of educational materials were additional sources of revenue. As David Pivar has shown, the creation of the ASHA marked the transition from social purity to social hygiene in the United States. The social purity movement of the late nineteenth and early twentieth century focused on resisting prostitution regulation (that is, legalization) and promoting a single standard of morality for men and women. Religious activists and feminists led the purity movement, while physicians and businessmen dominated the emerging social hygiene movement. This latter coalition narrowed the scope of the movement from social transformation to disease and health.²³ Yet, as we will see, religious and moralistic influences continued to affect the ASHA, often pulling it away from a strictly medical approach to syphilis prevention.

Because from the late nineteenth century onward Buenos Aires embraced prostitution regulation while New York did not, porteño public health specialists were able to bring the campaign against syphilis under municipal control earlier and more thoroughly than their counterparts in New York. Municipal control of prostitution opened the door to municipal control of syphilis treatment and prophylaxis. As we will see, that is not to say that private

²³ David J. Pivar, *Purity and Hygiene: Women, Prostitution, and the "American Plan," 1900-1930* (Westport, CT: Greenwood Press, 2002).

organizations played no role in Buenos Aires, but the municipal government had authority over both treatment and prevention.

In the last three decades of the nineteenth century, the porteño municipal council focused on prostitution as the major source of venereal diseases. The council had been discussing prostitution control since the mid-1860s, and in 1875 it voted to license brothels and inspect female prostitutes as part of its campaign against venereal diseases. In the late 1880s, the city opened two facilities: the Dispensario de Salubridad, where doctors would examine prostitutes, and the Sifilicomio, where prostitutes could be hospitalized. In September 1902, Intendente Adolfo Bullrich created a commission to reform the city's prostitution regulation system. Composed mostly of public health officials, the commission drafted an ordinance in November 1903, and the porteño municipal adopted it immediately. As Donna Guy points out, this ordinance was significant because its treatment of prostitution reflected the concerns of public health officials and anti-white slavery groups: it raised the minimum age of registered prostitutes to twenty-two and required them to carry identity documents.²⁴ But the 1903 ordinance is also significant because it started expanding the city's anti-syphilis infrastructure beyond facilities that catered exclusively to prostitutes. Indeed, the law also created free dispensaries in the Dispensario de Salubridad and in the main office and annexes of the Asistencia Pública. From this point on, public health officials could and did lobby the city for the expansion of a public syphilis treatment program whose core elements were already in place.

It was the socialist municipal councilman Angel Giménez who spearheaded the opening of new clinics in 1919.²⁵ Under pressure from Giménez, the porteño municipal council mandated

²⁴ Guy, *Sex and Danger in Buenos Aires*, 59.

²⁵ Angel M. Giménez, *Contra la reglamentación de la prostitución: Abolición de las ordenanzas municipales y profilaxis de las enfermedades venéreas* (Buenos Aires: Optimus, 1919).

the creation of ten new municipal venereal clinics in a June 1919 ordinance. These establishments would function under the tutelage of the Asistencia Pública. Because it also mandated the closing of large brothels, this ordinance marked another turning point in the history of prostitution in Buenos Aires, as the city was progressively moving towards ending prostitution regulation. But the bill's other aspects were also significant. In addition to opening ten evening clinics, the city engaged itself to provide free treatment in municipal facilities. By 1945, there were nineteen municipal dispensaries in the city of Buenos Aires, sixteen for men and three for women. Two additional clinics run by the Departamento Nacional de Higiene (DNH) and eight clinics run by private hospitals and institutions brought the total to twenty-nine.²⁶

The principal voluntary organization involved in the prevention of venereal diseases in Buenos Aires was the Liga Argentina de Profilaxis Social (Argentine League of Social Prophylaxis, or LAPS), founded in 1921 by Alfredo Fernández Verano.²⁷ Another private organization, the Sociedad Argentina de Profilaxis Sanitaria y Moral was founded in 1907 by physician and public health official Emilio Coni, but it had survived only three months due to a lack of state support.²⁸ It was not unusual for public health officials like Coni to participate in or even create private organizations when they grew impatient with the lack of municipal action on a particular issue. Nor was it unusual for these private organizations to occasionally receive state

²⁶ Francisco Gerardo Russo, "Los dispensarios antivenéreos," *La Semana Médica* 52, no. 21 (May 24, 1945): 893.

²⁷ For more on the Liga's goals, see Carolina Biernat, "Médicos, especialistas, políticos y funcionarios en la organización centralizada de la profilaxis de las enfermedades venéreas en la Argentina (1930-1954)," *Anuario de Estudios Americanos* 64, no. 1 (June 2007): 262–63.

²⁸ Emilio R. Coni, *Frecuencia y profilaxis de las enfermedades venéreas en la América Latina* (Buenos Aires: Coni, 1908), 35–37.

funding. In and out of public office for most of his life, Coni was involved in a number of private organizations designed to raise public awareness on a specific issue, including tuberculosis.²⁹

Crippled by a limited budget in its first months as well, the Liga eventually increased its sources of revenue, no thanks to the city of Buenos Aires.³⁰ As we will see in this chapter and the next, the organization was at the forefront of a number of initiatives, including the distribution of post-exposure prophylactics and the passage of a premarital testing law. Like their counterparts in the United States, members of the Liga knew that for syphilis prevention to work, Argentines would have to discuss venereal diseases frankly and openly (see fig. 5). The organization, which had ties to the student organization *Círculo Médico Argentino y Centro Estudiantes de Medicina*, was led by physicians, public health officials, and politicians. A young Raúl Prebisch, then a student at the University of Buenos Aires, briefly served as its treasurer.

In the 1930s, state and federal governments took a more active role in syphilis control in New York and Buenos Aires. The 1930 coup against President Hipólito Yrigoyen launched what is known in Argentine history as the (long) Infamous Decade (*década infame*), a thirteen-year period marked by rampant electoral fraud and political corruption. As in other countries, the Great Depression helped transform the roles and responsibilities of government. In Argentina, the period between the 1930 and 1943 military coups witnessed growing state intervention in the economy, especially to promote industrialization.³¹ In the field of public health, centralization

²⁹ Diego Armus, *The Ailing City: Health, Tuberculosis, and Culture in Buenos Aires, 1870–1950* (Durham: Duke University Press, 2011), 129–30.

³⁰ Tercer Congreso Nacional de Medicina, *Actas y trabajos*, vol. 7 (Buenos Aires: Las Ciencias, 1927), 273.

³¹ David Rock, *Argentina, 1516-1987: From Spanish Colonization to Alfonsín* (Berkeley: University of California Press, 1987), 214–38.

and consolidation also took place, culminating in the transformation of the DNH into the Dirección Nacional de Salud Pública y Asistencia Social in 1943.³²



Figure 5. “¡Mire de frente el peligro!” (ca. 1939)³³

³² Armus, *The Ailing City*, 123; and Mario Hernández Álvarez, *La fragmentación de la salud en Colombia y Argentina: Una comparación sociopolítica, 1880-1950* (Bogotá: Universidad Nacional de Colombia, Facultad de Medicina, 2004), 156–64.

³³ Folder 405.1 Exhibits, Box 213; General Records of the Venereal Disease Division, 1918-36; Records of the Public Health Service, 1912-1968, Record Group 90; National Archives at College Park, College Park, MD.

In New York, federal funding became available to supplement local resources as part of the New Deal.³⁴ With financial support from the Works Progress Administration (WPA) and the Social Security Act, the New York City Health Department revived its campaign to control venereal diseases, notably by expanding its clinical facilities. Three people were instrumental in shaping syphilis prevention in New York in the mid-1930s: Mayor Fiorello LaGuardia, Commissioner of Health John L. Rice, and State Commissioner of Health (and future Surgeon General) Thomas Parran. In October 1935, the Department of Health created a separate Bureau of Social Hygiene to oversee the control of venereal diseases in the city, a task that had heretofore been performed by a division of the Bureau of Preventable Diseases.³⁵ In 1937, the Bureau of Social Hygiene employed 323 people, 200 of them through funds from the WPA.³⁶ In 1938, the passage of the National Venereal Disease Control Act made additional federal funds available for syphilis control in New York City.³⁷ With this new source of money, the Department of Health was able to distribute free arsenical drugs to private physicians and voluntary hospitals. Moreover, the Bureau of Social Hygiene was able to double the number of physicians on its staff thanks to both the WPA and the Venereal Disease Control Act.³⁸ To put the impact of New Deal agencies in perspective, in 1933, the New York City Health Department had access to \$119,000 for its program against venereal diseases. In 1937, the city alone earmarked \$275,000 for combating syphilis and gonorrhea, and with the addition of funds from

³⁴ John Duffy, *The Sanitarians: A History of American Public Health* (Urbana: University of Illinois Press, 1990), 206–61.

³⁵ John Duffy, *A History of Public Health in New York City, 1866-1966* (New York: Russell Sage Foundation, 1974), 352, 582–85.

³⁶ New York City Department of Health, *Health for 7,500,000 People: Annual Report of the Department of Health City of New York for 1937 and a Review of Developments from 1934 to 1938* (New York, 1938), 187–88.

³⁷ Brandt, *No Magic Bullet*, 144–47.

³⁸ New York City Department of Health, *Advances in New York City's Health: Annual Report of the Department of Health of the City of New York for 1939 with a Review of Developments from 1934-1939* (New York, 1940), 178, 190.

the WPA and the Social Security Act, the total budget of the Bureau of Social Hygiene for that year exceeded \$500,000.³⁹

3.2 POST-EXPOSURE PROPHYLAXIS

In 1906, Emile Roux and Elie Metchnikoff, two researchers from the Pasteur Institute in Paris, demonstrated calomel ointment's effectiveness as an individual prophylactic against syphilis. Composed of a mixture of calomel, lanolin, and vaseline, this ointment reduced the chances of infection for men if applied to the genitals after exposure. Roux and Metchnikoff had been experimenting on animals until Paul Maisonneuve, a twenty-four-year-old medical student at the University of Paris, offered to serve as the first human test subject. The two scientists inoculated the young man along with two monkeys. One hour later, Maisonneuve and one of the two animals received a dose of calomel ointment. Roux and Metchnikoff waited twenty hours to treat the second monkey. When Maisonneuve—and the first monkey—failed to develop syphilis, Roux and Metchnikoff concluded they had found the proper formula for calomel ointment and demonstrated its human application. As for Maisonneuve, he now had enough material to write a dissertation on syphilis prophylaxis, which he defended a mere two months later, his name forever associated with Roux and Metchnikoff's historic experiment.⁴⁰

News of this discovery spread to the Western Hemisphere in a matter of weeks. In mid-July 1906, a notice appeared in *La Semana Médica*, Argentina's leading medical journal,

³⁹ John L. Rice, "Combating Syphilis and Gonorrhea: The New York City Plan," *New York State Journal of Medicine* 37, no. 21 (November 1, 1937): 1826.

⁴⁰ Paul Maisonneuve, "Expérimentation sur la prophylaxie de la syphilis" (Doctoral dissertation, Faculté de Médecine de Paris, 1906).

describing Roux and Metchnikoff's experiment and reporting that they had presented their results at the French Academy of Medicine.⁴¹ A similar notice appeared in the pages of the *Journal of the American Medical Association* around the same time.⁴² Chemical prophylaxis through calomel ointment had caught the attention of American and Argentine doctors, and the method would periodically reappear in the pages of American and Argentine medical journals. For instance, when Metchnikoff presented his findings at the 14th International Congress of Hygiene and Demography, assembled in Berlin in 1907, the Argentine Departamento Nacional de Higiene republished his paper in their journal.⁴³

Despite these promising results, without a concerted effort from public health officials to advertise the ointment, few people would hear about it, let alone use it. The problem was not one of supply: the ointment was available in porteño and New York drugstores, since pharmacists could compound it themselves. Yet, John Stokes remarked in 1916 that hardly any of his patients knew about chemical prophylaxis.⁴⁴ The situation in Buenos Aires was hardly better. In 1927, Enrique F. Solari, who ran one of the city's antivenereal dispensaries, wrote that few porteños were using calomel ointment. Having just returned from Europe and witnessed the positive impact of chemical prophylaxis overseas, Solari considered making its use in Buenos Aires mandatory.⁴⁵

⁴¹ "Algunos hechos nuevos acerca de la sífilis experimental," *La Semana Médica* 13, no. 28 (July 12, 1906): 753–54.

⁴² "Experimental Inoculation of Man with Syphilis," *Journal of the American Medical Association* 47, no. 8 (August 25, 1906): 604.

⁴³ Elías Metchnikoff, "Sobre la profilaxis de la sífilis," *Anales del Departamento Nacional de Higiene* 15, no. 3 (March 1908): 97–104.

⁴⁴ John H. Stokes, "The In-Patient Hospital in the Control and Study of Syphilis," *Journal of Social Hygiene* 2, no. 2 (April 1916): 224.

⁴⁵ Enrique F. Solari, "Dos agregados indispensables a la actual reglamentación de la prostitución en la ciudad de Bs. Aires," *La Semana Médica* 34, no. 48 (December 1, 1927): 1531–36.

If post-exposure prophylaxis was enjoying a limited success among civilians, it thrived in the armed forces, where its use could be made compulsory.⁴⁶ In the United States, the Navy embraced chemical prophylaxis in 1908, followed by the Army one year later. Military surgeons found that the ointment prevented syphilis in close to 100 percent of cases, provided recruits followed the instructions.

World War I brought renewed interest in calomel ointment. Members of the American Expeditionary Force stationed in France and England had access to calomel ointment as part of the American military's effort to curb the spread of venereal diseases among its soldiers. To ensure widespread compliance, sanctions awaited the soldiers who failed to use chemical prophylaxis—or at least those who contracted syphilis. According to military doctors, this system helped contain the spread of venereal diseases within the AEF.⁴⁷ In the aftermath of the war, the Atlantic medical community was ablaze over the results of the American wartime experiment. One question was on everyone's mind: given the success of calomel ointment in the American military, could chemical prophylaxis show similar results among civilians?⁴⁸

To consider making chemical prophylaxis a part of their campaign against venereal diseases, public health officials would have to overcome some of the product's limitations. As Roux and Metchnikoff had shown, the ointment was only effective if applied shortly after exposure. To try to remedy this problem, doctors imagined two solutions. First, they recommended the purchase of individual prophylactic kits, which men could use at their

⁴⁶ See, for instance, Antje Kampf, "Controlling Male Sexuality: Combating Venereal Disease in the New Zealand Military During Two World Wars," *Journal of the History of Sexuality* 17, no. 2 (May 2008): 235–58.

⁴⁷ George Walker, *Venereal Disease in the American Expeditionary Forces* (Baltimore: Medical Standard Book Co., 1922).

⁴⁸ On the enthusiasm of some French doctors, see Jean-Yves Le Naour, "Le sexe et la guerre: Divergences franco-américaines pendant la Grande Guerre (1917-1918)," *Guerres mondiales et conflits contemporains* no. 197 (2000): 111–13; for Spain's experience with chemical prophylaxis, see Ramón Castejón Bolea, "Las estrategias preventivas individuales en la lucha antivenérea: Sexualidad y enfermedades venéreas en la España del primer tercio del siglo XX," *Hispania* 64, no. 218 (2004): 923–46.

convenience. These packets would usually contain a dose of Metchnikoff's calomel ointment along with a silver-based compound against gonorrhea and some device permitting urethral injection. Second, based on the American system put in place in France during WWI, doctors proposed that prophylactic stations be established at various critical points through cities, for instance near red light districts. In theory, men would have time to reach a station within the recommended timeframe and apply the post-exposure prophylactic.

While some American public health officials wished to expand calomel ointment beyond the military, a vocal group of moral reformers, determined to impose middle-class respectability on the rest of the population, stood in the way. Groups like the American Social Hygiene Association opposed chemical prophylaxis on several grounds. One, they believed that calomel ointment would encourage promiscuity. Two, they argued that chemical prophylaxis perpetuated the double standard that allowed men to have casual sex, since calomel ointment was not designed to protect women. And three, they pointed out that calomel ointment would prevent syphilis from functioning as a punishment for those who violated moral standards.⁴⁹ As with prostitution regulation, a few American cities and states experimented with chemical prophylaxis, but in the end, moral reformers triumphed and brought these trials to an end.⁵⁰

Some American doctors, like George Walker and Edward Bright Vedder, resented the intrusion of moralists in the field of public health. Walker served in France during World War I and helped shape the military's policy towards venereal diseases. Upon returning to the United States, he wrote a book recording the efforts of the AEF to control venereal diseases. Walker's experience led him to take part in the postwar debate over the use of chemical prophylaxis among civilians. In a direct response to social hygienists, Walker countered that there was no

⁴⁹ Pivar, *Purity and Hygiene*, 204.

⁵⁰ Brandt, *No Magic Bullet*, 124.

evidence that chemical prophylaxis would encourage promiscuity. In fact, he added, by fostering public discussion of syphilis and the dangers of casual sex, chemical prophylaxis would encourage people to practice safer sex.⁵¹ Edward Vedder, also a military physician, put forth a similar argument. Like Walker, he refused to believe that chemical prophylaxis would encourage promiscuity. Those who wanted to have sex were already having it, and being able to use calomel ointment would not make them more likely to do so. Even if some men would not follow the instructions when applying the ointment and some pharmacists would not compound it correctly, overall, chemical prophylaxis could only have a positive impact, Vedder argued.⁵²

Not all doctors with military experience approved of chemical prophylaxis among civilians, however. Distancing himself from “religious bodies, reformers, and uplifters,” Joseph Earle Moore saw no need to criticize prophylactic stations on moral grounds. Instead, he argued that people would not bother travelling to a station, that they would not risk being seen there, that no one would force them to use calomel ointment, and that they would not risk embarrassment. “Imagine the meeting of two persons at a prophylactic station after an affectionate parting an hour before,” Moore quipped.⁵³ It seems that Moore painted an accurate picture of the situation. In 1933, Edward L. Keyes shared attendance statistics for some of the few American cities experimenting with prophylactic stations. At three prophylactic stations installed in an unidentified city, attendance averaged less than ten a week. In another unspecified city, Keyes reported that in three years, total attendance had barely reached 149.⁵⁴ Moreover, to solve the distance problem would have required a considerable financial investment on the part of cities

⁵¹ George Walker, “The Prophylaxis of Venereal Disease,” *Journal of the American Medical Association* 78, no. 20 (May 20, 1922): 1510–15; and Brandt, *No Magic Bullet*, 112–13.

⁵² Edward B. Vedder, *Syphilis and Public Health* (Philadelphia and New York: Lea & Febiger, 1918), 196.

⁵³ Joseph Earle Moore, *The Modern Treatment of Syphilis*, 2nd ed. (Springfield, IL: Charles C. Thomas, 1943), 561.

⁵⁴ Edward L. Keyes, “The Present Status of Venereal Disease Prophylaxis: Social and Medical,” *Journal of Social Hygiene* 19, no. 1 (January 1933): 10–11.

and states. Like Moore, John Mahoney, who worked for the United States Public Health Service, recognized the scientific results behind chemical prophylaxis but argued that installing enough prophylactic stations for the system to work would be too expensive.⁵⁵ American doctors also questioned whether the successful use of chemical prophylaxis in a controlled environment like the armed forces could be replicated among civilians. The compulsory nature of the system and the sanctions imposed on the soldiers who failed to use calomel ointment were what made the system work in the military.⁵⁶

Within a few years of the armistice, the majority of American doctors, public health officials, and reformers had come down against chemical prophylaxis. In December 1920, the All-America Conference on Venereal Diseases, meeting in Washington, DC, recommended against encouraging the use of calomel ointment by civilians. Organized by the Red Cross, the conference brought together doctors from the United States and Latin America, with a few additional guests from Europe. Only a handful of Latin American doctors were in attendance, even though the conference organizers had planned to have a few representatives from every country in the Western Hemisphere.⁵⁷ Reporting on the conference for the *Journal of Social Hygiene*, Kenneth Gould's condescending attitude towards the Latin American delegates suggests that North American physicians had dominated the discussion. Judging that Latin American delegates had come to Washington armed with "limited experience" in social hygiene, Gould believed that they returned home with "a wealth of practical information."⁵⁸

⁵⁵ John F. Mahoney, "Prophylaxis as a Factor in Venereal Disease Control," *Journal of Social Hygiene* 23, no. 2 (February 1937): 84.

⁵⁶ "Minutes of the Committee on Public Health Relations," November 4, 1935, Minutes of the Public Health Committee, New York Academy of Medicine, New York.

⁵⁷ Memorandum from Paul Popenoe, Acting Executive Secy, to Administrative Committee, All-America Conference on Venereal Disease, August 21, 1920, box 60, William H. Welch Papers, The Alan Mason Chesney Medical Archives of The Johns Hopkins Medical Institutions, Baltimore, MD.

⁵⁸ Kenneth M. Gould, "Progress, 1920-21," *Journal of Social Hygiene* 7, no. 3 (July 1921): 316.

The debate over calomel ointment was fierce, but in the end, the majority of conference delegates voted to oppose the civilian use of chemical prophylaxis, making extra-marital continence the core of the program against syphilis. The conference adopted the following compromise:

Resolved, that the use of medical prophylaxis has a place of demonstrated value in the Army and Navy, and that it should be furnished after exposure, by physicians, clinics, and hospitals, to persons seeking it, but that on moral and practical grounds it should not be advertised or publicly furnished for civilian communities. The public advertisement and sale of commercial prophylactic packets is condemned.⁵⁹

Moral and practical considerations against chemical prophylaxis therefore prevailed in Washington. For some delegates, chemical prophylaxis would encourage promiscuity by giving men a false sense of security. Moreover, physicians expressed their desire to maintain medical supervision of post-exposure prophylaxis, since patients were prone to applying the ointment incorrectly.

A few months later, Latin American physicians answered with their own conference, where they took a different approach to calomel ointment, reminding us that local factors played a critical role in shaping public health policies.⁶⁰ In October 1921, physicians from the major South American countries converged on Montevideo for the second South American Congress of Dermatology and Syphilology. Rejecting the conclusions of the All-America Conference, the delegates assembled in Montevideo chose to go their own way, recommending calomel ointment as a useful tool in the fight against syphilis. In contrast to the Washington conference, the Montevideo conference proceedings show no engagement with the moral imperatives that plagued North American reformers and public health officials. South American delegates

⁵⁹ All-America Conference on Venereal Diseases, *Preliminary Report on the Proceedings: Resolutions of the General Conference Committee* (New York, 1921), 6.

⁶⁰ There was hardly any overlap between the two conferences in terms of attendees.

proposed expanding the distribution of calomel ointment from the Army and Navy to the general population.⁶¹ That decision by the plenary session was unanimous.⁶²

Argentine doctors were much more open to chemical prophylaxis than Americans and did not face organized opposition from religious groups.⁶³ Chemical prophylaxis was therefore an accepted part of the campaign against venereal diseases in Argentina. In 1931, the Argentine Association of Dermatology and Syphilology included calomel ointment in its recommended treatment plan.⁶⁴ In 1933, the Liga Argentina de Profilaxis Social opened a prophylactic station on Calle Cangallo in front of the Pasaje “La Rural” (see fig. 6).⁶⁵ Open every day from 9pm to 4am, the station featured all the necessary equipment for post-exposure prophylaxis.⁶⁶ Ten years after its creation, the station had seen more than eight thousand people.⁶⁷ Finally, the 1936 Law of Anti-Venereal Prophylaxis, whose main provisions put an end to prostitution regulation and established a mandatory premarital examination for men, also included a section on chemical prophylaxis.⁶⁸ Article 6 called for prophylactic stations to be installed in key locations to be

⁶¹ *Segundo Congreso Sudamericano de Dermatología y Sifilografía*, vol. 1 (Montevideo: El siglo ilustrado, 1922), 69.

⁶² “Segundo Congreso Sudamericano de Dermatología y Sifilografía,” *Boletín de la Liga Argentina de Profilaxis Social* 1, no. 3 (November 30, 1921): 85.

⁶³ In countries like Germany, the United States, and France, however, the Catholic Church was a vocal opponent of chemical prophylaxis. John Parascandola, *Sex, Sin, and Science: A History of Syphilis in America* (Westport, CT: Praeger, 2008), 72; and Mark Harrison, *Disease and the Modern World: 1500 to the Present Day* (Cambridge, UK: Polity Press, 2004), 163.

⁶⁴ “Plan de tratamiento de la sífilis aconsejado por la Asociación Argentina de Dermatología y Sifilografía para ser aplicado en dispensarios y servicios de venereología,” *La Semana Médica* 38, no. 18 (April 30, 1931): 1147.

⁶⁵ That would be today’s Calle Teniente General Juan Domingo Perón and today’s Pasaje Rodolfo Rivarola, in the zone that porteños call the Microcentro. I found this poster in Folder 405.1 Exhibits, Box 213; General Records of the Venereal Disease Division, 1918-36; Records of the Public Health Service, 1912-1968, Record Group 90; National Archives at College Park, College Park, MD.

⁶⁶ Alfredo Fernández Verano, Armando Ascheri, and David Fairstein, *El examen médico prenupcial* (Buenos Aires: Liga Argentina de Profilaxis Social, 1934), 22.

⁶⁷ Nicolás V. Greco, “Disminución de los contagios venéreos: Causas,” *La Semana Médica* 49, no. 44 (October 29, 1942): 1014.

⁶⁸ Natalia Milanese, “Redefining Men’s Sexuality, Resignifying Male Bodies: The Argentine Law of Anti-Venereal Prophylaxis, 1936,” *Gender & History* 17, no. 2 (August 2005): 473.



Las Enfermedades Venéreas son Evitables

Si Vd. se expone al contagio, acuda, ANTES DE LAS 3 HORAS, a la

ESTACION PROFILACTICA N° 1

CANGALLO 1329

(Frente al Pasaje "La Rural")

**Abierta todos los días,
de 21 a 4 horas**

Entrada Gratuita



Entrada a la Estación Profiláctica



Interior de una de las cabinas
individuales de desinfección

Realizada la desinfección en las 3 PRIMERAS HORAS, el número de contaminaciones NO ALCANZA AL 1/0
(Estadística del Ejército Norteamericano, sobre 30.000 casos)

LIGA ARGENTINA DE PROFILACTICAS SOCIALES
Secretaría: ARENALES 1651
Buenos Aires

Figure 6. "Estación profiláctica no. 1."

determined later by the newly created National Institute for the Prophylaxis of Venereal Diseases. Nine years after the passage of the law, however, the Argentine syphilologist José Carrera reported that few cabinets had been installed, possibly because, in 1942, the National Institute had still not been created.⁶⁹

Unlike American public health officials, Argentine doctors succeeded in expanding chemical prophylaxis through legislation, even if implementing the law proved difficult. As we have seen, the 1936 AVP law included a provision for prophylactic cabinets. To justify this measure, Deputy Tiburcio Padilla, one of the main sponsors of the bill and the former president of the Departamento Nacional de Higiene, invoked eugenics (see chapter 4). In his speech on the floor of the Argentine House of Representatives, Padilla argued that this was no time for half measures: lest Congress pass a comprehensive antivenereal law, the future sons of the nation might succumb to syphilis.⁷⁰ Padilla's argument resonated with other deputies because Argentina's population growth was declining at an alarming rate.⁷¹ In this tense climate, it made sense for the bill to help facilitate access to chemical prophylactics. As a result, no one in Congress objected to this portion of the bill. In the Senate, the article dealing with individual prophylaxis was approved with no debate.⁷² Argentines worried more about protecting the national population than sexual virtue. Despite this contrast with the United States, however,

⁶⁹ José L. Carrera, "Medidas urgentes a adoptar para detener el aumento de sífilis en la Capital Federal," *La Prensa Médica Argentina* 32, no. 19 (May 11, 1945): 846; and Greco, "Disminución de los contagios venéreos: Causas," 1015.

⁷⁰ Congreso Nacional, *Diario de Sesiones de la Cámara de Diputados*, vol. 4 (Buenos Aires: Imprenta del Congreso Nacional, 1936), 927.

⁷¹ Andrés H. Reggiani, "Depopulation, Fascism, and Eugenics in 1930s Argentina," *Hispanic American Historical Review* 90, no. 2 (May 2010): 288–95.

⁷² Congreso Nacional, *Diario de Sesiones de la Cámara de Senadores*, vol. 2 (Buenos Aires: Imprenta del Congreso Nacional, 1936), 275; unlike in Argentina, supporters of chemical prophylaxis in the United States did not attempt to bolster their cause by linking their argument to eugenics.

notice in figure 6 how the Liga Argentina de Profilaxis Social uses statistics from the US Army to bring legitimacy to its station.

Those different approaches to post-exposure prophylaxis in the United States and Argentina also had consequences for public education campaigns. In the United States, one of the casualties of the postwar attack on chemical prophylaxis was the educational film *Fit to Fight* (later renamed *Fit to Win*). Produced by the War Department's Commission on Training Camp Activities with the collaboration of the ASHA and the United States Public Health Service, the movie was seen by over 50,000 men during the war. It follows five draftees from diverse backgrounds. On leave from training, they are approached by prostitutes who offer to take them back to a brothel. One of the young men refuses, but the other four expose themselves to contagion in various ways, from kissing to intercourse. Only one of these four men is shown using chemical prophylaxis properly, and he is the only member of the group who does not contract syphilis.⁷³ Besides warning of the dangers of prostitution, *Fit to Fight/Win* therefore emphasized chemical prophylaxis and the need to report to a prophylactic station at once following exposure. As Allan Brandt has demonstrated, it is that aspect of the movie that was no longer palatable after the end of the war, when attitudes towards chemical prophylaxis shifted. The New York State Board of Censors even declared the film obscene in 1919.⁷⁴

The film, however, enjoyed a second life in Argentina, where the Liga Argentina de Profilaxis Social was showing French and American antivenereal movies. The organization relied almost exclusively on American—and to a lesser extent French—educational movies until the 1930s, when the Argentine film industry began producing its own movies against venereal

⁷³ Karl S. Lashley and John B. Watson, "A Psychological Study of Motion Pictures in Relation to Venereal Disease Campaigns," *Journal of Social Hygiene* 7, no. 2 (April 1921): 187.

⁷⁴ Brandt, *No Magic Bullet*, 124.

diseases.⁷⁵ Throughout the 1920s, however, the Liga was buying foreign films, including *Fit to Win*, and showing them across Argentina in places like theaters, factories, and working-class centers, even organizing special sessions for female workers.⁷⁶ Because the Liga was promoting chemical prophylaxis, a film like *Fit to Win* served its needs, even though most American public health officials would no longer show it to civilians.⁷⁷

If most of the Liga's educational films came from the United States, the majority of the flyers and pamphlets it was translating and distributing came from Europe. From its creation in 1921, the Liga had established a partnership with the major foreign social hygiene organizations like the ASHA and the Société française de prophylaxie sanitaire et morale (French Society for Moral and Sanitary Prophylaxis, or FSMSP).⁷⁸ On a regular basis, the Liga would send material to these organizations, and, at least in France, this material would generate discussion among local syphilologists.⁷⁹ In turn, the Liga relied on the documents that these foreign organizations were producing. By 1934, the Liga had printed a total of 500,000 pamphlets and one million flyers. It had at its disposal twenty-three different pamphlets and fifteen different flyers. Of these, twelve and six, respectively, were translations of French works, including some promoting calomel ointment.⁸⁰

To further promote chemical prophylaxis among prostitutes and their clients, the Liga also translated the notice that the French dermatologist Henri Gougerot had created during World

⁷⁵ Pedro L. Baliña, "Sobre la manera de llevar a la práctica la ley nacional de profilaxis venérea," *La Semana Médica* 45, no. 48 (December 1, 1938): 1231.

⁷⁶ Alfredo Fernández Verano, *Para una patria grande un pueblo sano* (Buenos Aires: Talleres Gráficos de la Cía. Gral. Financiera, 1938), 175; and Fernández Verano, *Por la salud y el vigor de la raza: Plan de defensa social contra las enfermedades venéreas*, 2nd ed. (Buenos Aires: Liga Argentina de Profilaxis Social, 1924), 28.

⁷⁷ Suzanne Poirier, *Chicago's War on Syphilis, 1937-40: The Times, the Trib, and the Clap Doctor* (Urbana: University of Illinois Press, 1995), 19.

⁷⁸ "Labor del mes," *Boletín de la Liga Argentina de Profilaxis Social* 1, no. 6 (February 28, 1922): 153–55.

⁷⁹ "A propos d'un article de M. le Dr Em. Coni sur la défense sociale contre le péril vénérien et le secret médical," *Bulletin de la Société française de prophylaxie sanitaire et morale* (May 7, 1925): 51–55.

⁸⁰ Fernández Verano, Ascherí, and Fairstein, *El examen médico prenupcial*, 21, 24–27.

War I.⁸¹ Written in both French and English to be useful to American soldiers stationed in France, the first part of the poster noted that every prostitute was required to provide her clients with soap, warm water, and a basin, along with calomel ointment and condoms. The second part of the poster advised men to use a condom and recommended both a pre- and post-exposure calomel application.⁸² Because Argentines still authorized licensed brothels and were not opposed to chemical prophylaxis, this notice served their needs. Under this system, the responsibility for prophylaxis fell on the shoulders of prostitutes, since they were expected to furnish prophylactics to their clients.⁸³

Even though French syphilologists were fond of reminding their foreign colleagues that calomel ointment was a French discovery, chemical prophylaxis remained a controversial issue in France, creating tensions within the FSMSP.⁸⁴ Two of its members, Henri Gougerot and Alexandre Gauducheau, were vocal proponents of chemical prophylaxis, Gauducheau being “one of the most fervent apostles of individual prophylaxis” in France.⁸⁵ Opposed to calomel were Doctors Louis Queyrat and Sicard de Plauzoles, joined by the feminist leader Ghénia Avril de Sainte-Croix. As members of the French Ministry of Hygiene’s Commission for the Prophylaxis of Venereal Diseases, Queyrat and Sicard had a platform from which to criticize calomel ointment.⁸⁶ They also had the support of the religious organizations who opposed chemical

⁸¹ Fernández Verano, *Para una patria grande un pueblo sano*, 154–55.

⁸² Henri Gougerot, “Prophylaxie antivénérienne ‘avant’ et ‘après’: Campagne de propagande,” *Annales des maladies vénériennes* 13 (September 1918): 525–26.

⁸³ Even before the discovery of calomel ointment, a similar system had been in place in Mexican brothels. Bliss, “Between Risk and Confession,” 188–89.

⁸⁴ For such a reminder, see, for instance, Edouard Jeanselme, “Les grandes étapes de la syphiligraphie française,” *La Semaine Médica* 27, no. 1 (January 1, 1920): 24–25.

⁸⁵ Constantin Levaditi, *Prophylaxie de la syphilis: Prophylaxie locale, préservation per os, métallo-prévention* (Paris: Maloine, 1936), 91.

⁸⁶ Judith Surkis, *Sexing the Citizen: Morality and Masculinity in France, 1870-1920* (Ithaca: Cornell University Press, 2006), 239.

prophylaxis.⁸⁷ The Commission rendered its verdict on June 15, 1927. It asked the Ministry of Hygiene and the voluntary associations involved in the campaign against venereal diseases not to recommend chemical prophylaxis. Calomel ointment posed several problems that the Commission could not overlook. For instance, Queyrat insisted that because the ointment was designed for use by men on their genitals, it excluded women and offered no protection to areas like the mouth.⁸⁸

While Gauducheau was perceived as somewhat of a fanatic in his own country, he found a more receptive audience in Argentina. In a paper for the second South American Congress of Dermatology and Syphilology in 1921, the Argentine public health official Emilio Coni showed his familiarity with Gauducheau's modification of the original calomel formula. By adding thymol to the basic formula, Gauducheau had made the ointment effective against gonorrhea as well. Quoting from Gauducheau's work, Coni believed that chemical prophylaxis was a viable option in Argentina.⁸⁹ Ten years later, Gauducheau's mark was still present in Argentina. When the AADS published its treatment plan in 1931, it included Gauducheau's formula.⁹⁰ In contrast, few American syphilologists had even heard of the Frenchman's modified ointment until the late 1920s.⁹¹

To fit its own needs, the Liga Argentina de Profilaxis Social selected elements from the French literature, repackaging them to create its own campaign against venereal diseases. From

⁸⁷ Alexandre Gauducheau, "Péripéties de la lutte antivénéérienne," *Revue d'hygiène et de médecine préventive* 55 (1933): 47.

⁸⁸ This was a flaw that Argentines were willing to overlook. Louis Queyrat, "Rapport à la Commission de Prophylaxie sur les méthodes de prophylaxie individuelle," *Bulletin de la Société française de prophylaxie sanitaire et morale* 27, no. 4 (July 1927): 90–91.

⁸⁹ Emilio R. Coni, *Estado actual de la lucha antivénérea en América* (Buenos Aires: A. de Martino, 1921), 19.

⁹⁰ "Plan de tratamiento de la sífilis," 1147.

⁹¹ "Formula and Value of Ointment Recommended by Gauducheau for Prophylaxis of Venereal Diseases," *Journal of the American Medical Association* 82, no. 10 (March 8, 1924): 812–13.

Gougerot and Gauducheau, the Liga translated pamphlets on chemical prophylaxis. From Avril de Sainte-Croix, it adopted a pamphlet on sex education.⁹² Avril de Sainte Croix was a vocal opponent of white slavery and state-regulated prostitution. Through her organization, the Oeuvre Libératrice, she worked to rescue and rehabilitate young prostitutes. In her writings, she promoted a single sexual standard for men and women and argued that sex education would help alleviate the effects of depopulation and degeneration. Because Avril de Sainte-Croix opposed chemical prophylaxis, the inclusion of her work among the list of Argentine pamphlets and flyers is remarkable. Through its publications, the LAPS made various strands of the French social hygiene movement coexist. According to one LAPS publication, the organization's strategy was clear: "put into practice all the resources, without exception, that science and experience recommend."⁹³ LAPS leaders therefore saw no problem in combining sex education and chemical prophylaxis.

As I will continue to stress in the next section, syphilologists' and public health officials' primary concern remained female prostitution. Yet, the importance given to prostitution should not obscure the broad array of measures that formed part of syphilis prevention in cities like New York and Buenos Aires. Examining syphilis prevention from the perspective of the history of medicine and public health makes evident the multi-faceted nature of prevention programs. This section has also explored the relationship between the local and the global. I have shown how local factors explained the different outcomes in France, Argentina, and the United States while also stressing the connections between these three corners of the Atlantic basin.

⁹² Louis Queyrat, *Las enfermedades venéreas y el matrimonio*, trans. Alfredo Fernández Verano, 3rd ed. (Buenos Aires: Liga Argentina de Profilaxis Social, 1935), 21–23.

⁹³ Liga Argentina de Profilaxis Social, *A las damas argentinas y extranjeras* (1921), 3.

3.3 CASUAL TRANSMISSION

Besides venereal transmission, syphilologists also worried about what we would today call casual transmission (i.e., transmission through inanimate objects, or fomites). Part of what contemporaries called “syphilis of the innocent,” casual transmission was thought to occur through shared drinking cups, shared eating utensils, and even shared towels.⁹⁴ As late as the 1930s and 1940s, Argentine and American doctors still mentioned casual transmission. Ramón Carrillo, Argentina’s first Minister of Public Health, warned of the dangers of communal *mate* (the Argentine tea-like concoction) drinking in a 1946 speech.⁹⁵ In 1939, Charles Walter Clarke, then executive director of the American Social Hygiene Association, still argued that syphilis “may spread by kissing, and conceivably also by the use of cups, glasses and pipes.”⁹⁶

By the 1950s, casual transmission had been discredited in the medical literature. In the December 1952 issue of its *Journal of Social Hygiene*, the American Social Hygiene Association published a short quiz on venereal diseases. Designed to test one’s knowledge on the subject, the quiz asked if a person could catch “VD from utensils, toilets, tools or machine.” The answer could not be clearer: “No. Syphilis and gonorrhea germs quickly die outside the body. Dead germs don’t spread diseases.”⁹⁷

Before World War II, however, doctors and public health officials alike presumed that casual transmission was the cause of most extragenital chancres. Most historians have treated

⁹⁴ Syphilis of the innocent could also refer to cases where a straying husband infected his wife, making her an innocent victim.

⁹⁵ Reprinted in Ramón Carrillo, *Política sanitaria argentina* (Buenos Aires: Ministerio de Salud Pública de la Nación, 1949), 57.

⁹⁶ Charles Walter Clarke, “Chancres Studied from the Public Health Point of View,” 1939, contained in box 175, folder 6, American Social Health Association records, Social Welfare History Archives, University of Minnesota.

⁹⁷ “Can You Answer This VD Quiz?” *Journal of Social Hygiene* 38, no. 9 (December 1952): 398-400.

turn-of-the-century beliefs about casual transmission as a misconception that nevertheless reflected the anxieties of the time.⁹⁸ Alan Brandt, for instance, attributes this belief to turn-of-the-century concerns over urban life and the mixing of social classes.⁹⁹ Using our current understanding of the etiology of syphilis, Brandt assumes that patients with extragenital chancres had caught syphilis during sex, but he does not explore the implied sexual practices. If we do, however, we see the role that the transnational circulation of ideas played in shaping medical knowledge and public health policy in Argentina and the United States. Moreover, these exchanges also shaped ideas about sexual practices and how medical researchers thought—or refused to think—about them. By masking transmission through anal and oral sex, casual transmission provided a convenient explanation in cases where the patient’s reputation might come into question. When faced with evidence of non-vaginal transmission, most American and Argentine syphilologists and public health officials turned a blind eye and took refuge in a belief in casual transmission, drawing authoritative support from international publications in order to do so.

At the turn of the century, the world’s foremost authorities on extragenital chancres were the French syphilologist Alfred Fournier and his friend and colleague from the United States L. Duncan Bulkley. Both men cited each other profusely. In his 1897 synthesis, *Les chancres extra-génitaux*, Fournier praised his American colleague’s magnum opus, *Syphilis in the Innocent*. To write *Syphilis in the Innocent*, Bulkley had spent years collecting data from hundreds of articles

⁹⁸ For a more subtle discussion of casual transmission, see Laura Engelstein, “Morality and the Wooden Spoon: Russian Doctors View Syphilis, Social Class, and Sexual Behavior, 1890-1905,” *Representations*, no. 14 (Spring 1986): 169-208; and Engelstein, “Syphilis, Historical and Actual: Cultural Geography of a Disease,” *Reviews of Infectious Diseases* 8, no. 6 (December 1986): 1036-48.

⁹⁹ Brandt, *No Magic Bullet*, 21–23.

throughout the world.¹⁰⁰ Bulkley's data set was so large that Fournier treated *Syphilis in the Innocent* as the definite reference on extragenital chancres and proclaimed it belonged in every library.¹⁰¹ Bulkley's book made such a strong impression on the international medical community that French and Argentine syphilologists still cited it more than forty years after its original publication in 1894.¹⁰² Bulkley's success, however, derived in part from Fournier's work. Not only had Fournier encouraged the study of extra-genital chancres, he had also provided a large part of the data Bulkley used in his work.

One source of casual transmission that Americans did not have to worry about was *mate*, a beverage which had been particularly popular among gauchos (Argentine cowboys). When Argentines shared *mate*, they shared the same *bombilla* (metal straw), passing around the same gourd. That practice worried Argentine syphilologists, who saw it as inherently "repugnant," as a "deeply rooted vice" and an "anti-hygienic custom."¹⁰³ Doctors who worked on eradicating tuberculosis also used this language, calling *mate* a "primitive" custom and a "sure vehicle of contagion."¹⁰⁴ This rhetoric hinted at the class bias of Argentine physicians and also reflected a particular moment in Argentine history. At a time when Argentine liberals were trying to push the country forward into modern civilization, *mate* consumption reminded them of the rural past they were trying to leave behind.¹⁰⁵

¹⁰⁰ L. Duncan Bulkley, *Syphilis in the Innocent (Syphilis Insontium): Clinically and Historically Considered with a Plan for the Legal Control of the Disease* (New York: Bailey & Fairchild, 1894), introduction.

¹⁰¹ Alfred Fournier, *Traité de la syphilis* (Paris: Rueff, 1898), 134.

¹⁰² Alberto Nudemberg, "Cinco observaciones de chancros sífilíticos extragenitales," *La Semana Médica* 39, no. 6 (February 11, 1932): 443; and A. Touraine and J. Soullard, "Syphilis et homosexualité masculine," *Bulletin de la Société française de dermatologie et de syphiligraphie* 46 (1939): 1357.

¹⁰³ Mauricio Lair, "Consideraciones sobre la sífilis y su profilaxia" (Doctoral dissertation, Universidad Nacional de Buenos Aires, 1899), 39; Manuel E. Pignetto, "Consideraciones generales sobre la profilaxia pública de la sífilis" (Doctoral dissertation, Universidad Nacional de Buenos Aires, 1901), 26; and Juan Antonio Rodríguez, *La sífilis y sus consecuencias* (Buenos Aires: Claudio García, 1920), 8.

¹⁰⁴ Quoted in Armus, *The Ailing City*, 155.

¹⁰⁵ Christine Folch, "Stimulating Consumption: Yerba Mate Myths, Markets, and Meanings from Conquest to Present," *Comparative Studies in Society and History* 52, no. 1 (January 2010): 25–26; see also Julia Rodríguez,

Pedro Baliña, who graduated from the University of Buenos Aires in 1905, acknowledged this very fact in his doctoral thesis on extragenital chancres. In his research, the future president of the Argentine Association of Dermatology and Syphilology noticed a high percentage of chancres of the lip. Among the factors that contributed to this high figure, Baliña listed *mate*. He accepted this method of transmission but noted that patients, and to a lesser extent their doctors, often invoked this “easy excuse” to hide more “scabrous” practices, in this case oral sex.¹⁰⁶ Baliña’s word choice is significant because it mirrors Alfred Fournier’s.

Baliña did not hide the extent to which his dissertation relied on Fournier’s *Les chancres extra-génitaux*, openly writing that he was not adding much to the Frenchman’s milestone. At times, however, Baliña’s homage bordered on plagiarism. Like Fournier, Baliña glanced over the “scabrous” practices that had resulted in a chancre of the mouth (*scabreux* in French and *escabrosa* in Spanish).¹⁰⁷ Moreover, the rare acknowledgment that patients were using casual transmission as an excuse echoes Fournier’s similar statement in his 1898 *Traité de la syphilis*.¹⁰⁸ It seems reasonable to believe that Baliña had read that book as well, given his familiarity with the rest of Fournier’s work and given that Miguel S. González, who also graduated from the University of Buenos Aires in 1905, listed *Traité de la syphilis* in his bibliography.¹⁰⁹ Like Fournier, Baliña noticed a disjunction between diagnosis and epidemiological reality. Nevertheless, the entire strategy against syphilis was built on a rejection of that finding.

Civilizing Argentina: Science, Medicine, and the Modern State (Chapel Hill: University of North Carolina Press, 2006), 16–20.

¹⁰⁶ Pedro L. Baliña, “Chancros sífilíticos extra-génitales: Relación y comentario de algunas observaciones” (Doctoral dissertation, Universidad Nacional de Buenos Aires, 1905), 30.

¹⁰⁷ Alfred Fournier, *Les chancres extra-génitaux* (Paris: J. Rueff, 1897), 18.

¹⁰⁸ Fournier, *Traité de la syphilis*, 134.

¹⁰⁹ Miguel S. González, “Sífilis hereditaria” (Doctoral dissertation, Universidad Nacional de Buenos Aires, 1905).

Downplaying anal and oral sex in works on syphilis was not a new phenomenon. Historians of early modern Spain and Britain have noted a medical silence on same-sex transmission of syphilis, expressed through a disconnection between practical evidence and medical discourse.¹¹⁰ While these historians have focused on same-sex transmission in describing the hidden importance of non-vaginal sexual transmission, anal and oral sex are of course not restricted to same-sex partners. I examine anal and oral sex in general to cover both same-sex sexual contacts and non-vaginal transmission between partners of the opposite sex. Before moving forward, a note on terminology is warranted. Turn-of-the-century physicians often did not discuss anal and oral sex openly, relying instead on terms like sodomy, pederasty, bestiality, perversions, unnatural practices, and *ab ore* relations. In some cases, the context makes it possible to determine who did what to whom, but not always. Often, doctors alluded to non-vaginal transmission without going into details.

While these euphemisms could appear in any medical text on syphilis, they generally accompanied discussions of extragenital chancres. That is to be expected given the way syphilis is transmitted. During oral sex, the active partner is at risk of developing an oral chancre by contact with an existing chancre or with the warts characteristic of secondary syphilis, while during anal sex, the passive partner might contract an anal chancre. Thus, how doctors regarded these extragenital chancres sheds light on their understanding of transmission through anal and oral sex.

Robert Taylor, who practiced dermatology in New York in the 1880s, was one of the first American physicians to publish on extragenital chancres. In articles on chancres of the tonsils and on “unusual modes of infection,” Taylor demonstrated his familiarity with transmission

¹¹⁰ Kenneth Borris and George Rousseau, eds., *The Sciences of Homosexuality in Early Modern Europe* (New York: Routledge, 2008), chapters 5 and 6.

through “bestly and unnatural practices.” These “depraved acts of coitus” included both fellatio and cunnilingus, as infection could occur in both situations. Taylor had indirect knowledge of this, having treated several male patients who had contracted syphilis by performing oral sex on an infected woman.¹¹¹

Both Fournier and Bulkley only discussed anal and oral sex in passing, but they clearly knew that syphilis could spread through these practices. In *Les chancres extra-génitaux*, Fournier’s discussion of anal and oral chancres remained brief, as he did not hide his discomfort with the subject. Considering oral sex “scabrous” and finding young gay men repulsive, he refused to explore non-vaginal transmission and same-sex transmission in great detail. Fournier’s unease did not stop him, however, from commenting on the dangers of anilingus.¹¹² Unable to determine the frequency of genito-buccal contamination, Fournier thought it was a question more likely to “be of interest to a moralist than a doctor.”¹¹³ In the end, Fournier implied that patients who had contracted syphilis through “unnatural practices” were not his responsibility. Syphilis, it seems, acted as their punishment.

Like Fournier, Bulkley discussed several cases of “bestiality” but seemed to downplay the extent of this mode of transmission. Early in *Syphilis of the Innocent* Bulkley argued that “relatively few” chancres of the tonsils resulted from “improper practices.” Thirty pages later, however, he presented fifteen cases of chancre of the tonsils, three of which he acknowledged had been caused by “evil practices” and “bestiality.” Given what we now know about the

¹¹¹ Robert W. Taylor, “Chancre of the Tonsil,” *Transactions of the New York Academy of Medicine* 4 (1886): 271-77 (paper presented in 1884); Taylor, “Some Unusual Modes of Infection with Syphilis,” *Journal of Cutaneous and Genito-Urinary Diseases* 8, no. 6 (June 1890): 201-16; and Taylor, “The Development of Multiple and Successive Initial Syphilitic Lesions and the Pathology of Syphilis,” *Journal of Cutaneous Diseases Including Syphilis* 24, no. 9 (September 1906): 401-15.

¹¹² Fournier does not use the term “anilingus,” but this is the practice he is describing. Fournier, *Les chancres extra-génitaux*, 487–89.

¹¹³ *Ibid.*, 18.

inability of *Treponema pallidum* to be transmitted by inanimate surfaces, the actual number was almost certainly fifteen. Without more accurate data, it was difficult for Bulkley and his contemporaries to get a clear sense of this phenomenon, and, as we have seen, scientists' unwillingness to consider at any length the possibilities of non-genital sex meant that this "more accurate data" would not be forthcoming. Edward Vedder knew that "sexual perversions" were "not infrequent," but all he offered in terms of numbers was that "a certain percentage" of buccal and anal chancres were the product of anal and oral sex.¹¹⁴

The limited statistics on same-sex transmission that syphilologists had been able or willing to collect underestimated the extent of the phenomenon. Painless chancres of the anus could go unnoticed, and patients might not seek medical attention until the symptoms of secondary syphilis had developed. By then, doctors had no reason to suspect same-sex exposure. Non-specialists were also prone to misdiagnosing syphilis as another ailment. After all, syphilis had acquired the nickname of "great imitator" for its tendency to replicate the symptoms of other diseases, particularly in the secondary stage. To an untrained eye, an extragenital syphilitic chancre might look like a benign ulcer. In 1933, José Carrera reported that an Argentine proctologist had diagnosed an anal chancre as hemorrhoids and that an otolaryngologist had mistaken syphilis for a sore throat.¹¹⁵ By the time a misdiagnosed patient was referred to a dermatologist, the symptoms of primary syphilis would have disappeared. Moreover, as we will see, physicians did not always inquire into same-sex exposure when establishing their patient's medical history, and that problem showed no sign of improving: As late as 1963, a doctor lamented in the pages of the *Journal of the American Medical Association* that "taking a history

¹¹⁴ Vedder, *Syphilis and Public Health*, 147, 152.

¹¹⁵ José L. Carrera, "La sífilis en sus primeros períodos," *La Prensa Médica Argentina* 20, no. 3 (January 18, 1933): 159.

relative to homosexual and so-called ‘unnatural’ sexual practices is practically nonexistent.”¹¹⁶ Finally, patients were not always forthcoming, lying about their recent sexual history. For this reason, James Tuttle, a rectal surgeon from New York, advised taking statistics on same-sex transmission “*cum grano salis*, especially in men. The shame of such practices as cause this local inoculation in males deters them from consulting the doctor, and as the symptoms are not unbearable, probably a large proportion of them are never seen.”¹¹⁷

Given how difficult it was to produce accurate statistics on extragenital chancres and same-sex transmission (for reasons having to do with the way syphilis progresses and the stigma patients associated with it but also because scientists were reluctant to explore non-reproductive sex), the data collected in France in the late nineteenth century circulated through the Atlantic, serving as the benchmark for other countries. In 1879, the French doctor Louis Jullien determined that women were more likely than men to develop a chancre of the mouth and especially a chancre of the anus, which he attributed to female anatomy. In men, 1 out of every 119 chancres developed on the anus, while 1 in 12 was the ratio for women.¹¹⁸ During the same period, another Frenchman was at work calculating the frequency of extragenital chancres. Collecting data in his Parisian clinic, Fournier determined that six to seven percent of chancres were extragenital, a figure he rounded up to nine to ten percent to account for the cases that statistics did not capture.¹¹⁹

Both findings reappeared in American and Argentine medical texts. Charles Kelsey, who struggled to provide accurate statistics for the United States, admitted in 1886 that “regarding the

¹¹⁶ R. H. Kampmeier, “Responsibility of a Physician in a Program for Eradication of Syphilis,” *Journal of the American Medical Association* 183, no. 13 (March 30, 1963): 1095.

¹¹⁷ James P. Tuttle, *A Treatise on Diseases of the Anus, Rectum, and Pelvic Colon* (New York: D. Appleton, 1902), 229.

¹¹⁸ Louis Jullien, *Traité pratique des maladies vénériennes* (Paris: J. B. Baillière, 1879), 537.

¹¹⁹ Fournier, *Les chancres extra-génitaux*, 6–8.

extent of these unnatural practices we are in great measure dependent upon the French and German writers upon legal medicine.”¹²⁰ Edward Bennet Bonson, a New York dermatologist, reused Jullien’s data for his contribution to an 1893 edited volume on syphilis. In his chapter on primary syphilis, Bonson cited Jullien’s data to contextualize his own findings.¹²¹ In 1916, the Argentine doctor Esteban Achinelly reused Fournier’s statistics in his dissertation.¹²² In 1940, Fournier’s calculations remained the reference for Argentine syphilologists. Like many syphilologists before him, Pedro Scolari assumed that Fournier’s numbers on the frequency of extragenital chancres were applicable to any country.¹²³ This presumption is surprising since it minimizes the impact of behavioral and socio-economic factors on syphilis rates.

While a systematic investigation of the extent of same-sex transmission in New York or Buenos Aires was never carried out, anecdotal evidence of same-sex transmission occasionally appeared in Argentine and American statistical tables. Between 1925 and 1936, two Stanford University doctors examined close to 1,000 men with primary and secondary syphilis. They determined that 4.4 percent of these men had contracted syphilis through same-sex exposure.¹²⁴ At the out-patient clinic of the Ramos Mejía Hospital, Pedro Baliña occasionally treated patients who had contracted syphilis through same-sex exposure, as his data for the late 1930s indicates. No meaningful statistical analysis is possible here, because Baliña’s sample is so small (fewer than fifty syphilitic patients per year), but his breakdown of the sources of venereal infection shows a rare acknowledgment of same-sex transmission—albeit by pathologizing men who had

¹²⁰ Charles B. Kelsey, “The Venereal Diseases of the Rectum and Anus,” *Medical Record* 30, no. 23 (December 4, 1886): 623.

¹²¹ Edward Bennet Bronson, “Primary Syphilis,” in *A System of Genito-Urinary Diseases, Syphilology and Dermatology*, ed. Prince A. Morrow, vol. 2 (New York: D. Appleton, 1893), 83.

¹²² Esteban E. Achinelly, “Contribución al estudio de la profilaxis pública de la sífilis: Su aplicación en la provincia de Buenos Aires” (Doctoral dissertation, Universidad Nacional de Buenos Aires, 1916), 81.

¹²³ Pedro G. Scolari, *Manual de sifilografía: Sífilis adquirida* (Buenos Aires: El Ateneo, 1940), 55.

¹²⁴ George V. Kulchar and Erla I. Ninnis, “The Sources of Infection in Syphilis,” *American Journal of Syphilis, Gonorrhoea, and Venereal Diseases* 22, no. 5 (September 1938): 586.

sex with men. “Pederastas” are listed alongside categories like clandestine prostitutes, friends, and domestic servants.¹²⁵

Dermatologists were therefore confronted with practical evidence of non-vaginal transmission on a regular basis, both in person and in the medical literature. Men like Edward Bronson knew that oral and anal sex were responsible for “a certain proportion of cases” but inaction was the norm of the day.¹²⁶ If syphilologists occasionally acknowledged non-vaginal sexual transmission, public health officials did not. As a result, medical specialists’ awareness of non-vaginal transmission did not translate into more detailed educational literature: pamphlets simply cautioned that syphilis was transmitted during sex. An Argentine flyer, for instance, instructed men to go see a physician if they “had ‘been with a woman’” (“si ha ‘estado con una mujer’”).¹²⁷ Even that simple statement was problematic, however: what did the Liga actually mean and what did patients understand that statement to mean? Evidence suggests that misconceptions existed among the general public and that little was done to correct them. Moreover, the taboo surrounding syphilis and other venereal diseases made it difficult for health care providers and patients to reconcile multiple definitions of sex.

Patients reported engaging in anal and oral sex thinking that these practices were safer. Some doctors noticed and worried, but this growing awareness did not change the course of public health policy. There was no concerted effort to shift the emphasis away from prostitution or to educate the general population about the risks of syphilis transmission through anal and oral sex. Vulgarization literature and educational pamphlets remained mute on the subject. This

¹²⁵ Reproduced in Arturo R. Dragonetti, “Profilaxis de las enfermedades venéreas: Ley 12.331,” *La Semana Médica* 49, no. 14 (April 2, 1942): 663.

¹²⁶ Bronson, “Primary Syphilis,” 84.

¹²⁷ *La Liga Argentina de Profilaxis Social ha declarado la guerra a las enfermedades venéreas* (Buenos Aires: Liga Argentina de Profilaxis Social, 1921).

silence perpetuated the belief that only vaginal intercourse with female prostitutes constituted risky behavior.¹²⁸ By comparison, oral and anal sex, including between men, appeared safer.¹²⁹

As early as 1890, Robert Taylor explained how the conviction that women were the primary vector of venereal contagion complicated the diagnosis of patients. In one case, Taylor examined a young man whom a respected New York practitioner had pronounced “free from syphilis for the reason that he had not had connection with a woman for fully two years.” The young man had sought medical attention with three nodules on his penis. Using “tact and prudence,” Taylor established a better patient history and discovered that the young man had received oral sex from another man. Taylor took this opportunity to remind his colleagues that in suspicious cases they ought to enquire into same-sex exposure. The “eminent practitioner” whose diagnosis Taylor had overturned had ruled out syphilis on the simple fact that the patient had had no sexual contact with a woman.¹³⁰ Rather than rethink his assumptions when presented with conflicting evidence, this doctor had refused to see the evidence.

This case reminded Taylor of another patient who had also been asked about his last sexual encounter with a woman. The patient insisted that the last time he had had *coitus* (emphasis Taylor’s) was two days before the appearance of the initial chancre. Since a chancre takes on average three weeks to develop, Taylor had initially reported the case as an example of unusually fast primary syphilis. But by the time he saw that patient again several years later,

¹²⁸ James Green has found a similar pattern in Brazil, where some doctors seemed to imply that same-sex acts between men were safer than heterosexual intercourse with a female prostitute. James N. Green, *Beyond Carnival: Male Homosexuality in Twentieth-Century Brazil* (Chicago: University of Chicago Press, 1999), 41–43.

¹²⁹ As George Chauncey points out, “In significant respects such campaigns prefigured the AIDS education campaigns of the early 1980s, which often identified sex with a gay man or an IV-drug user, rather than sex without a condom, as the source of AIDS. Such campaigns led many people to fear that the most casual contact with certain categories of people was unsafe, while reassuring them, with deadly inaccuracy, of the safety of the most intimate contact with other categories of people.” George Chauncey, *Gay New York: Gender, Urban Culture, and the Makings of the Gay Male World, 1890-1940* (New York: Basic, 1994), 396n46.

¹³⁰ Taylor, “Some Unusual Modes of Infection with Syphilis,” 203–05.

Taylor had studied several examples of transmission through oral sex. Given the opportunity to question that unusual patient a second time, Taylor learned that a woman had performed oral sex on him two weeks prior to the appearance of the chancre. This fact had escaped doctors during the first round of questioning since the patient did not consider oral sex as “being with a woman.”¹³¹

Argentine doctors also reported interacting with patients who believed anal and oral sex were safer than vaginal intercourse. Mauricio Lair, in his 1899 doctoral thesis, wrote that engaging in anal and oral sex was a risky as vaginal intercourse. Yet, porteños believed that oral sex, in particular, was safer. Lair’s willingness to address this subject stands in contrast to the majority of medical sources on syphilis where discussions of anal and oral chancres overlooked anal and oral sex.¹³²

Early twentieth-century studies of prostitution in New York and Buenos Aires indicate that oral sex was a common practice in both cities. In a 1927 report on prostitution in the Argentine capital, the League of Nations determined that “the expert in [perversions] is in great demand.” Economic considerations often motivated prostitutes to perform oral sex. By doing so, a prostitute could “receive 40 men a day as compared to the six or eight she could ordinarily receive if she confined herself to normal practices.” This was advantageous for brothel owners as well: “When the added price [such a prostitute] receives is combined with the increased number of customers it can easily be seen that one expert in perverted practices is worth five or six ordinary prostitutes.”¹³³ In New York, we know that French prostitutes helped popularize oral

¹³¹ Ibid., 204–05.

¹³² Lair, “Consideraciones sobre la sífilis y su profilaxia,” 36; compare to Scolari, *Manual de sifilografía*, 57–64.

¹³³ League of Nations, *Report of the Special Body of Experts on Traffic in Women and Children*, vol. 2 (Geneva: League of Nations, 1927), 18.

sex. Because they associated French prostitutes with fellatio, New Yorkers referred to oral sex as “the French perversion.” The connection had a basis in reality, since prostitutes of other nationalities despised the practice. These prostitutes’ attempts to distance themselves from their French colleagues could, on occasion, take a literal meaning. Reporting on a New York brothel, one investigator for a New York anti-vice society remarked that “the French girls ... resort to unnatural practices and as a result the other girls will not associate or eat with them.” By World War I, most prostitutes had overcome their aversion to oral sex. Investigative reports suggest that prostitutes had begun to see oral sex as a means of disease prevention.¹³⁴ In other words, both prostitutes and their clients had started to embrace the belief that oral sex was safer.

These fleeting windows into the sex lives of porteños and New Yorkers, while shedding light on popular beliefs, reflect “the difficulty of accessing the experiences of victims of stigmatized ailments.”¹³⁵ Even filtered through official sources, these cases capture an existing phenomenon that few doctors, let alone public health officials, were willing to address. With no efforts to educate the general population, these myths about oral and anal sex endured. In 1934, two social workers from Chicago argued that the taboo surrounding venereal diseases had allowed a plethora of myths to flourish. Among those was the belief that anal and oral sex were safer than vaginal intercourse, that it was quite simply “impossible to contract a venereal disease from coitus per orum or per anum.”¹³⁶ John Stokes reached a similar conclusion in 1937 when he

¹³⁴ Elizabeth Alice Clement, *Love for Sale: Courting, Treating, and Prostitution in New York City, 1900-1945* (Chapel Hill: University of North Carolina Press, 2006), 141, 273-74.

¹³⁵ Davidson and Hall, *Sex, Sin and Suffering*, 12.

¹³⁶ B. H. Regenburg and R. A. Durfee, “Venereal Disease and the Patient,” *Journal of Social Hygiene* 20, no. 8 (November 1934): 376.

wrote that “the combined influence of fear of pregnancy and fear of venereal disease” meant that “the vagina is being more often sidetracked in favor of pederasty and sodomy.”¹³⁷

One exception to the general silence on non-vaginal intercourse appeared in France during World War I. In a comparatively explicit public health notice targeting female prostitutes, French health authorities highlighted the range of sexual practices through which syphilis could spread. If prostitutes were responsible for spreading syphilis, they too should receive advice from public health officials. Helping to protect both the prostitutes themselves as well as their clients, French public health officials included a set of instructions with the identification booklet registered prostitutes were required to carry. Asking prostitutes to abstain from work at the first sign of a scratch or abrasion, the instructions also said, “Do not believe that the pox can only be caught through the sex act; it can be caught through the mouth, the fingers, etc. ‘Foreplay’ can be a source of contagion.”¹³⁸ Foreplay, in this case, is not quite the same thing as sex, which refers here to vaginal intercourse, but these instructions, while sticking to a narrow definition of sex, go much further than other pamphlets. Because prostitutes were agents of venereal contagion, these instructions also expected them to become active participants in curbing the spread of the disease. What better place to begin educating people than the segment of the population blamed for spreading syphilis?

A modified and translated version of that booklet appeared in Argentina as *Argentinos y extranjeros*, the first flyer ever released by the Liga Argentina de Profilaxis Social. The Argentine flyer made the original French pamphlet’s efforts to educate prostitutes about risky sexual practices even more remarkable. While the French version treated prostitutes as educable

¹³⁷ John H. Stokes, “Clinical Problems in Syphilis Control Today,” *Journal of the American Medical Association* 108, no. 10 (March 6, 1937): 783.

¹³⁸ “Modèle détaillé du livret-carnet d’identité de la prostituée,” *Annales d’hygiène publique et de médecine légale* 4th ser., 30 (July 1918): 101.

subjects (and potential victims), the Liga's version was reworked with men as the intended audience, even though prostitution regulation—and therefore registered prostitutes—still existed in Buenos Aires. Borrowing elements from another French pamphlet, *Argentinos y extranjeros* advised men to “demand that the woman [i.e., the prostitute] take an antiseptic injection” before the act.¹³⁹ Moreover, the Liga reworded the French warning about foreplay into something less precise and explicit: “Do not believe that syphilis can only be caught through the sex act: a kiss, a caress can infect the mouth or the finger.”¹⁴⁰

3.4 CONCLUSION

By shifting the focus away from the prostitution control that has dominated scholarship on the subject, this chapter emphasizes the multi-faceted nature of syphilis prevention programs in the Atlantic. Recognizing that syphilologists from France, Argentina, and the United States built knowledge through international dialogue, it complicates histories of medicine written from a national perspective. Approaching the history of syphilis prophylaxis from a transnational perspective shows how doctors participated in a global conversation and drew from a common body of knowledge.

While a common body of knowledge united doctors and public health officials across the Atlantic, cultural traditions and other local factors like the relationship between physicians and the growing public health apparatus shaped which medical discoveries were adopted by health

¹³⁹ Both the original French and the Spanish translation use this atypical wording: *tomar una inyección and prendre une injection*.

¹⁴⁰ Henri Gougerot and Liga Argentina de Profilaxis Social, *Argentinos y extranjeros: Precaveos; la peste y el cólera han sido vencidos, pero quedan por combatir mayores enemigos: el alcoholismo, la tuberculosis, las enfermedades venéreas* (1921).

authorities. The history of post-exposure prophylaxis illustrates this point. In the United States, a coalition of religious forces and voluntary organizations blocked the spread of chemical prophylaxis among civilians. On the other hand, with pressure from voluntary organizations and no opposition from religious groups, Argentina adopted chemical prophylaxis as part of its campaign against syphilis. By linking chemical prophylaxis to eugenic concerns, Argentine physicians were able to expand it through legislation.

The evidence suggests that multiple definitions of sex coexisted in New York and Buenos Aires. Doctors and public health officials presented syphilis as a sexually-transmitted disease and female prostitutes as the principal vector of contagion. In the minds of most New Yorkers and porteños, however, sex implied vaginal intercourse. This popular understanding of syphilis transmission made anal and oral sex—including between same-sex partners—appear safer. Moreover, the belief in casual transmission served as a convenient excuse to explain extragenital chancres that might have resulted from anal or oral sex, even though some prominent doctors were acknowledging the reality of non-vaginal sexual transmission. By emphasizing the disjunctures between medical evidence and public health action, this chapter sheds light on the place of ideas and ideologies in shaping the history of medicine and health policy. Neither French, nor Argentine, nor American public health officials reacted to evidence of syphilis transmission through anal and oral sex. Their approach remained heteronormative, with vaginal intercourse with prostitutes their primary concern.

4.0 THINK OF THE CHILDREN: PREMARITAL AND PRENATAL TESTING FOR SYPHILIS

This chapter deals with the history of premarital and prenatal testing for syphilis in the United States and Argentina. I show how, together, the discovery of the bacterium responsible for syphilis in 1905 and the development of the Wassermann test in 1906 represented a potential turning point in the history of premarital and prenatal testing. Yet, I argue that what explains the adoption of mandatory premarital and prenatal testing laws in the 1930s and 1940s was not new medical discoveries but growing popular and political support for state intervention in reproductive matters. This chapter is organized chronologically but also occasionally by country to show where Argentina and the United States overlapped and where different concerns motivated actors in these two countries.

My analysis is inspired by Micol Seigel's work on race in the United States and Brazil. Her blend of transnational history and comparative method turns comparison into both the method and the subject. Understanding that "the nation, like the self, emerges in relation to others," she argues that comparisons between race in Brazil and in the United States informed understandings of race in both countries.¹ In this chapter, I adopt Seigel's methodology to show

¹ Micol Seigel, "Beyond Compare: Comparative Method After the Transnational Turn," *Radical History Review* no. 91 (Winter 2005): 62–90.

how cross-national comparisons were central to the passage of premarital testing laws in Argentina and the United States.

This chapter also examines the convergence of venereal disease control, eugenics, and maternal and child welfare. Attention to supranational comparisons and connections confirms the importance of women's groups and maternalist organizing in shaping state activism in the realm of reproduction. Ultimately, premarital and prenatal testing laws were designed to protect future children. Through these laws, governments regulated populations both at the individual and collective level: the health of individual parents was the business of government because of the potential impact on the collective welfare of the nation.

Furthermore, by paying attention to change over time, I complicate the relationship that scholars of Latin America and the United States have established between eugenics and venereal disease control. I show that in the 1910s and 1920s syphilologists and eugenicists abandoned the belief that syphilis was hereditary in the strictest sense of the term. This new understanding of syphilis transmission severed the connections between eugenicist activism and venereal disease control in the United States but not in Argentina. In Argentina, medical doctors had embraced as their own a broad agenda for public health—inspired in part by French puericulture—that sought to improve child health and forestall depopulation, in the service of “protecting the race.”

Historians have worked on national and comparative histories of eugenics, maternal welfare, and state formation, but there are also transnational elements to this narrative that this chapter begins to tease out. Indeed, by positing a key role for states in ensuring population health through the regulation of marital sex, the international system of scientific and policy exchange introduced in chapter 2 provided support for the interventionist shift that undergirded the formation of welfare states in Argentina and the United States.

4.1 BEFORE WASSERMANN

The impact of syphilis on future generations was a topic of concern throughout the period covered in this chapter, and with good reason. Spread by adult behavior, syphilis took its steepest toll on the very young. In Argentina and the United States alike, congenital syphilis contributed to high rates of fetal and infant mortality. Argentine obstetricians estimated that congenital syphilis was responsible for fully half—that is, 4,685—of the stillbirths recorded in Buenos Aires between 1928 and 1932.² Infection rates for pregnant women hovered between five and ten percent: between 1919 and 1925, two Argentine obstetricians examined close to 10,000 pregnant women and found that 6.61% of them had syphilis.³ Moreover, close to half the deaths attributed to syphilis involved children under the age of one. In 1918, the Departamento Nacional de Higiene determined that 89 porteño children under the age of one died of syphilis that year. The total number of deaths from syphilis for the city as a whole that year was 198. The figures for 1919 and 1920 were similar (96 out of 194 and 88 out of 182, respectively).⁴ In terms of neonatal mortality, Fermín Raúl Merchante calculated that of the 217,840 children born in Buenos Aires between 1937 and 1941, 78 died of syphilis within a month of birth.⁵

American syphilologists and obstetricians also determined that untreated syphilis in pregnant women led to large numbers of what they called disastrous pregnancies (i.e., fetal or neonatal deaths). Two obstetricians from the Johns Hopkins Hospital calculated that out of 268

² Carlos Carreño, “La sífilis congénita: Frecuencia actual de las manifestaciones,” *Anales de Biotipología, Eugenesia y Medicina Social* 1, no. 17 (January 1, 1934): 16.

³ Alberto Peralta Ramos and Manuel Luis Pérez, “La sífilis: Su frecuencia y profilaxis en las maternidades,” *La Semana Médica* 33, no. 40 (October 7, 1926): 946.

⁴ Manuel V. Carbonell, “Profilaxis de las enfermedades venéreas,” *Revista de la Asociación Médica Argentina* 34 (1921): 1348–49.

⁵ Fermín Raúl Merchante, “Estudio demográfico de la mortalidad por sífilis en el periodo natal en la ciudad de Buenos Aires (Quinquenio 1937-1940),” *La Semana Médica* 52, no. 38 (September 20, 1945): 437–55.

pregnancies in infected women who received no treatment for syphilis, close to 46 percent gave birth to stillborn infants.⁶ As in Argentina, American doctors estimated that between 6 and 7 percent of all pregnant women in the United States had syphilis.⁷

At the turn of the century, doctors and eugenicists across the Atlantic spoke of syphilis as a “racial poison,” as a factor in the “degeneration of the race” (or “degeneración de la raza” in Argentine sources).⁸ This vision created affinities between syphilology and the growing eugenics movement. As Alain Corbin has argued, the period from 1885 to World War I represented the “golden age of the venereal peril,” the height of concern over venereal disease.⁹ It was also the golden age of concern over the relationship between syphilis and degeneration. Fueling fears of degeneracy during this period was the French syphilologist Alfred Fournier. His work on what he called “hereditary syphilis” (which we would now more accurately term congenital syphilis) and his influence in France and abroad made him the central figure of the era.¹⁰ In the 1870s, Fournier and other French syphilologists established that syphilis contributed to depopulation and to what they called the “dégénération de la race.”¹¹ Fournier reiterated that point in an 1887

⁶ John L. McKelvey and Thomas B. Turner, “Syphilis and Pregnancy: An Analysis of the Outcome of Pregnancy in Relation to Treatment in 943 Cases,” *Journal of the American Medical Association* 102, no. 7 (February 17, 1934): 506.

⁷ Theodore Rosenthal and Joseph Weinstein, “Epidemiology of Syphilis in New York City,” *American Journal of Public Health* 29, no. 9 (September 1939): 1036.

⁸ For Argentina, see, for instance, Eduardo Fidanza, “De la reglamentación de la prostitución pública considerada como medio profiláctico de la sífilis” (Doctoral dissertation, Facultad de Ciencias Médicas de Buenos Aires, 1874), 8, 22; Francisco Correa Llobet, “La sífilis y el matrimonio” (Doctoral dissertation, Universidad Nacional de Buenos Aires, 1898), 24; Mauricio Lair, “Consideraciones sobre la sífilis y su profilaxia” (Doctoral dissertation, Universidad Nacional de Buenos Aires, 1899), 14; Manuel E. Pignetto, “Consideraciones generales sobre la profilaxia pública de la sífilis” (Doctoral dissertation, Universidad Nacional de Buenos Aires, 1901), 16; and Carlos Colls, “Sífilis y embarazo” (Doctoral dissertation, Universidad Nacional de Buenos Aires, 1909), 29.

⁹ Alain Corbin, “L’hérédosyphilis ou l’impossible rédemption: Contribution à l’histoire de l’hérédité morbide,” *Romantisme* 11, no. 31 (1981): 148.

¹⁰ See, for instance, Petra de Vries, “‘The Shadow of Contagion’: Gender, Syphilis and the Regulation of Prostitution in the Netherlands, 1870-1914,” in *Sex, Sin and Suffering: Venereal Disease and European Society Since 1870*, ed. Roger Davidson and Lesley A. Hall (New York: Routledge, 2001), 44–60.

¹¹ Gérard Tilles and Daniel Wallach, “Sociology of Syphilis in the Nineteenth Century,” (unpublished paper, December 6, 1997) <http://www.biusante.parisdescartes.fr/sfhd/ecrits/socsyph.htm> (accessed November 18, 2011).

report he delivered to the French Academy of Medicine. Among the consequences of syphilis for society, Fournier listed an increase in the number of divorces, the infection of wet-nurses, the “degeneration of the race,” and depopulation.¹²

Fournier and others established a link between syphilis and degeneration not because of the disease’s effects in the primary, secondary, or tertiary stage but because it was—in their opinion—responsible for cumulative, hereditary degradation.¹³ For this reason, syphilis represented a menace not only for the individual but also for the collective. Throughout his 1903 *Prophylaxie de la syphilis*, for instance, Fournier alludes to the consequences of syphilis for the nation, the fatherland, and even the species.¹⁴

Because the circulation of ideas between France, Argentina, and the United States was so extensive, that language reappeared in the Argentine and American medical literatures. Within a few months, two Argentine medical journals translated and published Fournier’s 1887 report.¹⁵ The Parisian correspondent of the *New York Medical Journal* also commented on Fournier’s report and the French master’s description of syphilis as a factor in “the degeneration of the human race.”¹⁶ Fournier’s vision also influenced Prince A. Morrow, one of the pioneers of syphilis prophylaxis in the United States. Morrow shared Fournier’s views on syphilis as a factor of degeneration and depopulation. The two men, in fact, were friends, and Morrow had translated Fournier’s *Syphilis et mariage* into English in 1880.¹⁷ Based on Fournier’s observations, Morrow

¹² Alfred Fournier, “Prophylaxie publique de la syphilis,” *Annales d’hygiène publique et de médecine légale* 18 (July 1887): 58.

¹³ Corbin, “L’hérédosyphilis ou l’impossible rédemption,” 137, 145.

¹⁴ Alfred Fournier, *Prophylaxie de la syphilis* (Paris: J. Rueff, 1903), 4, 383, 391, 515, 518.

¹⁵ “Profilaxia pública de la sífilis,” *Anales del Círculo Médico Argentino* 10, no. 9 (September 1887): 371–79; “Profilaxia pública de la sífilis,” *Revista Médico-Quirúrgica* 24, no. 13 (October 8, 1887): 202–07.

¹⁶ “Letter from Paris,” *New York Medical Journal* 46 (August 6, 1887): 158.

¹⁷ Prince A. Morrow to Mary Cobb, May 20, 1910, box 1, folder 4, American Social Health Association records, Social Welfare History Archives, University of Minnesota; and Alfred Fournier, *Syphilis and Marriage*, trans. Prince A. Morrow (New York: Appleton, 1881).

wrote in 1904 that “through the dystrophies and organic defects it impresses upon the descendants,” syphilis was “an active cause of degeneration of the race.”¹⁸

In light of these observations, syphilologists in various corners of the Atlantic world began considering making venereal diseases a barrier to marriage, claiming that nation-states ought to regulate and protect not only the moral virtue of marriage, as adultery laws had long done, but also its biological and medical consequences. In 1896, at the sixth annual meeting of the American Medical Association, Algernon Garnett proposed requiring a health certificate before a marriage license could be issued. With this measure, he hoped to “guard the race” and ensure that “the progenitors of future generations do not hand down diseased bodies and minds.”¹⁹ In 1897, the editors of the *Journal of the American Medical Association (JAMA)* pointed out that a French doctor had suggested making a host of medical problems (epilepsy, cancer, syphilis, alcoholism, tuberculosis, to name a few) legal obstacles to marriage. The goal of this measure, the editors underlined, was to address degeneration and the need to balance the quality and quantity of the national population.²⁰

Similar concerns informed the work of Argentine physicians. In his 1898 dissertation, Francisco Correa Llobet argued that the negative impact of syphilis on the species would require governments to regulate marriage.²¹ Like several of his contemporaries, the young doctor perceived syphilis as a uniquely menacing threat due to its impact on marriages and natality. Exhibiting eugenic concerns, Argentine physicians like Eduardo Fianza and Mauricio Lair warned that the proliferation of syphilis would lead to “divorce, suicide, the degeneration of the

¹⁸ Prince A. Morrow, *Social Diseases and Marriage: Social Prophylaxis* (New York: Lea Brothers, 1904), 78.

¹⁹ Algernon S. Garnett, “The Dangers of Syphilis and How to Avoid Them,” *Journal of the American Medical Association* 26, no. 4 (January 25, 1896): 163.

²⁰ “Legislation Against Degeneracy,” *Journal of the American Medical Association* 28, no. 16 (April 17, 1897): 755.

²¹ Correa Llobet, “La sífilis y el matrimonio,” 45.

race, a decrease in the number of births, [and] sterile marriages.”²² In France, Argentina, and the United States, concerns over the impact of syphilis on future generations therefore date back to the late nineteenth century.

Making venereal diseases a barrier to marriage was a negative eugenics measure in the sense that it would prevent the reproduction of the unfit. By contrast, positive eugenics encouraged the reproduction of the fit. The Latin American, European, and American eugenics movements all encompassed negative as well as positive eugenics initiatives: what separated the Latin American movement from the rest was the lack of support for specific negative measures like involuntary sterilization. Nancy Stepan has called the form of negative eugenics that circumvented radical surgical methods “preventive eugenics.”²³ Since the publication of her pathbreaking *The Hour of Eugenics*, a number of studies have complicated our understanding of Argentine eugenics by revisiting the place of sterilization in Argentina.²⁴ Yet, Stepan’s overall panorama and comparative study of Argentine and Latin American eugenics remains the starting point for all studies of this topic.

Scholars have delineated two major trends within the eugenics movement as a whole: the Mendelian and the neo-Lamarckian traditions. According to Mendelianism, acquired characteristics could not be inherited; in other words, environmental factors had no effect on the “germ plasm.” For neo-Lamarckians, however, acquired characteristics were in fact inheritable. Because Latin Americans tended to draw on French scientific ideas, neo-Lamarckianism was

²² Lair, “Consideraciones sobre la sífilis y su profilaxia,” 14; and Fianza, “De la reglamentación de la prostitución pública considerada como medio profiláctico de la sífilis.”

²³ Nancy Leys Stepan, *“The Hour of Eugenics”: Race, Gender, and Nation in Latin America* (Ithaca: Cornell University Press, 1991), 103.

²⁴ Yolanda Eraso, “Biotypology, Endocrinology, and Sterilization: The Practice of Eugenics in the Treatment of Argentinian Women During the 1930s,” *Bulletin of the History of Medicine* 81, no. 4 (Winter 2007): 793–822; and Andrés H. Reggiani, “Depopulation, Fascism, and Eugenics in 1930s Argentina,” *Hispanic American Historical Review* 90, no. 2 (May 2010): 283–318.

particularly pronounced in the region. Neo-Lamarckian ideas suited Latin American scientists and politicians well because, by blurring the distinction between nature and nurture, they left open possibilities for racial improvement. And if one was to believe the European stereotypes of the day, Latin America was in dire need of improvement, since race and climate had allegedly produced backward nations. But with a “soft” take on heredity, regeneration was possible, especially with the addition of European immigration. Challenging European understandings of racial hybridization, Latin Americans developed notions of “constructive miscegenation” to reject accusations of inevitable racial degeneration. Armed with a neo-Lamarckian understanding of human heredity, Latin American eugenicists naturally came to focus their energies on public health, sanitation, immigration, criminology, and other fields where their theories could be applied.

Unlike in Latin America, where a neo-Lamarckian approach dominated, a stricter understanding of heredity prevailed in the United States, especially after World War I. Proponents of Mendelianism rejected the theory of the inheritance of acquired characteristics; they believed instead that hereditary material was transmitted to the next generation unmodified. A great deal less optimistic than neo-Lamarckianism, Mendelianism led to a smaller emphasis on public health and a bigger reliance on negative eugenics. In the 1920s and 1930s, this approach led to measures that historians have often treated as representative of the US eugenics movement: the segregation and sterilization of dysgenic individuals, bans on interracial marriage, and restrictive immigration laws.²⁵

The next section will both confirm and call into question this broad picture. The preference for the Mendelian genetic paradigm would indeed shape the response of US

²⁵ Alexandra Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley: University of California Press, 2005), 14–16.

eugenicists to developments in the field of syphilology. Meanwhile, Argentine eugenicists would respond to these developments in a different way, but their understanding of the relationship between syphilis control and eugenics had nothing to do with the neo-Lamarckian genetic paradigm.

4.2 AFTER WASSERMANN

The discovery of the bacterium responsible for syphilis and the development of the Wassermann test represented a turning point in the history of marriage restriction and opened the door to prenatal testing. Up to that point, whether or not to screen pregnant women for syphilis depended on your particular understanding of syphilis transmission. For years, doctors in all corners of the Atlantic had debated how syphilis was transmitted to children. At the turn of the twentieth century, three competing theories divided syphilologists: some believed that the father was responsible for transmitting syphilis to the fetus, others believed that the mother was to blame, and a third group believed that both parents were responsible. One of the syphilologists responsible for perpetuating the idea of paternal transmission was Alfred Fournier. Fournier's expertise on hereditary syphilis made him a familiar figure in Argentine and American bibliographies. His reputation also placed Argentine doctors in a difficult position. In his 1895 thesis, Lucio Gordillo wrote that he had a hard time believing that paternal transmission did not exist, especially since it would suggest that doctors like Fournier "had made a lamentable

mistake.”²⁶ Leading American doctors also relied on Fournier’s work, which influenced how they understood congenital syphilis and paternal transmission.²⁷

The discovery of the treponema by the German zoologist Fritz Schaudinn in 1905 revolutionized the understanding of syphilis transmission around the Atlantic. As early as March 1906, the *JAMA* was commenting on how the discovery of the spirochete could challenge theories on paternal transmission.²⁸ In the late 1910s and early 1920s, American and Argentine syphilologists were all reworking these theories. By 1918, American doctors were arguing that the mother of every syphilitic child was herself syphilitic.²⁹ In 1922, Julio Palacio reached the same conclusion in the pages of *La Semana Médica*.³⁰

4.2.1 Prenatal testing emerges

The introduction of serological testing opened the door to prenatal testing. Although it was first developed in 1906, the Wassermann test did not become widely available until 1915.³¹ It was therefore only after World War I that a growing number of maternity hospitals began performing routine prenatal testing for syphilis. More and more doctors were commenting on the need for routine prenatal testing. With the belief in paternal transmission discredited and the discovery of

²⁶ Lucio Gordillo, “Contribución al estudio de la sífilis hereditaria tardía” (Doctoral dissertation, Universidad Nacional de Buenos Aires, 1895), 13.

²⁷ Prince A. Morrow, “The Duration of the Syphilogenic Capacity in Relation to Marriage,” *Journal of Cutaneous and Genito-Urinary Diseases* 5, no. 4 (April 1887): 126–145; and L. Duncan Bulkley, “Hereditary Syphilis,” *Journal of the American Medical Association* 31, no. 19 (November 5, 1898): 1077–80.

²⁸ “‘Spirochaeta Pallida’ in Hereditary Syphilis,” *Journal of the American Medical Association* 46, no. 12 (March 24, 1906): 886.

²⁹ Frederick H. Bartlett, “Effect of Venereal Diseases on Infant Mortality,” *American Journal of Syphilis* 2, no. 1 (January 1918): 157.

³⁰ Julio Palacio, “Las proposiciones modernas de la herencia sifilítica,” *La Semana Médica* 29, no. 11 (March 16, 1922): 442.

³¹ “Cooperative Clinical Studies in the Treatment of Syphilis,” *Journal of the American Medical Association* 106, no. 6 (February 8, 1936): 464.

serological testing, doctors could begin to put in place what would become, as a physician in the New York City Health Department summed up a quarter century later in 1939, “the keystone in the prophylaxis of congenital syphilis,—namely, the routine serological examination during pregnancy and the treatment of syphilitic women as early as possible in pregnancy to prevent fetal infection.”³²

Two medical specialties addressed congenital syphilis and supported prenatal testing: syphilology and obstetrics. Syphilologists concentrated on the symptoms and treatment of congenital syphilis while obstetricians addressed topics like infant mortality. As a result, some of the leading advocates of prenatal testing for syphilis were obstetricians. In Argentina, obstetricians Manuel Luis Pérez and Alberto Peralta Ramos (the future vice president of the Argentine Association of Biotypology, Eugenics, and Social Medicine) led the campaign for prenatal care and screening. In the United States, the Johns Hopkins obstetrician J. Whitridge Williams helped shape the push for prenatal screening.

Argentine obstetricians were influenced by French efforts to prevent congenital syphilis through prenatal care. One of the leading advocates of prenatal care in France was the obstetrician Alexandre Couvelaire from the Clinique Baudelocque in Paris. Couvelaire was one of the disciples of Adolphe Pinard, the French obstetrician who had popularized the concept of *puériculture*. By linking pronatalism and medicine in the interest of the nation, the goal of *puériculture* was to help alleviate the crisis of depopulation that threatened France.³³

To reduce the number of children born with congenital syphilis, Couvelaire attached a venereal disease dispensary to the clinic’s maternity ward in 1919. His drastic reduction of fetal

³² Margaret L. Davis, “Prevention of Congenital Syphilis,” *Journal of Social Hygiene* 25, no. 1 (January 1939): 16.

³³ Stepan, *The Hour of Eugenics*, 78.

and infant mortality helped spread the Baudelocque system to the rest of France. By 1933, French syphilologists and obstetricians collaborated in sixty-nine maternity hospitals and 734 *institutions de puériculture* throughout the country.³⁴ It was this model that Argentine obstetricians like Manuel Luis Pérez hoped to replicate. In the 1920s, Pérez opened a venereal disease dispensary attached to the maternity ward of the Rivadavia Hospital in Buenos Aires. His plan, which he developed with Alberto Peralta Ramos and shared at the third Argentine National Medical Congress in 1926, was to attach a similar dispensary to every maternity ward in the country.³⁵ Argentine lawmakers did not act on this proposal. Nevertheless, in 1936, Enrique Solari put forth a similar plan, noting the influence of Couvelaire's system across the world.³⁶ From the mid-1930s to the mid-1940s, Argentine physicians continued to recommend prenatal testing for syphilis, suggesting that the practice was standard in the country's largest maternity hospitals but not across its territory.³⁷

The work of Couvelaire and Pinard at Baudelocque also influenced American efforts to popularize prenatal testing for syphilis during the 1920s. Early calls for routine testing of all pregnant women made no mention of Pinard or Couvelaire, but by the mid-1920s, French achievements featured prominently in discussions of congenital syphilis.³⁸ Couvelaire's early

³⁴ Alexandre Couvelaire, "Prophylaxie de la syphilis congénitale," *Revue française de puériculture* 1, no. 1 (1933): 17.

³⁵ Peralta Ramos and Pérez, "La sífilis: Su frecuencia y profilaxis en las maternidades," 951.

³⁶ Enrique F. Solari, "Lucha antivenérea: Sobre la organización de Consultorios de Profilaxis Antilúeticos en las Maternidades," *La Semana Médica* 43, no. 21 (May 21, 1936): 1629.

³⁷ Alfredo Largaía, "Sífilis congénita precoz" (Doctoral dissertation, Universidad Nacional de Buenos Aires, 1935); Alberto Antonelli, "Profilaxis de la sífilis prenatal," in *Actas y Trabajos del Primero Congreso Nacional de Puericultura*, vol. 2 (Buenos Aires, 1941), 99–107; and Merchante, "Estudio demográfico de la mortalidad por sífilis."

³⁸ John A. Roddy, "The Wassermann Test in Congenital Syphilis," *Archives of Pediatrics* 32, no. 7 (July 1915): 522–27; Reuben Peterson, "A Plea for Routine Wassermann Examinations for Obstetric and Gynecologic Patients in Hospital and General Practice," *American Journal of Syphilis* 1, no. 1 (January 1917): 211–20; Edward L. Cornell and Arthur William Stillians, "Syphilis in Pregnancy and Labor," *American Journal of Syphilis* 4, no. 2 (April 1920): 342–45; J. Whitridge Williams, "The Significance of Syphilis in Prenatal Care and in the Causation of Foetal Death," *New York State Journal of Medicine* 20, no. 8 (August 1920): 252–59.

results from the Baudelocque experiment were reported in a number of American medical journals.³⁹ By 1925, US public health officials, just like Manuel Luis Pérez in Argentina, proposed emulating Couvelaire's approach. That year, a news release from the US Public Health Service stressed that the work of "medical and social leaders of France," including Couvelaire, showed "that the number of such deaths [from syphilis] may be greatly reduced by timely examination and care of expectant mothers."⁴⁰ In fact, by the mid-1920s, performing a Wassermann test on all pregnant patients had become standard practice at a number of US hospitals.⁴¹ Yet, physicians lamented that prenatal testing was *not* standard at many clinics throughout the country, pointing to the difficulty of spreading this procedure without legal mandate.⁴² Leading obstetricians recognized that routine prenatal testing for syphilis would be "feasible only in institutions with well-equipped laboratory facilities, or in communities in which the health department maintains an efficient laboratory and is willing to cooperate in the work."⁴³

Ironically, in this era, the assumptions of US doctors disproportionately exposed the children of elite families to congenital syphilis. Because public maternity wards and prenatal clinics routinely tested their patients, indigent women were more likely to be tested for syphilis

³⁹ "Organization of Antisyphilis Dispensary in a Maternity," *Journal of the American Medical Association* 77, no. 2 (July 9, 1921): 133; "Frequency and Causes of Stillbirths," *Journal of the American Medical Association* 78, no. 5 (February 25, 1922): 594; and "Couvelaire: A Dispensary for Syphilis as Part of a Maternity Clinic," *American Journal of Obstetrics and Gynecology* 3, no. 4 (April 1922): 450.

⁴⁰ "Prevention of Congenital Syphilis," *Journal of Social Hygiene* 11, no. 9 (December 1925): 562.

⁴¹ David L. Belding and Isabelle L. Hunter, "The Wassermann Reaction in Different Social Classes," *American Journal of Syphilis* 8, no. 1 (January 1924): 117–29; John A. Fordyce and Isadore Rosen, "Results in the Treatment of Congenital Syphilis," *Archives of Dermatology and Syphilology* 9, no. 3 (March 1924): 355–67; Henry Heiman, "The Modern Treatment of Congenital Syphilis," *American Journal of Syphilis* 10, no. 4 (October 1926): 577–80; and C. Morton Smith, "One Thousand Cases of Congenital Syphilis," *Archives of Dermatology and Syphilology* 15, no. 5 (May 1927): 527–49.

⁴² Valeria H. Parker, "Prenatal Clinics and the Prevention of Congenital Syphilis," *Journal of Social Hygiene* 15, no. 2 (February 1929): 79.

⁴³ J. Whitridge Williams, "Standard Requirements for Obstetrical Care," in *Standards of Child Welfare: A Report of the Children's Bureau Conferences, May and June 1919* (Washington, DC, 1919), 145–46.

than women who could afford to see a private physician. As John Stokes pointed out, a private physician might feel that his knowledge of the patient and their family might suffice to determine the risk of congenital syphilis. Assuming monogamy and freedom from infection, a private doctor would see no need to perform a blood test for syphilis on a pregnant woman.⁴⁴ For fear of insulting their patients, most obstetricians in private practices also avoided the Wassermann test, but saw no problem in testing patients in public clinics. As a result, Joseph Earle Moore reported seeing widespread congenital syphilis among the well-to-do families that attended his small practice.⁴⁵ Confirming Moore's impression, a 1938 survey by the *New York Post* revealed that "the very poorest women who were compelled to attend the clinics did not have as many syphilitic babies as the moderately well-to-do women who retained private physicians."⁴⁶

4.2.2 Is syphilis hereditary?

The new understanding of syphilis transmission made possible by the discovery of the treponema also had implications for the relationship between venereal disease control and the eugenics movement. At the turn of the century, allusions to syphilis as a "racial poison" or a factor of "degeneration" were generally intended and understood as literal: that is, they reflected a belief that syphilis was a hereditary disease in the strictest, Mendelian meaning of the word. The same phrases continued to be used in popularizing literature in the 1910s and 1920s, but among doctors they were understood to be metaphorical or rhetorical rather than literal. In the United

⁴⁴ John H. Stokes, *Modern Clinical Syphilology: Diagnosis, Treatment, Case Studies* (Philadelphia: W. B. Saunders, 1927), 1007.

⁴⁵ Quoted in Udo J. Wile and Joseph W. Shaw, "The Prenatal Treatment of Syphilis," *Journal of the American Medical Association* 95, no. 24 (December 13, 1930): 1794.

⁴⁶ Edward C. Kienle, "Public Opinion and New York's 'Baby Health Bill,'" *Journal of Social Hygiene* 24, no. 8 (November 1938): 488.

States, this change helped detangle syphilis control from the American eugenics movement, which was itself undergoing its own transformation, as Mendelianism was taking hold.⁴⁷ For someone like Assistant Surgeon General W.C. Rucker, who adhered to a strict Mendelian definition of eugenics, syphilis was simply not hereditary and therefore did not constitute a eugenic problem but rather a public health one. It was a distinction that Rucker made explicitly and in those terms.⁴⁸ As Henry J. Nichols also pointed out, as an infectious disease, syphilis did not affect the “germ plasm” nor future generations.⁴⁹ Likewise, Doctor McClure Young made it clear in 1927 that “no permanent damage to the race can result” from syphilis.⁵⁰ Physicians had been using the terms hereditary and congenital interchangeably, but these American doctors now insisted on differentiated terminology when discussing congenital syphilis, since it was now clear that syphilis was not a hereditary disease in the literal sense of the word.⁵¹ This was not merely a matter of nomenclature; this shift meant that although syphilitic parents could indeed give birth to syphilitic children, the mass sterilization of syphilitics made little sense to US eugenicists. As Paul Popenoe, the editor of the *Journal of Heredity*, remarked in 1918, “the sterilization of a large number of syphilitics might have a eugenic effect, if the cured syphilitics had a permanently impaired germplasm—a proposition which is very doubtful.” On the contrary,

⁴⁷ Roswell H. Johnson, “Eugenics and So-Called Eugenics,” *American Journal of Sociology* 20, no. 1 (July 1914): 98–103; and William F. Snow, “Public Health Measures in Relation to Venereal Diseases,” *Journal of the American Medical Association* 66, no. 14 (April 1, 1916): 1008.

⁴⁸ W. C. Rucker, “More ‘Eugenic Laws,’” *Journal of Heredity* 6, no. 5 (May 1915): 219–26.

⁴⁹ Henry J. Nichols, “The Relation of Experimental Syphilis to Eugenics,” in *Transactions of the Fourth Annual Meeting of the American Association for Study and Prevention of Infant Mortality* (Baltimore: Franklin, 1914), 139.

⁵⁰ H. McClure Young, “Syphilis and the Germ Plasm,” *American Journal of Syphilis* 11, no. 2 (April 1927): 250.

⁵¹ Daniel J. Glomset, “Congenital Syphilis in the Light of the Wassermann Reaction,” *Journal of the American Medical Association* 65, no. 8 (August 21, 1915): 682.

in light of new medical knowledge, “as syphilis is a curable disease, there is scarcely more reason for sterilizing those afflicted with it than there is for sterilizing persons with measles.”⁵²

Nevertheless, venereal disease control remained connected to the US eugenics movement in ways that underline the role of gendered and class-based moral judgments in guiding eugenicists’ prescriptions. Because they associated loose morals with feeble-mindedness (itself understood as a hereditary condition), American eugenicists advocated the segregation—and later would advocate the sterilization—of female prostitutes, whom they also accused of spreading venereal diseases. For instance, the American eugenicist William S. Sadler believed that syphilis was not “technically speaking, inherited” but nevertheless saw “moral degeneracy or sexual defectiveness as a specific form of race decadence which is directly transmissible from one generation to the next.”⁵³ This belief shaped efforts to regulate female sexual and moral behavior in a number of US states. In early twentieth-century California, for instance, the Sonoma State Home for the Feeble-minded began segregating female prostitutes based on the argument that these women suffered from a hereditary condition (feeble-mindedness) and therefore represented a danger to society. After World War I, segregation gave way to sterilization. By sterilizing female “sexual deviants,” Sonoma hoped to prevent promiscuous women from passing on their hereditary defect.⁵⁴

Unlike in the United States, the transformed medical understanding of contagious syphilis did not sever the connections between venereal disease control and eugenics in eugenicists’

⁵² Paul Popenoe and Roswell H. Johnson, *Applied Eugenics* (New York: Macmillan, 1918), 193.

⁵³ William S. Sadler, *Race Decadence: An Examination of the Causes of Racial Degeneracy in the United States* (Chicago: A. C. McClurg, 1922), 128, 129.

⁵⁴ Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley: University of California Press, 2001), chapter 2; see also, Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 1987), 84–92.

public proposals in Argentina.⁵⁵ Eugenic arguments continued to be marshaled to underline the importance of venereal disease control. The impact that syphilis had on the “race” remained a concern for Argentine physicians and eugenicists in the 1920s and 1930s, including during the debates that led to the 1936 law that established premarital examination for men.⁵⁶ Nevertheless, Nancy Stepan’s claim that this law was based “on the neo-Lamarckian assumption that venereal infections could have hereditary and therefore racial effects” is inaccurate: she was misreading as literal a characterization Argentine doctors knew to be a metaphorical shorthand.⁵⁷ When Argentine syphilologists and eugenicists wrote that syphilis would impact future generations, they were not suggesting that acquired characteristics would be transmitted to future generations and that the impact of syphilis would be visible over several generations. Rather, as we will see, it was the immediate impact of syphilis on healthy reproduction that was at stake.⁵⁸

4.2.3 Legislative campaigns

Soon after its introduction, serological testing for syphilis began reshaping the discussion around the proper role of the state in ensuring healthy reproduction. It was now possible to detect syphilitic infection via a simple blood test. Should screening be required? When? Of whom? Across the interconnected Atlantic, lawmakers and activists considered two basic approaches:

⁵⁵ Julio Palacio and Amancio Moral, “El problema de la herencia de la sífilis de acuerdo con las últimas investigaciones,” *La Semana Médica* 29, no. 16 (April 20, 1922): 624–41.

⁵⁶ Angel M. Giménez, “La lucha antivenérea en la República Argentina: Un programa de acción,” in *Segundo Congreso Sudamericano de Dermatología y Sifilografía*, vol. 1 (Montevideo: El siglo ilustrado, 1922), 156–97; Peralta Ramos and Pérez, “La sífilis: Su frecuencia y profilaxis en las maternidades”; Leopoldo Bard, “La sífilis y las enfermedades venéreas como factor de degeneración de la raza,” *La Prensa Médica Argentina* 15, no. 15 (October 30, 1928): 638–50; and Pedro L. Baliña, “Sobre la manera de llevar a la práctica la ley nacional de profilaxis venérea,” *La Semana Médica* 45, no. 48 (December 1, 1938): 1229–45.

⁵⁷ Stepan, *The Hour of Eugenics*, 128.

⁵⁸ For a similar discussion of syphilis, “loose” heredity, and demographic crisis in Iran, see Cyrus Schayegh, “Hygiene, Eugenics, Genetics, and the Perception of Demographic Crisis in Iran, 1910s–1940s,” *Critique: Critical Middle Eastern Studies* 13, no. 3 (Fall 2004): 335–61.

prenatal screening of pregnant women, and premarital examination for either men or both men and women. Most US states would not pass premarital examination laws until the late 1930s, in “a legislative landslide unsurpassed in speed and scope.”⁵⁹ A few state legislatures, however, passed marriage restriction laws in the 1910s. Marriage restriction laws could take one of two forms: lawmakers could either require applicants for a marriage license to undergo a premarital examination or require a sworn statement declaring freedom from venereal disease. By 1920, venereal diseases were specifically mentioned as a bar to marriage in nine states. Of these nine, only four (Alabama, North Dakota, Oregon, and Wisconsin) required a certificate from a physician. The other five states (Michigan, New York, Vermont, Virginia, and Washington) did not.⁶⁰

Wisconsin lawmakers opted for the premarital examination in their 1913 marriage law. The law required all men seeking a marriage license to present a medical certificate declaring them free of venereal disease based on “the recognized clinical and laboratory tests of scientific search.” That clause was modified in 1915, leaving at the “discretion of the examining physician” whether a laboratory test should be performed.⁶¹ The passage of this so-called “eugenic marriage law” generated considerable debate in the United States and did not go unnoticed in the rest of the Atlantic world. For instance, the editorial board of the *JAMA* remained unconvinced, pointing out that the first version of the law placed the financial burden of enforcement on physicians, who were not compensated enough for the serological tests they

⁵⁹ “Premarital and Prenatal Examination Laws in Review,” *Journal of Social Hygiene* 34, no. 8 (November 1948): 355.

⁶⁰ Bernard C. Roloff, “The ‘Eugenic’ Marriage Laws of Wisconsin, Michigan, and Indiana,” *Journal of Social Hygiene* 6, no. 2 (April 1920): 227.

⁶¹ Fred S. Hall, *Medical Certification for Marriage: An Account of the Administration of the Wisconsin Marriage Law as It Relates to the Venereal Diseases* (New York: Russell Sage foundation, 1925), 81–84.

were required to order.⁶² Reception among foreign observers (for whom US doctors' pocketbooks were not the primary concern) was more positive. The French Eugenics Society noted in its journal *Eugénique* that a similar movement in favor of premarital examination was growing in Europe.⁶³

On the other hand, lawmakers in New York State selected the less demanding of the two options, the one that did not include serological testing. In 1917, they passed a law requiring both applicants for a marriage license to make a sworn statement declaring freedom from venereal disease. Its supporters admitted that the law was meant more as an educational measure, designed to force men and women to consider their health status before getting married.⁶⁴ In 1929, the commissioner of health for the state of New York wrote that, from that perspective, the law had been successful.⁶⁵ In 1923, a bill was introduced in the New York legislature that would have replaced the sworn statement with an affidavit from a licensed physician.⁶⁶ That proposal was defeated, and the 1917 system remained in place until the 1930s.⁶⁷

The push for premarital and prenatal testing intensified after World War I, with private organizations launching legislative campaigns in Argentina and the United States. The different groups involved in these campaigns highlight the wide array of actors that shaped venereal disease control at the time. Social hygiene organizations like the Liga Argentina de Profilaxis Social and the American Social Hygiene Association led efforts to establish premarital testing.

⁶² "The Marriage Law of Wisconsin," *Journal of the American Medical Association* 61, no. 26 (December 27, 1913): 2307.

⁶³ "Certificat médical en vue du mariage," *Eugénique* 1, no. 2 (February 1914): 62–63.

⁶⁴ Louis Chargin, "Recent Progress in New York's Venereal Disease Campaign," *Journal of Social Hygiene* 3, no. 4 (October 1917): 483.

⁶⁵ Matthias Nicoll, "Venereal Disease as a Public Health Problem," *Journal of Social Hygiene* 15, no. 8 (November 1929): 460.

⁶⁶ "Many Public Health Bills Under Consideration of the Legislatures," *Journal of Social Hygiene* 9, no. 3 (March 1923): 179.

⁶⁷ "Marriage Laws," *Journal of Social Hygiene* 17, no. 2 (February 1931): 116.

The social hygiene movement had legal, educational, and medical elements: its members spearheaded the campaigns against venereal diseases and prostitution while also promoting sex education, eugenics, and marriage law reform. Because the movement to establish premarital and prenatal testing laws intersected with a larger movement whose goal was to reduce infant mortality and achieve legal protection for mothers and children, women's groups worked alongside social hygiene activists, especially in the United States and to a lesser extent in Argentina. Finally, Argentine eugenicists also supported the campaign for premarital examination laws. On the other hand, US supporters of premarital and prenatal testing laws did not rely on eugenic arguments in the 1930s. At the turn of the century, American syphilologists had been likely to bring up depopulation and degeneration. But by the time premarital and prenatal laws were passed in the late 1930s and early 1940s, that language had virtually disappeared from their work.

In the United States, the American Social Hygiene Association and women's organizations worked together to promote marriage restriction through premarital examinations, which they viewed primarily as a way to reduce congenital syphilis. Indeed, "prevent the birth of congenital syphilitic children" was literally placed first in a list of the seven purposes of premarital health tests.⁶⁸ Since the turn of the century, women's organizations had been instrumental in creating momentum behind health legislation, from the Food and Drug Act of 1906 to the Sheppard-Towner Act, so their involvement in this campaign is not surprising.⁶⁹ In

⁶⁸ The other six being "postpone marriage of infected persons while the disease is in communicable state; reduce the toll of human life and misery which syphilis exacts all over America each year; reduce the public expense of maintaining institutions for the care of syphilis victims; promote marital happiness, encourage healthy family life; stimulate voluntary treatment of infected persons who may be considering marriage; public education regarding the nature of syphilis and methods of spread." Walter Clarke, "Premarital Health Tests" (late 1938), box 212, folder 4, American Social Health Association records, Social Welfare History Archives, University of Minnesota.

⁶⁹ Alexandra M. Lord, *Condom Nation: The U.S. Government's Sex Education Campaign from World War I to the Internet* (Baltimore: The Johns Hopkins University Press, 2010), 15.

1920, the Social Hygiene Committee of the National League of Women Voters (NLWV) included marriage restriction in its platform.⁷⁰ In the first six months of 1921 alone, the ASHA and the NLWV introduced over 170 social hygiene measures—including marriage restriction bills—in more than forty state legislatures across the United States.⁷¹

Premarital certificates against syphilis had double significance for women's groups, because these measures would protect not only future children but also their mothers. In 1912, at its eleventh biennial convention, the General Federation of Women's Clubs (GFWC) "endorsed certificates of health or of freedom from venereal diseases, for all applicants for marriage licenses" because "innocent women and children of our land are the greatest sufferers from venereal diseases in the marriage relation."⁷² Like the GFWC, the NLWV took an interest in social hygiene in part because women "were likely to be the innocent victims of infection."⁷³ As the chairman of the Social Hygiene Committee of the NLWV wrote in a 1939 pamphlet for the ASHA, syphilis and gonorrhea were "too frequently carried by the father into the home."⁷⁴ It is for this reason that women's groups championed both premarital and prenatal testing laws. Indeed, if the goal of premarital testing was only to protect future children, requiring men to be tested for syphilis before marriage would be superfluous, since doctors now understood that congenital syphilis was transmitted through the mother. For the purpose of eliminating congenital syphilis, requiring both mandatory premarital and prenatal testing was, as a Detroit

⁷⁰ "Women Voters' Social Hygiene Program," *Journal of Social Hygiene* 6, no. 2 (April 1920): 326–28.

⁷¹ Kenneth M. Gould, "Progress, 1920-21," *Journal of Social Hygiene* 7, no. 3 (July 1921): 322.

⁷² "General Federation of Women's Clubs on Public Health," *Journal of the Michigan State Medical Society* 11, no. 10 (October 1912): 649.

⁷³ "Social-Hygiene Program of the National League of Women Voters, 1924-1925," *Journal of Social Hygiene* 10, no. 9 (December 1924): 565.

⁷⁴ Valeria H. Parker, "Social Hygiene and the Child," 1939, 11, contained in box 173, folder 13, American Social Health Association records, Social Welfare History Archives, University of Minnesota.

syphilologist put it in 1940, somewhat redundant.⁷⁵ By supporting premarital testing, maternalist groups strove to protect women both as spouses and potential mothers.

Women's groups seem to have played a less important role in the Argentine campaign for premarital examination—although, as we will see, maternal and child welfare was nevertheless at the core of this campaign. Fragmentary evidence suggests that the Club de Madres, a group formed in 1912 by elite Argentine women to promote child welfare, supported the adoption of premarital examination.⁷⁶ But as a leading women's historian sums up, in Argentina as in other Latin American countries, “reproductive health, prenuptial certificates, and abortion were in the hands of doctors and jurists, many of whom used feminism inferentially but kept feminists out of the decision making.”⁷⁷

Rather, it was Argentine social hygienists who took the lead in campaigning for the premarital certificate in their country. The main voluntary organization campaigning for premarital examination was the Liga Argentina de Profilaxis Social. In June 1921, less than a month after its creation, the Liga wrote the Argentine congress asking for a law that would require both men and women to present a health certificate before getting married. Placing their proposal in an international context, the Liga noted that Wisconsin and Mexico already prevented their residents from getting married without a health certificate declaring them free of syphilis.⁷⁸ Argentine senators were unconvinced by the Liga's proposal. Unfazed by this

⁷⁵ Loren W. Shaffer, “Public Health Problems in Control of Syphilis,” *Archives of Dermatology and Syphilology* 41, no. 5 (May 1940): 910.

⁷⁶ Carlos B. de Quirós, “Matrimonio eugenésico,” *Anales de Biotipología, Eugenesia y Medicina Social* 1, no. 18 (January 15, 1934): 15.

⁷⁷ Asunción Lavrin, *Women, Feminism, and Social Change in Argentina, Chile, and Uruguay, 1890-1940* (Lincoln: University of Nebraska Press, 1995), 159.

⁷⁸ Alfredo Fernández Verano, *Por la salud y el vigor de la raza: Plan de defensa social contra las enfermedades venéreas*, 2nd ed. (Buenos Aires: Liga Argentina de Profilaxis Social, 1924), 18.

rejection and committed to the premarital certificate, the Liga began a propaganda campaign that would last over fifteen years (see figure 7).⁷⁹



Figure 7. “Two intruders who, very often, are part of the wedding party: syphilis and gonorrhea” (ca. 1939).⁸⁰

⁷⁹ Alfredo Fernández Verano, Armando Ascherí, and David Fairstein, *El examen médico prenupcial* (Buenos Aires: Liga Argentina de Profilaxis Social, 1934).

⁸⁰ Folder 405.1 Exhibits, Box 213; General Records of the Venereal Disease Division, 1918-36; Records of the Public Health Service, 1912-1968, Record Group 90; National Archives at College Park, College Park, MD.

In Argentina, support for premarital examination also came from eugenicists, even before the creation of the Argentine Association of Biotypology, Eugenics, and Social Medicine in 1932. While commentators in the United States no longer referred to premarital examination laws as eugenic, Argentine eugenicists continued to use this terminology. Even though Argentine eugenicists spoke of the impact of syphilis on future generations, they were concerned with the immediate impact of syphilis on healthy reproduction, not the transmission of acquired characteristics. As one Argentine eugenicist suggested, if syphilis had been understood as causing permanent, transmissible defects, it would have been more humane to sterilize syphilitic couples and let them get married, therefore preventing them from passing on their genes while still allowing them to enjoy married life.⁸¹ The threat to the Argentine nation was much more immediate: syphilis was a prime cause of infant mortality, and the infected children who survived developed severe complications from congenital syphilis. What really worried Argentines was the negative impact of syphilis on population growth.⁸²

The emphasis on the quantity rather than the quality of the Argentine population means that the relationship between syphilis prevention and eugenics does not fit the models that scholars have used to discuss international eugenics: Mendelian/neo-Lamarckian or negative/positive eugenics. When discussing premarital certificates, Argentines used eugenic arguments but they worried more about the overall birth and survival rates than about preventing the reproduction of the unfit. For this very reason, the premarital examination law that

⁸¹ Enrique Díaz de Guíjarro, *La reforma del matrimonio civil por las leyes eugénicas* (Buenos Aires: Antología Jurídica, 1938), 39.

⁸² Peralta Ramos and Pérez, “La sífilis: Su frecuencia y profilaxis en las maternidades”; Municipalidad de la Ciudad de Buenos Aires, *Protejeos contra la sífilis y enfermedades venéreas* (Buenos Aires, 1928), 4; Carlos B. de Quirós, *Delincuencia venérea (estudio eugénico-jurídico)* (Buenos Aires, 1934), 47; Nicolás V. Greco, *La Liga Argentina de Profilaxis Social: Institución de utilidad pública* (Buenos Aires: Liga Argentina de Profilaxis Social, 1939); Nicolás V. Greco, “Perfeccionamiento de la ley nacional 12.331 de profilaxis de las enfermedades venéreas,” *La Semana Médica* 47, no. 40 (October 3, 1940): 740–47; and Carlos B. de Quirós, *Problemas demográficos argentinos* (Buenos Aires: Cruz del Sur, 1942), 30.

Argentines would pass in 1936 was only designed as a temporary barrier to marriage. Article 13 made clear that only people “during the contagious period” were prohibited from getting married.⁸³ This was not a permanent impediment, since, by that time, syphilis was considered a curable disease in Argentina.

Argentine physicians and eugenicists had a clear understanding of the history of the movement for premarital examination, both in their country and abroad. In July 1922, doctor and Radical Party deputy Leopoldo Bard introduced a bill in congress that would have required Argentine men to undergo a physical examination before getting married. Bard alluded to what foreign legislatures were doing, as he argued that passing this law would place Argentina “at the forefront of civilization.”⁸⁴ When Argentines commented on their campaign for premarital examination, they clearly saw it as the culmination of decades of efforts in various corners of the Atlantic basin. Some even tried to go back in time as far as possible, with varying degrees of accuracy. Carlos de Quirós, writing in 1934, went back to France in 1863, when various Parisian medical societies discussed premarital certificates.⁸⁵ Lázaro Sirlin, another Argentine doctor, writing in 1928, traced efforts to prevent the marriage of those afflicted with contagious diseases back to a French treatise on public hygiene from 1815.⁸⁶

By invoking countries that already required premarital examination, Argentine supporters of this measure could castigate lawmakers for holding their country back, and that was the tactic that Deputy Tiburcio Padilla, the author of a 1934 bill, adopted. That strategy, however, could backfire. In his rebuttal to Padilla’s argument, Conservative deputy Alfredo Rodríguez argued

⁸³ Francisco José Martone, *Administración sanitaria y medicina social* (Buenos Aires: Ciordia y Rodríguez, 1951), 695.

⁸⁴ Leopoldo Bard, “Certificado de salud para el matrimonio,” *Revista Dermatológica* 9 (1922): 121.

⁸⁵ Quirós, “Matrimonio eugenésico.”

⁸⁶ Lázaro Sirlin, “Certificado médico prematrimonial,” *La Semana Médica* 35, no. 44 (November 1, 1928): 1213.

that using examples from “societies and countries completely different from ours” proved nothing. In fact, Rodriguez added, it called into question whether laws “from countries with a temperament different from ours” would work in Argentina.⁸⁷ Socialist deputy Enrique Dickmann, however, rejected what he called “national idiosyncracies.” He considered it humiliating to suggest that what “had been done in Sweden or in Norway in terms of public health, Argentines would be incapable of doing.”⁸⁸ These debates therefore illustrated two tendencies in Argentine intellectual circles: one introspective and painfully aware of Argentina’s peripheral status, another oriented outwards and ready to place Argentina among the list of advanced nations (see also chapter 5).

4.2.4 Legislative victories

In the United States, Surgeon General Thomas Parran’s efforts to bring venereal diseases to public attention were instrumental in creating a favorable climate for the passage of mandatory premarital and prenatal testing laws. Social hygiene and women’s groups took advantage of this opening to renew their push for legislation, as the example of New York State makes clear. New York became the first US state to pass a law requiring all pregnant women to receive a serologic test. The “baby health bill” was introduced in January 1938 by Senator Twomey and Assemblyman Newell. Passed with the support of the New York Academy of Medicine (NYAM), the American Social Hygiene Association, and women’s organizations like the Women’s City Club of New York and the American Woman’s Association, the law went into

⁸⁷ Congreso Nacional, *Diario de Sesiones de la Cámara de Diputados*, vol. 5 (Buenos Aires: Imprenta del Congreso Nacional, 1936), 23.

⁸⁸ *Ibid.*, 5:33.

effect on March 18, 1938.⁸⁹ By the end of the following year, sixteen additional states had passed a similar law.⁹⁰ Moreover, with the support of radio stations, newspapers, the NYAM, the New York State Health Department, and groups like the New York League of Women Voters, New York legislators passed a premarital examination bill in April 1938. The law, which became effective in July 1938, required both male and female applicants for a marriage license to submit to a blood test and present a medical certificate showing freedom from syphilis. With this achievement, New York became the tenth US state to pass a premarital examination law, following Connecticut in 1935; Oregon, Illinois, Wisconsin, Michigan, and New Hampshire in 1937; and Kentucky, Rhode Island, and New Jersey in early 1938.⁹¹

The fact that the New York premarital and prenatal testing laws were passed, as one doctor remarked in 1941, “chiefly through the efforts of lay organizations” runs counter to the chronology proposed by historian Molly Ladd-Taylor.⁹² As we saw in chapter 1, the US campaign for maternal welfare reached a turning point in the 1930s. Following the defeat of the Sheppard-Towner Act, Ladd-Taylor suggests, maternal health was no longer central to the women’s movement. Depoliticized, the issue became the domain of male experts. By making child welfare a government responsibility, the Sheppard-Towner Act had contributed to the professionalization and medicalization of the field. This process strengthened the role of male physicians and public health officials at the expense of lay women.⁹³ All in all, Ladd-Taylor

⁸⁹ Edward C. Kienle, “Public Opinion and New York’s ‘Baby Health Bill,’” *Journal of Social Hygiene* 24, no. 8 (November 1938): 488.

⁹⁰ “Premarital and Prenatal Examination Laws in Review,” 377.

⁹¹ Aneta E. Bowden and George Gould, “Summary of State Legislation Requiring Premarital and Prenatal Examinations for Venereal Diseases” (1941), contained in box 174, folder 6, American Social Health Association records, Social Welfare History Archives, University of Minnesota.

⁹² Charles H. Peckham, “Legal and Therapeutic Aspects of Syphilis and Pregnancy,” *Journal of the American Medical Association* 117, no. 22 (November 29, 1941): 1863.

⁹³ Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Urbana: University of Illinois Press, 1994), 189–90.

concludes, “infant mortality stopped being a national political issue after Sheppard-Towner was defeated.”⁹⁴

Yet, my research shows that social hygiene and the impact of syphilis on children remained an important question for New York’s women’s organizations in the 1930s.⁹⁵ In 1935, the Women’s City Club of New York asked then State Commissioner of Health Thomas Parran to address its members. The chairperson of the club’s Committee on Public Health expressed her desire to help educate the general public on venereal disease prevention.⁹⁶ A year later, Parran presided over the first meeting of the Advisory Council on Health and Welfare of the New York State Federation of Women’s Clubs.⁹⁷ Also in attendance was John L. Rice, the commissioner of health for New York City, whose presence illustrates how the state’s women’s organizations were trying to collaborate with city and state public health officials. In fact, this was a general effort led since 1932 by the General Federation of Women’s Clubs. At its convention in 1932, the Federation passed a resolution calling its affiliates to cooperate with the American Social Hygiene Association, with physicians, and with health authorities in the conquest of syphilis.⁹⁸

US syphilologists had not led this legislative charge, nor even fully embraced it. While maternalist and social hygiene activists celebrated the passage of premarital and prenatal testing laws, syphilologists expressed concern. Medical criticism of US premarital testing laws took two

⁹⁴ Molly Ladd-Taylor, “Saving Babies and Sterilizing Mothers: Eugenics and Welfare Politics in the Interwar United States,” *Social Politics* 4, no. 1 (Spring 1997): 141.

⁹⁵ “Women Open Drive on Social Diseases,” *New York Times*, April 2, 1936; “Women Voters Back New Marriage Curb,” *New York Times*, November 21, 1937; Anne Petersen, “Women Renew Drive for Law to Block Marriages of the Unfit,” *New York Times*, November 28, 1937; and “New Marital Bill Is Discussed Here,” *New York Times*, December 19, 1937.

⁹⁶ Anne G. Waters to Thomas Parran Jr., January 10, 1935, folder 388, box 34, Thomas Parran Papers, 1916-1962, UA.90.F14, Archives Service Center, University of Pittsburgh, Pittsburgh, PA.

⁹⁷ Minutes of the First Meeting of the Advisory Council on Health and Welfare of the New York State Federation of Women’s Clubs, February 25, 1936, folder 100, box 11, Thomas Parran Papers, 1916-1962, UA.90.F14, Archives Service Center, University of Pittsburgh, Pittsburgh, PA.

⁹⁸ Marjorie B. Illig, “The Health Program of the General Federation of Women’s Clubs,” *Journal of Social Hygiene* 22, no. 7 (October 1936): 310–11.

forms. First, some syphilologists took a conservative approach to the relationship between science and policymaking, viewing calls for mandatory blood tests as premature. From 1913 and the passage of the Wisconsin marriage law onwards, some US doctors expressed concerns about serological tests being used for premarital certificates. Since such tests could produce false negatives and false positives, using them to determine marriage aptitude was problematic. Syphilologists identified two main problems: serological tests were not foolproof, and serological tests lent themselves to procedural mistakes. A few months after the passage of the 1913 Wisconsin law, an American doctor warned that relying on one or even two Wassermann reactions to determine marriage fitness would lead to a false sense of security.⁹⁹ Year after year, the same argument reappeared in the pages of American medical journals.¹⁰⁰ This skepticism regarding available diagnostic methods also affected discussions of mandatory prenatal blood testing for syphilis and pervaded the American medical literature from World War I to the end of World War II.¹⁰¹

⁹⁹ Charles F. Craig, "Variations in the Strength of the Wassermann Reaction in Untreated Syphilitic Infections," *Journal of the American Medical Association* 62, no. 16 (April 18, 1914): 1236.

¹⁰⁰ See, for instance, Edward L. Keyes, "Can the Law Protect Matrimony from Disease," *Journal of Social Hygiene* 1, no. 1 (December 1914): 9–14; Hugh Cabot, "Syphilis and Society," *Journal of Social Hygiene* 2, no. 3 (July 1916): 347–62; John H. Stokes, *The Third Great Plague: A Discussion of Syphilis for Everyday People* (Philadelphia: W. B. Saunders, 1918), 130; John A. Kolmer, "Laws Requiring Premarital and Pregnancy Tests for Syphilis," *Journal of the American Medical Association* 112, no. 23 (June 10, 1939): 2385–91; William F. Snow, "Protection of Marriage and Childlife Against Syphilis," *American Journal of Syphilis, Gonorrhoea, and Venereal Diseases* 23, no. 3 (May 1939): 277–87; "Accurate Blood Tests for Syphilis," *Journal of the American Medical Association* 115, no. 5 (August 3, 1940): 386–87.

¹⁰¹ See, for instance, Henry Farnum Stoll, "The Late Manifestations of Inherited Syphilis," *Journal of the American Medical Association* 63, no. 18 (October 31, 1914): 1558–63; "The Value of the Wassermann Reaction in Obstetrics and the Validity of Colles' Law," *Journal of the American Medical Association* 76, no. 17 (April 23, 1921): 1171–72; Robert A. Kilduffe, "Concerning the Wassermann Test in Its Relation To Prenatal and Congenital Syphilis," *American Journal of the Medical Sciences* 164, no. 5 (November 1922): 677–83; Arthur William Stillians, "The Reliability of the Kolmer-Wassermann Reaction in Pregnancy," *Archives of Dermatology and Syphilology* 17, no. 3 (March 1928): 318–21; Walter Clarke, "The Prevention of Congenital Syphilis," 1931, contained in box 172, folder 12, American Social Health Association records, Social Welfare History Archives, University of Minnesota; McKelvey and Turner, "Syphilis and Pregnancy"; and Peckham, "Legal and Therapeutic Aspects of Syphilis and Pregnancy."

Dissatisfaction with the shape American premarital laws took was not solely based on scientific arguments, however; some syphilologists saw the imposition of a mandatory laboratory test before marriage as a threat to their livelihood. Remember that as early as 1913 the *JAMA* had opposed Wisconsin's premarital testing law on these grounds. Again, in response to the legislative wave of the 1930s, maintaining both profits and control was at the forefront of concern. Physicians insisted that laboratory workers could not handle serological testing without the input of a syphilologist. In an article published shortly after New York and other states passed laws on premarital examinations, syphilologists John Stokes and Norman Ingraham commented that determining fitness for marriage "cannot be framed so as to place sole or even major dependence on any laboratory procedure, including a blood test." "It is essential," they added, "that the individual autonomy and judgment of the physician be invoked and preserved."¹⁰² N.A. Nelson, a doctor in the Massachusetts Department of Public Health, agreed, pointing out that it was preposterous to ask poorly trained technicians to certify whether someone was healthy enough to marry when even syphilologists often could not "offer anything more than an honest opinion."¹⁰³ As we will see, Argentine syphilologists, who did not perceive the growth of the public health apparatus as a threat but rather as a welcome amplification of their own sphere of influence, would react differently to the introduction of mandatory premarital testing in their country.

Although Argentine and US specialists had taken part in shared international debates regarding the prenatal transmission of syphilis and its medical impact and had reached common conclusions, the course through which each government assumed responsibility for intervening

¹⁰² John H. Stokes and Norman R. Ingraham, "Syphilis and the Law with a Discussion of the False Positive Blood Serologic Test," *Journal of the American Medical Association* 112, no. 12 (March 25, 1939): 1143.

¹⁰³ N. A. Nelson, "Marriage and the Laboratory," *American Journal of Syphilis, Gonorrhea, and Venereal Diseases* 23, no. 3 (May 1939): 293.

in reproductive practice on the base of this knowledge was quite distinct. Argentina's premarital examination law was passed in the 1930s, just like the wave of US state laws above, but in response to a different set of concerns and with the support of different groups. By the 1930s, some Argentines perceived the lack of premarital legislation and the persistence of prostitution regulation as a symbol of national backwardness. Prostitution abolitionists and supporters of premarital examination could therefore argue that reforming syphilis control would promote a better image of Argentina abroad. In his concluding remarks to a congressional subcommittee, Angel Giménez argued that the only way for Argentina "to merit the consideration of the civilized world" would be to implement eugenic measures like his proposed law on venereal disease prophylaxis.¹⁰⁴ As Natalia Milanesio has shown, opponents of prostitution regulation used the same argument in their legislative campaign. Their task was to prove to Argentine deputies that licensed brothels constituted a symbol of national backwardness and barbarism.¹⁰⁵

Moreover, in the 1930s, demographic studies lent credibility to the Argentine doctors and policymakers who pushed the state to address the perceived link between syphilis and depopulation. Depopulation was becoming a real concern in Argentina, and concern centered on two factors that were understood to be decreasing the Argentine rate of population growth in the 1930s. First, the birth rate of urban Argentines had declined dramatically since the turn of the century, even as the country continued to experience high infant mortality rates. Argentina's demographic transition was notable because the fall in overall death rates was almost immediately followed by the fall in birth rates, thus skipping the intermediate stage where Argentina's population would have increased. Second, with the reduction of transatlantic

¹⁰⁴ Angel M. Giménez, *Profilaxia de las enfermedades venéreas: Proyecto de ley* (Buenos Aires: Sociedad Luz, 1933), 36.

¹⁰⁵ Natalia Milanesio, "Redefining Men's Sexuality, Resignifying Male Bodies: The Argentine Law of Anti-Venereal Prophylaxis, 1936," *Gender & History* 17, no. 2 (August 2005): 469.

migration that accompanied the Great Depression, Argentina could no longer rely on this alternative source of population growth to compensate for its low birth rate.¹⁰⁶

This understanding of depopulation depended on the growth of demography as a science. In turn, the spread of new demographic tools depended on the existence of transatlantic networks that linked scientists and academics in Europe and Argentina.¹⁰⁷ As Hernán González Bollo has shown, the Argentine economist and engineer Alejandro Bunge adopted foreign statistical formulas to shed light on what was increasingly perceived as Argentina's population crisis. At the beginning of the 1930s, Bunge started using the net reproduction rate over other statistical methods. This new statistical tool, which had originated in Germany, helped redefine the magnitude of the population crisis that Argentina faced.¹⁰⁸ How Argentines articulated their anxieties over depopulation therefore depended on transatlantic networks in more than one way.

The importance of puericulture to the Argentine eugenics movement explains why eugenicists saw venereal disease control and child welfare as intertwined. Puericulture dealt with the health of children from the pre- to the post-natal stages but also, and this is crucial, before conception had even occurred. According to Argentine eugenicists like Gregorio Aráoz Alfaro, premarital certificates were an example of “preconceptional puericulture.”¹⁰⁹ For Alfredo Fernández Verano and his colleagues in the Liga Argentina de Profilaxis Social, eugenics was in

¹⁰⁶ Marcela Nari, “Las prácticas anticonceptivas, la disminución de la natalidad y el debate médico, 1890-1940,” in *Política, médicos y enfermedades: Lecturas de historia de la salud en la Argentina*, ed. Mirta Zaida Lobato (Buenos Aires: Biblos, 1996), 154–55.

¹⁰⁷ See also Reggiani, “Depopulation, Fascism, and Eugenics in 1930s Argentina.”

¹⁰⁸ Hernán González Bollo, “Recepción en Argentina de una obsesión demográfica occidental: Baja la natalidad, declina la población, se agranda el desierto, 1926-1943,” in *Los lugares del saber: Contextos locales y redes transnacionales en la formación del conocimiento moderno*, ed. Ricardo D. Salvatore (Buenos Aires: Beatriz Viterbo, 2007), 235–67.

¹⁰⁹ Gregorio Aráoz Alfaro, “El concepto integral de la protección de la infancia,” *Anales de Biotipología, Eugenesia y Medicina Social* 1, no. 6 (June 15, 1933): 2.

fact synonymous with “preconceptional puericulture.”¹¹⁰ This back and forth between the two concepts was also visible in the writings of Aráoz Alfaro, who sometimes used puericulture and sometimes praised the premarital examination laws of various foreign countries as good examples of “eugenic legislation.”¹¹¹ Although the serological screening of pregnant women would have been far more effective against congenital syphilis, there is no evidence suggesting that a law mandating prenatal testing for syphilis was ever considered in Argentina.

The bill that eventually became Argentina’s law of antivenereal prophylaxis (AVP law, or law 12.331) was designed by merging two proposals, and this merging foreshadowed what would become a point of contention for Argentine lawmakers: whether and how to include women in the law. In September 1933, the socialist deputy Angel Giménez proposed a bill that would have required both marriage applicants to issue a sworn declaration with the option to request a serological test at the applicant’s discretion. Giménez believed that making a medical certificate mandatory would encourage fraud. By making it voluntary, he hoped to appeal to Argentines’ sense of duty and responsibility.¹¹² In May of the following year, Deputy Tiburcio Padilla drafted his bill on the premarital certificate. Padilla’s project required both men and women to acquire a premarital health certificate. The Comisión de Higiene y Asistencia Social of the Chamber of Deputies then combined the Padilla and Giménez bills into a draft it released on July 18, 1935. This new version imposed the premarital certificate on men and required a simple statement of women. The bill then went to the Senate, where a commission revised it before sending it back to the Chamber of Deputies in September 1936.

¹¹⁰ Fernández Verano, Ascherí, and Fairstein, *El examen médico prenupcial*, 3.

¹¹¹ Gregorio Aráoz Alfaro, *Por nuestros niños y por las madres: Protección, higiene y asistencia social* (Buenos Aires: Librería del Colegio, 1936), 174–75.

¹¹² Giménez, *Profilaxia de las enfermedades venéreas: Proyecto de ley*.

Before the law was passed, however, the Senate's Comisión de Legislación revised several articles, including the one dealing with premarital examination. Senator Serrey removed women from the bill, claiming that examining women before marriage would be an affront to "female honesty."¹¹³ This infuriated Deputy Padilla, who wished to submit women to a premarital examination but was willing to accept a declaration, conceding it would at least serve an educational purpose. To ensure the bill's passage, Padilla decided to accept the Senate's proposal but vowed to continue fighting for the premarital examination of women.¹¹⁴ Deputy Soria argued that a simple serological test would not offend women's honor and that they should be included in the law.¹¹⁵

The unwillingness to submit Argentine brides to a serological test, let alone a medical examination, stands in contrast to the treatment of female prostitutes in Argentina. The 1936 AVP law also ended the practice of prostitution regulation, but for sixty years, cities like Buenos Aires had registered female prostitutes and submitted them to periodic medical inspection. Because they transgressed notions of acceptable female behavior, female prostitutes were not protected from state supervision as other Argentine women were.¹¹⁶ But to put it another way, female prostitutes were the only group benefiting from a systematic screening for venereal diseases. I would suggest that these two perspectives are not necessarily mutually exclusive. We can be wary of the extension of state power while also recognizing medical advances and the benefits of increased medical coverage.

¹¹³ Congreso Nacional, *Diario de Sesiones de la Cámara de Senadores*, vol. 2 (Buenos Aires: Imprenta del Congreso Nacional, 1936), 277.

¹¹⁴ Congreso Nacional, *Diario de Sesiones de la Cámara de Diputados*, vol. 4 (Buenos Aires: Imprenta del Congreso Nacional, 1936), 929.

¹¹⁵ *Ibid.*, 4:943.

¹¹⁶ Milanesio, "Redefining Men's Sexuality, Resignifying Male Bodies," 465; and Donna J. Guy, *Sex and Danger in Buenos Aires: Prostitution, Family, and Nation in Argentina* (Lincoln: University of Nebraska Press, 1991).

Various scholars have pointed out that the 1936 AVP law exempted women from premarital testing, but the existing scholarship underestimates the level of support from the medical community for the inclusion of women in the national law.¹¹⁷ Both before and after the law was passed, the Liga Argentina de Profilaxis Social and the overwhelming majority of Argentine syphilologists agreed that women ought to be tested as well. Reflecting on the law in 1941, the president of the Liga remarked that the organization had advised Congress to include women. In fact, representatives of the Liga had advised the Senate's Comisión de Legislación to keep women in the bill, as in the Chamber's initial proposal. The Liga's argument rested in part on a comparison with other countries. Alfredo Fernández Verano, the Liga's president, explained that by not including women in its law, Argentina would in effect go backwards in time and place itself alongside the US states that had pioneered premarital testing laws but imposed them only on men. Since then, some Scandinavian and Central European countries had passed laws involving both applicants for a marriage license, and Fernández Verano argued that Argentina should emulate their example.¹¹⁸ While already in the 1930s Argentine physicians agreed that the law needed to be revised to cover women, prospective brides would not be required to be tested for syphilis until the passage of law 16.668 in 1965.¹¹⁹

¹¹⁷ Guy, *Sex and Danger in Buenos Aires*, 131; Stepan, *The Hour of Eugenics*, 128; and Milanese, "Redefining Men's Sexuality, Resignifying Male Bodies."

¹¹⁸ Alfredo Fernández Verano, "El examen médico prenupcial," *La Semana Médica* 48, no. 27 (July 3, 1941): 46.

¹¹⁹ Ariosto Licurzi, "El certificado prenupcial: Consideraciones psicológicas y médico-legales," *La Semana Médica* 44, no. 33 (August 19, 1937): 415–19; Enrique P. Fianza, "Para que la Ley de Profilaxis de las Enfermedades Venéreas n.º 12.331 y su reglamentación resulten benéficas, se hace indispensable su modificación," *Revista Argentina de Dermatosifilología* 22 (1938): 608–20; Juan L. Abadie, "La ley 12.331," *La Semana Médica* 45, no. 32 (August 11, 1938): 345–47; Enrique Díaz de Guijarro, *Bases eugénicas para la legislación del matrimonio* (Buenos Aires: Antología Jurídica, 1939), 9–10; Simon Rosner and Benon Reinecke, "Nuestra experiencia sobre los resultados observados con la aplicación de la Ley 12.331 de Profilaxis Venérea," *La Semana Médica* 49, no. 16 (April 16, 1942): 773–75; Nicolás V. Greco, *Tratado de las bases dirección y práctica del tratamiento moderno de la sífilis con notas de profilaxis* (Buenos Aires: La semana médica, 1946), 732; and Marisa A. Miranda, "Matrimonio y procreación en la ortodoxia eugénica argentina," *Sociohistórica: Cuadernos del CISH* no. 17–18 (2005): 161.

In other words—and in contrast to their US colleagues—Argentine physicians argued that the law did not go far enough. In Argentina, criticism of serological testing was notably more muted.¹²⁰ Syphilologists wholeheartedly embraced premarital and prenatal testing for syphilis. They offered no resistance to the intrusion of laboratory methods in the diagnosis of syphilis. That embrace of serological testing did not stem from an unsophisticated understanding of the Wassermann test and its derivatives: like their foreign colleagues, Argentine syphilologists had spent considerable time debating the merits of the various serological reactions at their disposal.¹²¹ In other words, they knew full well how sensitive these reactions were. Yet, their criticism of premarital legislation centered on the exclusion of women from the law, not on the unreliability of serological testing. Moreover, Argentine syphilologists had fewer reasons to feel threatened by laboratory workers since the 1936 law did not require that a blood test be performed before a premarital certificate could be issued. Nevertheless, in 1940, José Puente confirmed that most urban doctors were reporting using a serological reaction before releasing a health certificate.¹²² Unlike their US colleagues, Argentine syphilologists drew on their professional expertise to position themselves as allies of the public health apparatus.

¹²⁰ See, for instance, Sirlin, “Certificado médico prematrimonial”; and Baliña, “Sobre la manera de llevar a la práctica la ley nacional de profilaxis venérea.”

¹²¹ See, for instance, Alfredo Sordelli and César E. Pico, “Las reacciones de precipitación en la sífilis,” *La Semana Médica* 28, no. 49 (December 8, 1921): 808–12; Ramón A. Alcaraz, “Las reacciones de precipitación (Sachs-Georgi, Meinicke y Kahn) en el diagnóstico de la sífilis,” *La Semana Médica* 34, no. 7 (February 17, 1927): 413–15; Pedro L. Baliña, “Algo sobre el alto valor clínico de la suerología actual de la sífilis,” *La Semana Médica* 39, no. 42 (November 17, 1932): 1409–15; José L. Carrera, “Valor clínico de las reacciones serológicas para sífilis,” *Revista Argentina de Dermatosifilología* 18 (1934): 87–103; and Salomon Schujman, “La reacción de Kline en el diagnóstico de la sífilis: Su valor comparativo con la Wassermann y Kahn,” *Revista Argentina de Dermatosifilología* 20 (1936): 97–107.

¹²² José J. Puente, “Estado actual de la profilaxis de las enfermedades venéreas en la República Argentina,” *Boletín Sanitario del Departamento Nacional de Higiene* 4 (August 1940): 436.

4.3 CONCLUSION

What made the passage of premarital and prenatal testing laws possible was not a recent scientific breakthrough—since a diagnostic test for syphilis had been discovered in 1906—but a combination of other factors like a change in public opinion and the willingness of policymakers to tackle congenital syphilis. I have shown how the historical actors involved in these legislative campaigns drew strength from three overlapping movements: venereal disease control, eugenics, and maternal and child welfare.

This chapter has also shed light on the role that cross-national comparisons played in shaping premarital examination laws. These laws were often drafted in intentional contrast to foreign initiatives or with the desire to improve foreign policies. In this sense, I argue, the international system of scientific and policy exchange introduced in chapter 2 provided support for the interventionist shift that undergirded the formation of welfare states in Argentina and the United States.

In studying the relationship between eugenics and the science of syphilis, I have noted the need for careful and contextualized reading of eugenicist rhetoric. While fears of degeneration characterized the turn of the century, the relationship between syphilis and the growing eugenics movement changed after World War I, due to breakthroughs in the science of syphilis and to the influence of Mendelianism on the US eugenics movement. This new understanding of syphilis transmission severed the connections between eugenicist arguments and activism and venereal disease control in the United States but not in Argentina. Although this chapter has confirmed “the astounding similarity of eugenic ambitions and agendas

internationally,” it was the specific articulation between policymakers, maternalist activists, and doctors in individual countries that shaped national and state laws against congenital syphilis.¹²³

¹²³ Alison Bashford and Philippa Levine, eds., *The Oxford Handbook of the History of Eugenics* (New York: Oxford University Press, 2010), 15.

5.0 HEALTHY MASCULINITY: ABSTINENCE, SYPHILIS CONTROL, AND SEX EDUCATION

Beginning at the end of the nineteenth century, numerous countries throughout the world established sex education programs that promoted extramarital abstinence, particularly for men. Male continence was a feature of sex education in Mexico, Uruguay, France, the Netherlands, Spain, Britain, Germany, and New Zealand, to name a few countries.¹ In this chapter, I examine the place of abstinence in US and Argentine sex education materials. By adopting a transnational perspective, this chapter contributes to the growing scholarship on the impact of transnational discourses on local conceptions of gender and sexuality.²

¹ Katherine Elaine Bliss, *Compromised Positions: Prostitution, Public Health, and Gender Politics in Revolutionary Mexico City* (University Park: Pennsylvania State University Press, 2001), 105, 131; Silvana Darré, *Políticas de género y discurso pedagógico: La educación sexual en el Uruguay del siglo XX* (Montevideo: Ediciones Trilce, 2005), 57–93; Alain Corbin, “Le peril vénérien au debut du siècle: Prophylaxie sanitaire et prophylaxie morale,” *Recherches* no. 29 (1977): 245–83; Ramón Castejón Bolea, “Las estrategias preventivas individuales en la lucha antivenérea: Sexualidad y enfermedades venéreas en la España del primer tercio del siglo XX,” *Hispania* 64, no. 218 (2004): 933–35; Roger Davidson and Lesley A. Hall, eds., *Sex, Sin and Suffering: Venereal Disease and European Society Since 1870* (New York: Routledge, 2001), 51–52, 78, 81–82, 125; and Antje Kampf, “Controlling Male Sexuality: Combating Venereal Disease in the New Zealand Military During Two World Wars,” *Journal of the History of Sexuality* 17, no. 2 (May 2008): 235–58.

² See, for instance, Judith Surkis, “Sex, Sovereignty, and Transnational Intimacies,” *American Historical Review* 115, no. 4 (October 2010): 1089–96; Joanne Meyerowitz, “Transnational Sex and U.S. History,” *American Historical Review* 114, no. 5 (December 2009): 1273–86; Pete Sigal, “Latin America and the Challenge of Globalizing the History of Sexuality,” *American Historical Review* 114, no. 5 (December 2009): 1340–53; Matthew James Connelly, *Fatal Misconception: The Struggle to Control World Population* (Cambridge: Belknap Press of Harvard University Press, 2008); William E. French and Katherine Elaine Bliss, eds., *Gender, Sexuality, and Power in Latin America Since Independence* (Lanham, MD: Rowman & Littlefield, 2007); and Johanna Schoen, *Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005).

As several historians have argued, the emphasis on abstinence that anchored early twentieth-century sex education programs stemmed from a middle-class, Victorian belief in self-control that had roots in the nineteenth century.³ While these scholars have traced the importance of this code of conduct over time, I concentrate instead on space and examine the transatlantic ties that linked reformers in various parts of the Atlantic. My main objective is to analyze how American and Argentine intellectuals approached abstinence and male sexuality. Since most of my sources are prescriptive, I focus on rhetoric rather than on how sex education programs were implemented in schools and other institutions or on how medical discourse shaped the formation of sexual identities.

Studies of prostitution and venereal diseases tend to focus on how physicians, policymakers, and public health officials defined the boundaries of acceptable behavior for women. By looking at the intersection of venereal diseases and sex education, I direct my attention instead to how these historical actors imposed moral and sanitary restrictions on male sexuality. My goal is not to erase national specificities, since American and Argentine intellectuals approached abstinence and male sexuality in slightly different ways. I want to stress, however, that they did so as part of a transnational conversation.

I begin this chapter by examining the connections between reformers in different parts of the Atlantic and how these connections shaped the emerging movement for sex education. I then turn to debates over the health hazards of prolonged abstinence in order to analyze the contested nature of scientific truth. I point to the importance of sexual sublimation in US sex education

³ Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 1987), 26; Jeffrey P. Moran, *Teaching Sex: The Shaping of Adolescence in the 20th Century* (Cambridge: Harvard University Press, 2000), 25; and Alexandra M. Lord, "Models of Masculinity: Sex Education, the United States Public Health Service, and the YMCA, 1919–1924," *Journal of the History of Medicine and Allied Sciences* 58, no. 2 (April 2003): 137.

programs. In a second section, I show how sexual self-control became a marker of civilization and a way to establish the boundaries of citizenship. The third and final section addresses how Argentine intellectuals approached abstinence and male sexuality. I argue that discussions of abstinence reflected a wider debate about Argentina's identity and its place in the civilized world.

5.1 SEX EDUCATION IN TRANSNATIONAL PERSPECTIVE

The movement for sex education emerged at the end of the nineteenth century for two reasons. First, feminist and purity reformers wanted to end the double standard of morality that allowed men to have casual sex but demanded abstinence from women. By encouraging sex education, these reformers hoped to instigate a single standard of morality for both men and women.⁴ Second—and the two strands are not mutually exclusive—some physicians were pushing for sex education in an attempt to curb the spread of venereal diseases.⁵

Like the larger movement for venereal disease control, with which it overlapped, the campaign for sex education benefited from the international circulation of people and ideas. The 1899 *Conférence internationale pour la prophylaxie de la syphilis et des maladies vénériennes*, held in Brussels, provided the catalyst for the creation of societies of sanitary and moral prophylaxis throughout Europe and the Americas. The idea for such a conference originated in 1897 at the first International Leprosy Conference, held in Berlin, where attendees decided to

⁴ Alexandra M. Lord, *Condom Nation: The U.S. Government's Sex Education Campaign from World War I to the Internet* (Baltimore: The Johns Hopkins University Press, 2010), 13–18.

⁵ On the different approaches to sex education in the Southern Cone, see Asunción Lavrin, *Women, Feminism, and Social Change in Argentina, Chile, and Uruguay, 1890-1940* (Lincoln: University of Nebraska Press, 1995), 129–40.

organize a similar international gathering on syphilis and venereal disease prophylaxis.⁶ Doctors from Europe and the Western Hemisphere gathered in Brussels in September 1899 to discuss topics such as prostitution regulation and sex education. The international medical and public health community reconvened in Brussels in 1902 for a similar conference. One outcome of these two conferences was the creation of societies of sanitary and moral prophylaxis in countries such as France (1900), Brazil (1901), Germany (1902) (known as the German Society for the Prevention of Venereal Diseases), the United States (1905), Argentina (1907), and Mexico (1908). The fact that this was an Atlantic-wide phenomenon has been obscured, in particular by historians of prostitution in the United States. By focusing solely on the creation of the American Society of Sanitary and Moral Prophylaxis, these historians have placed too much emphasis on North Atlantic networks and downplayed South Atlantic exchanges.⁷

The creation of these societies was significant because, in both Argentina and the United States, a combination of private and public organizations was involved in sex education. Some of these private organizations were short-lived or changed names several times, but the partnership between private and public interest was constant throughout the period under study.⁸ In Argentina, the private organizations involved in sex education were the Sociedad Argentina de Profilaxis Sanitaria y Moral, which only lasted three months in 1907 due to a lack of support from Argentine doctors and lawmakers, and the Liga Argentina de Profilaxis Social (created in 1921). In the United States, relevant private organizations included the American Society of Sanitary and Moral Prophylaxis, which would later become the New York Social Hygiene

⁶ Georges Thibierge, "Conférence internationale pour la prophylaxie de la syphilis et des maladies vénériennes," *Annales de dermatologie et de syphiligraphie*, 3rd ser., 10 (1899): 774.

⁷ Mark Thomas Connelly, *The Response to Prostitution in the Progressive Era* (Chapel Hill: University of North Carolina Press, 1980), 14; Barbara Meil Hobson, *Uneasy Virtue: The Politics of Prostitution and the American Reform Tradition* (New York: Basic Books, 1987), 152; and David J. Pivar, *Purity and Hygiene: Women, Prostitution, and the "American Plan," 1900-1930* (Westport, CT: Greenwood Press, 2002), 35.

⁸ For the United States, see Lord, *Condom Nation*, 19, 33.

Society. This organization would eventually be absorbed by the American Social Hygiene Association (ASHA), itself created in 1914 through the merger of the American Federation of Sex Hygiene and the American Vigilance Association.⁹

The French Society of Sanitary and Moral Prophylaxis, under the leadership of Alfred Fournier, influenced its counterparts on the other side of the Atlantic Ocean. Fournier's 1901 pamphlet *Pour nos fils quand ils auront 18 ans* (For Our Sons When They Turn 18) was translated into several languages and distributed throughout Europe and the Americas.¹⁰ The pamphlet opens by describing the symptoms of various venereal diseases before turning to the impact of syphilis on the individual, the family, children, and the species.¹¹ Translating *Pour nos fils* was one of the first tasks undertaken by Emilio Coni, the founder of the (short-lived) Argentine Society of Sanitary and Moral Prophylaxis.¹² Besides Coni's, at least two additional Spanish translations of this pamphlet exist: one from 1903 by Cuban doctor Gonzalo Aróstegui, which was reprinted in Mexican, Spanish, and Cuban medical journals; and one from 1909 by Mexican doctor Everardo Landa, which the Mexican Society of Sanitary and Moral Prophylaxis distributed.¹³

The Liga Argentina de Profilaxis Social (LAPS) published several pamphlets that recommended abstinence, all of them translations of works produced by members of the French Society of Sanitary and Moral Prophylaxis. For instance, the LAPS continued to use Emilio Coni's translation of Alfred Fournier's *For Our Sons When They Turn Eighteen*. Coni also

⁹ For more on these organizations, see Pivar, *Purity and Hygiene*.

¹⁰ Edward L. Keyes, "Report of the Work Accomplished by the French Society of Social and Moral Prophylaxis," *Journal of Cutaneous Diseases Including Syphilis* 23, no. 12 (December 1905): 530.

¹¹ Alfred Fournier, *Prophylaxie de la syphilis* (Paris: J. Rueff, 1903), 469–90.

¹² Emilio R. Coni, *Memorias de un médico higienista: Contribución a la historia de la higiene pública y social argentina (1867-1917)* (Buenos Aires: A. Flaiban, 1918), 610.

¹³ "La revista en el extranjero," *Revista de Medicina y Cirugía de La Habana* 8 (1903): 457; and Alfred Fournier, *Para nuestros hijos cuando tengan 18 años: Consejos de un médico*, trans. Everardo Landa (Maracaibo: El propio esfuerzo, 1912).

translated Charles Burlureaux's pamphlet aimed at young women, *For Our Daughters When Their Mothers Deem This Advice Necessary*.¹⁴ While Fournier's advice to young men was mostly medical in nature, Burlureaux's advice to young women was more sentimental. He appealed to what he saw as a universal desire to become a mother and stressed the need to remain disease-free in order to protect future children.¹⁵ The Liga also translated and distributed short texts by Gougerot, Cavaillon, and Gambier, all in favor of abstinence.¹⁶ I do not wish to suggest that the Liga mechanically copied these French pamphlets, since, as we saw in chapter 3, LAPS translators sometimes modified the pamphlets they were adapting for distribution in Argentina. Had the organization not wished to promote sexual restraint, it could have removed these passages when translating the French originals. Moreover, promoting abstinence was consistent with the vision of Alfredo Fernández Verano, the founder of the LAPS, who affirmed in a separate text on sex education that reason could triumph over sexual impulses.¹⁷ As we will see in section 5.3, however, not all Argentine physicians agreed with Fernández Verano—far from it.

Members of the American Society of Sanitary and Moral Prophylaxis (ASSMP), like its founder the New York dermatologist Prince A. Morrow, were keeping a close eye on developments across the Atlantic.¹⁸ It appears that the ASSMP did not use *Pour nos fils quand ils auront 18 ans*, but the organization did benefit from transnational connections. Morrow had

¹⁴ Charles Burlureaux, *Para nuestras hijas: Cuando sus madres estimen oportunos estos consejos*, trans. Emilio R. Coni, 2nd ed. (Buenos Aires: Liga Argentina de Profilaxis Social, 1931).

¹⁵ Jennifer Burek Pierce, *What Adolescents Ought to Know: Sexual Health Texts in Early Twentieth-Century America* (Amherst: University of Massachusetts Press, 2011), 50–51.

¹⁶ Gambier, *Conferencia sobre enfermedades venéreas*, trans. Emilio R. Coni (Buenos Aires: Liga Argentina de Profilaxis Social, 1924); and Henri Gougerot and André Cavaillon, *Consejos a los estudiantes sobre las enfermedades venéreas* (Buenos Aires: Liga Argentina de Profilaxis Social, 1935).

¹⁷ Alfredo Fernández Verano, *Para una patria grande un pueblo sano* (Buenos Aires: Talleres Gráficos de la Cía. Gral. Financiera, 1938), 97–109.

¹⁸ Keyes, "Report of the Work Accomplished by the French Society of Social and Moral Prophylaxis."

attended both Brussels congresses, and while he had shown no interest in venereal disease prophylaxis before these two conferences, his trips to Brussels turned him into a “burning zealot,” as one of his colleagues reminisced in 1946.¹⁹ Moreover, as Morrow noted in 1907, the ASSMP’s system of prophylaxis was “planned along the lines recommended by the last Brussels Congress”: provide free treatment and educate the general public, in part to debunk the myth of male “sexual necessity”—“the idea almost universally prevalent that sexual intercourse is a necessity to the health of men.”²⁰

As one of the leading voices of the social hygiene movement in the United States, Morrow deserves closer scrutiny. At the core of his approach was the belief that “the sexual instinct should be educated—restrained by reason, and directed into a monogamous channel.”²¹ In neo-Lamarckian fashion, he rejected the argument that preaching abstinence outside of marriage was going against nature: “What is termed ‘nature’ is simply heredity and training: our ideas, our moral sense, our conventional views of the relations of men and women are what have been trained in us. While nature has implanted in man a strong sexual instinct, it has endowed him with reason for its guidance and will for its control.”²² Morrow was also one of several physicians outraged by the fact that some were using scientific arguments to condone male unchastity. In a notable turn of phrase coming from a moral reformer, Morrow wrote that “science should not be prostituted to serve the ends of sensuality.”²³

¹⁹ “Notes of Interview with Dr. Keyes,” November 12, 1946, box 1, folder 1, American Social Health Association records, Social Welfare History Archives, University of Minnesota.

²⁰ Prince A. Morrow, “The Control of Syphilis and Venereal Diseases,” *Boston Medical and Surgical Journal* 156, no. 6 (February 7, 1907): 171, 174.

²¹ Prince A. Morrow, “Prophylaxis of Social Diseases,” *American Journal of Sociology* 13, no. 1 (July 1907): 31.

²² Prince A. Morrow, “Social Prophylaxis: Results Accomplished: The Outlook for the Future,” *Maryland Medical Journal* 51, no. 7 (July 1908): 263.

²³ *Ibid.*, 265.

Indeed, the development of sexology helped legitimize the bourgeois aspirations of reformers like Morrow. This new discipline established what constituted deviant and normal sexual behavior. Healthy, natural sexuality was now confined to reproduction, and other sexual behaviors categorized and pathologized as perversions of the sexual impulse. In the closing decades of the nineteenth century, sexologists in Europe and the United States working on human nature and the sexual instinct established that sexual continence in men was not harmful. Earlier physicians had claimed that genital organs, like other body parts, would suffer from lack of use.²⁴ Challenging this notion, the British-born but New York-based physician James Foster Scott wrote in his 1898 *The Sexual Instinct* that “health is not dependent on sexual indulgence.”²⁵ To support his claim, Scott cited British physicians Lionel Smith Beale, Thomas Bryant, and William Acton (best known for his work on masturbation). Another British physician often cited in the American medical literature was James Paget, Queen Victoria’s physician, who argued in 1875 that “chastity does no harm to mind or body.”²⁶

Drawing on this new body of medical knowledge, reformers in Europe and the Americas argued that abstinence was not detrimental to men’s health.²⁷ Convincing each other was one thing, but reformers also had to convince the general population. If sex education pamphlets are any indication, the belief that abstaining from sex was harmful to men was widespread. Prince Morrow blamed private physicians for “this heresy”: “so long as doctors tell young men that

²⁴ Angus McLaren, *Impotence: A Cultural History* (Chicago: Chicago University Press, 2007), 139.

²⁵ James Foster Scott, *The Sexual Instinct: Its Use and Dangers as Affecting Heredity and Morals* (New York: Treat, 1899), 95.

²⁶ See, for instance, Prince A. Morrow, “Should the Youth of This Country Be Instructed in a Knowledge of Sexual Physiology and Hygiene?,” *American Medicine* 11, no. 2 (January 13, 1906): 56; and W. A. Newman Dorland, “The Social Aspect of Gonococcal Infection of the Innocent,” *Bulletin of the American Academy of Medicine* 11, no. 5 (October 1910): 471.

²⁷ Corbin, “Le peril vénérien au debut du siècle,” 263–65; and Andreas Hill, ““May the Doctor Advise Extramarital Intercourse?”: Medical Debates on Sexual Abstinence in Germany, c. 1900,” in *Sexual Knowledge, Sexual Science: The History of Attitudes to Sexuality*, ed. Roy Porter and Mikuláš Teich (Cambridge: Cambridge University Press, 1994), 284–302.

sexual intercourse is a necessity they cannot do one iota of good in trying to teach them the principles of chastity and right living.”²⁸ In an attempt to rectify this misconception, 360 US doctors signed the following pledge in 1913:

In view of the individual and social dangers which spring from the widespread belief that continence may be detrimental to health, and of the fact that municipal toleration of prostitution is sometimes defended on the ground that sexual indulgence is necessary, we, the undersigned, members of the medical profession, testify to our belief that continence has not been shown to be detrimental to health or virility; that there is no evidence of its being inconsistent with the highest physical, mental, and moral efficiency, and that it offers the only sure reliance for sexual health outside of marriage.²⁹

This pledge also illustrates the link between sexology and social reform, in this case the link between licensed prostitution and medical understandings of male sexuality. Historians have outlined three major positions in the debate on the legal status of prostitution: regulationism, abolitionism, and neo-regulationism. Regulationists wished to legalize prostitution, license official brothels, register prostitutes, and submit them to periodic medical inspection. Police officers were generally in charge of registration and also ensured that prostitutes submitted themselves to medical examination. Arguing against regulation were the abolitionists. This side of the debate opposed prostitution regulation on several grounds. First, they argued that the state had no business regulating—and therefore legitimizing—prostitution. Second, they opposed the double standard that required women in prostitution to be tested for venereal diseases but not their male clients. Third, they saw the mandatory examination of prostitutes as an attack on individual liberty. And finally, they criticized regulation on scientific grounds, arguing that it had not stopped the spread of venereal diseases. For most abolitionists, the goal was not to prohibit prostitution but to abolish government regulation. They therefore supported what we would

²⁸ Bransford Lewis, “What Shall We Teach the Public regarding Venereal Diseases?,” *Journal of the American Medical Association* 47, no. 16 (October 20, 1906): 1257.

²⁹ Max J. Exner, *The Physician’s Answer: Medical Authority and Prevailing Misconceptions About Sex* (New York: Association Press, 1913), 14.

today call decriminalization. However, some men and women within this group (particularly in the United States) called for the criminalization of prostitution, and the literature on prostitution occasionally refers to them as prohibitionists. With time, the strength of the abolitionist movement forced regulationists to develop a new approach to prostitution regulation. Proponents of neo-regulationism sought to alleviate the worst problems of classic regulation by strengthening the role of doctors at the expense of the police and by expanding medical inspection to non-registered prostitutes.³⁰

The Argentine case makes clear how self-control, abstinence, and prostitution regulation were intertwined. The belief that male sexual desire was natural and uncontrollable had been the driving force behind the introduction of prostitution regulation in Buenos Aires in the 1870s.³¹ Public health officials opened licensed brothels as a safe outlet for male sexual urges. For abolitionists like Paulina Luisi, however, these brothels were unacceptable. In the late 1910s, Luisi and her fellow socialist reformers launched a campaign to abolish prostitution regulation in Argentina, although their platform also included measures on how to control venereal diseases and on how to address the economic and social causes of prostitution. According to Luisi, the city of Buenos Aires had to accelerate the abolition of prostitution regulation in order for abstinence to be an effective method for controlling venereal diseases. Otherwise, Luisi argued, Argentine men would be unable to resist the lure of licensed brothels.³² Other physicians, however, insisted that these brothels served an important function. Writing in 1948, thirteen years after licensed brothels had closed in Buenos Aires, the syphilologist Nicolás Greco called for prostitution regulation to resume. In doing so, Greco sided with those who believed that men

³⁰ Connelly, *The Response to Prostitution in the Progressive Era*, 5, 81–84.

³¹ Donna J. Guy, *Sex and Danger in Buenos Aires: Prostitution, Family, and Nation in Argentina* (Lincoln: University of Nebraska Press, 1991), 12–14, 44, 49, 95.

³² Paulina Luisi, *A propósito de los proyectos sobre moralidad* (Buenos Aires: J. Perrotti, 1919), 15.

would not be able to control their urges. He feared that without the outlet provided by official brothels, men would turn to clandestine prostitution or worse to homosexuality and bestiality. The best public health officials could hope for was to choose the lesser of two evils and reopen brothels to try to contain the damages brought by unrelenting male sexuality.³³

To strengthen their argument that abstinence was not harmful, doctors in Argentina and the United States invoked the work of foreign colleagues and the recommendations of various international conferences. Sex education and abstinence were topics of discussion at several international and regional conferences in the first decades of the twentieth century. In every case, these conferences recommended that men abstain from sexual relations outside of marriage. At the international level, the idea that sex education materials should present abstinence as not harmful was first articulated at the 1899 International Conference for the Prophylaxis of Syphilis and Venereal Diseases (the first of the two conferences held in Brussels at the turn of the century), but it only became an official and unanimous conference resolution at the 1902 meeting.³⁴ From there, that notion was reaffirmed at the Second Pan American Scientific Congress (1915, Washington, DC), the All-America Conference on Venereal Diseases (1920, Washington, DC), the Segundo Congreso Sudamericano de Dermatología y Sifilografía (1921, Montevideo), the Congrès international de propagande d'hygiène sociale et d'éducation

³³ Nicolás V. Greco, "La ley abolicionista 12.331 de profilaxis de las enfermedades venéreas debe reformarse," *Archivos de la Secretaría de Salud Pública de la Nación* 4, no. 5 (November 1948): 450–55; see the following article for an older, US version of this argument William Lee Howard, "Pederasty vs. Prostitution: A Few Historic Notes," *Journal of the American Medical Association* 28, no. 20 (May 15, 1897): 930–31.

³⁴ Conférence internationale pour la prophylaxie de la syphilis et des maladies vénériennes, *Rapports préliminaires*, ed. Émile Dubois-Havenith, vol. 1 (Brussels: Henri Lamertin, 1899), 29; and IIe Conférence internationale pour la prophylaxie de la syphilis et des maladies vénériennes, *Compte rendu des séances*, ed. Émile Dubois-Havenith, vol. 2 (Brussels: Henri Lamertin, 1903), 512.

prophylactique sanitaire et morale (1923, Paris), and the Tercer Congreso Sudamericano de Dermatología y Sifilología (1926, Buenos Aires), to name a few.³⁵

The work of leading voices for sex education in the United States and in the Southern Cone illustrates how much weight these international resolutions carried. In the first educational pamphlet he wrote for the American Society of Sanitary and Moral Prophylaxis, Prince Morrow answered the question “Is Continence Harmful?” by pointing to the unanimous decision of the 1902 Brussels congress.³⁶ In 1950, Paulina Luisi devoted an entire book chapter to compiling the resolutions of various national and international conferences regarding social hygiene and sex education. As we shall see, she expressed the desire to harmonize venereal disease control at the international level by bringing Argentina up to speed with the rest of the world—or at least with the resolutions of international conferences.³⁷ Alfredo Fernández Verano, the Liga Argentina de Profilaxis Social’s founder, shared this goal.³⁸ As we saw in chapter 3, the Liga often used the prestige of cutting-edge science to justify its proposed measures. There was, as during the debates over premarital testing (see the previous chapter), a sense that one’s country ought not to be on the wrong side of history.³⁹

Thus, sex education emerged as a focus for experts internationally at the turn of the century. But in many countries, it did not reach a national audience until World War I. For

³⁵ *Proceedings of the Second Pan American Scientific Congress*, vol. 9 (Washington: Government Printing Office, 1917), 483, 491–92; All-America Conference on Venereal Diseases, *Preliminary Report on the Proceedings: Resolutions of the General Conference Committee* (New York, 1921), 50–53; *Segundo Congreso Sudamericano de Dermatología y Sifilografía*, vol. 1 (Montevideo: El siglo ilustrado, 1922), 72; *Congrès international de propagande d’hygiène sociale et d’éducation prophylactique sanitaire et morale* (Paris: Comité national de propagande d’hygiène sociale, 1923); and Tercer Congreso Nacional de Medicina and Tercer Congreso Sudamericano de Dermatología y Sifilología, *Actas y trabajos*, vol. 4 (Buenos Aires: Las Ciencias, 1927), 885–99.

³⁶ Prince A. Morrow, *The Young Man’s Problem* (1912), 7–8, contained in box 3, folder 9, American Social Health Association records, Social Welfare History Archives, University of Minnesota.

³⁷ Paulina Luisi, *Pedagogia y conducta sexual* (Montevideo: El siglo ilustrado, 1950), 214–45.

³⁸ Alfredo Fernández Verano, “Educación sexual,” *Boletín de la Liga Argentina de Profilaxis Social* 1, no. 4 (December 1921): 104.

³⁹ This argument was also used to support divorce; Lavrin, *Women, Feminism, and Social Change*, 233.

countries like France, New Zealand, Great Britain, and the United States, the war brought special urgency to the campaign for sex education, since venereal diseases threatened to diminish the pool of healthy military recruits.⁴⁰ In all four countries, military and public health leaders adopted a similar strategy: they redefined masculinity around the concept of abstinence.⁴¹ For instance, the US Public Health Service, the American Social Hygiene Association, and the Young Men's Christian Association (YMCA) produced pamphlets, movies, and poster series aimed at US soldiers that argued that self-control and abstinence were manly ideals.⁴² Being able to abstain from extramarital sex was what made you a real man; contracting syphilis was not a badge of honor.⁴³

5.1.1 Sexual sublimation in the United States

Despite what reformers like Prince Morrow argued, the debate over the health hazards of abstinence had not reached a definite conclusion.⁴⁴ In fact, this conversation had generated a

⁴⁰ Virginie De Luca Barrusse, "The Concerns Underlying Sex Education for Young People in France During the First Half of the 20th Century: Morality, Demography and Public Health," *Hygiea Internationalis* 10, no. 1 (January 2011): 39.

⁴¹ Brandt, *No Magic Bullet*, 61–70; Judith Surkis, "Enemies Within: Venereal Disease and the Defense of French Masculinity Between the Wars," in *French Masculinities: History, Culture and Politics*, ed. Christopher E. Forth and Bertrand Taithe (New York: Palgrave Macmillan, 2007), 103–22; Kampf, "Controlling Male Sexuality," 252; and David Simpson, "Morale and Sexual Morality Among British Troops in the First World War," in *World War I and the Cultures of Modernity*, ed. Douglas Mackaman and Michael Mays (Jackson: University Press of Mississippi, 2000), 20–34.

⁴² Max J. Exner, *Friend or Enemy?* (1916), 8; Alec Nicol Thomson, *Venereal Diseases: Facts for Every Man* (1917), 6–7; *Keeping Fit to Fight* (1918), 14, contained in box 170, American Social Health Association records, Social Welfare History Archives, University of Minnesota.

⁴³ Lord, *Condom Nation*, 38–41.

⁴⁴ On this debate in Germany, see Hill, "May the Doctor Advise Extramarital Intercourse?"; on this debate in Austria, see Britta McEwen, "Purity Redefined: Catholic Attitudes Towards Children's Sex Education in Austria, 1920–36," in *Shaping Sexual Knowledge: A Cultural History of Sex Education in Twentieth Century Europe*, ed. Lutz D. H. Sauerteig and Roger Davidson (New York: Routledge, 2009), 166–68; on this debate in France, see Mary Louise Roberts, *Civilization Without Sexes: Reconstructing Gender in Postwar France, 1917–1927* (Chicago: University of Chicago Press, 1994), 301–02; and Judith Surkis, *Sexing the Citizen: Morality and Masculinity in France, 1870–1920* (Ithaca: Cornell University Press, 2006), 233–34.

“chaotic mass of opinions,” according to the British sexologist Havelock Ellis.⁴⁵ In part due to the work of Sigmund Freud, some physicians on both sides of the Atlantic remained unconvinced that prolonged continence was harmless. By writing about the physical and psychological consequences of continence, Freud had dealt a severe blow to proponents of premarital abstinence and forced them to address his conclusions.⁴⁶ As American doctor Carl Ramus put it in 1922, “to ignore the findings of psychoanalysis in a modern discussion of continence is to disregard at least one half of the subject.”⁴⁷

By presenting Freud’s work on sexual continence as cutting-edge science, physicians could attack the message of organizations such as the American Society of Sanitary and Moral Prophylaxis. In the United States, William Josephus Robinson, an ardent supporter of birth control, drew on Freud to argue in 1912 that “absolute continence is injurious to the male” and should therefore not be used as a method of birth control.⁴⁸ Meanwhile, Havelock Ellis, who worked in Britain but was widely read in the United States, cited Freud to show that abstinence led to neurosis.⁴⁹

While the ASSMP and ASHA buttressed their methods by invoking cutting-edge science, these organizations were already in 1916 being ridiculed for being “medical moralists” who cited “the sexologic sweetmeats that are served to us by such clergymen-scientists as ... James Foster Scott.”⁵⁰ William J. Robinson wished to “tell the truth and let medieval morality take care of itself” by challenging “the statement so often made by our purity advocates that the medical

⁴⁵ Havelock Ellis, *Studies in the Psychology of Sex*, vol. 6, *Sex in Relation to Society* (Philadelphia: F. A. Davis, 1910), 197.

⁴⁶ George Makari, *Revolution in Mind: The Creation of Psychoanalysis* (New York: HarperCollins, 2008), 149.

⁴⁷ Carl Ramus, *Marriage and Efficiency* (New York and London: G. P. Putnam’s Sons, 1922), 147.

⁴⁸ William J. Robinson, *Sexual Problems of To-day*, 2nd ed. (New York: Critic and Guide, 1912), 69–70.

⁴⁹ Ellis, *Studies in the Psychology of Sex*, 6:178–216.

⁵⁰ “Sexual Impotence,” *Medical Review of Reviews* 22, no. 7 (July 1916): 539; and Lord, “Models of Masculinity,” 138.

profession is *unanimous* in its opinion that prolonged, even lifelong continence, is perfectly harmless and physiological.”⁵¹ Both sides of the debate therefore mobilized science to support their argument, and both sides saw their facts as morally neutral.

The growing influence of Freudian psychology in the United States became clear at the 1920 All-America Conference on Venereal Diseases. Conference attendees reaffirmed their belief in premarital continence while also passing the following resolution:

Resolved, that although there is danger that a superficial and erroneous interpretation of the Freudian psychology in regard to the repression of the sex instinct may be detrimental to the successful development of the program for the control of the venereal diseases, a more thorough-going, complete, and scientific interpretation tends to aid such a program in that it places the emphasis upon the practical means for guiding the sex instinct into socially useful and constructive activities.⁵²

This call to “guide the sex instinct into socially useful and constructive activities” was one aspect of Freudian psychology that American sex educators were ready to embrace, since they could combine premarital continence and sexual sublimation. Statements such as “strict physical continence can be maintained indefinitely, *provided* that the sexual or creative energy is transformed into other modes of energy” reflect a form of compromise in the debate over the health hazards of abstinence.⁵³ Arguing that abstinence was not harmful was not the same thing as arguing that men were asexual beings. Even if they preached abstinence, sex educators remained ambivalent towards the ability of their fellow countrymen to exert self-control. Sports and other physical and mental outlets remained necessary.

The poster series *Keeping Fit*, launched in 1918 by the US Public Health Service and the YMCA, demonstrates this ambivalence. One of the forty-eight posters argues that “sexual

⁵¹ William J. Robinson, “An ‘Unbiased’ Sexologist,” *Medical Critic and Guide* 19, no. 7 (July 1916): 241.

⁵² All-America Conference on Venereal Diseases, *Preliminary Report on the Proceedings: Resolutions of the General Conference Committee*, 51.

⁵³ Ramus, *Marriage and Efficiency*, 148.

intercourse is not necessary to preserve health and manly vigor.” At the same time, the rest of the series shows how this newly controlled sexual instinct can be directed towards more wholesome activities, such as sports (see figures 8 and 9). Viewed as a whole, *Keeping Fit* therefore illustrates the persistent belief in the strength of the male sex drive. The creators of *Keeping Fit* demanded premarital abstinence while also recommending sexual sublimation.

With the publication of educational materials like *Keeping Fit*, the belief that abstinence was not harmful had received state sanction, and the book *High Schools and Sex Education*, which Benjamin Gruenberg edited for the US Public Health Service and the US Bureau of Education in 1922, reaffirmed that endorsement. Gruenberg urged teachers to “dissipate the widely prevalent notion of ‘sex necessity.’” Yet, he also recognized the importance of “directing the interests and impulses into ... matters that are worthwhile.”⁵⁴

Calls for early marriage also reflected the ambivalence towards premarital continence. Proponents of extramarital abstinence tended to embrace a notion I would call “marriage as prophylaxis.”⁵⁵ These physicians encouraged early marriage, hoping to lock young men into marriage before they had the chance to engage in too much premarital sex.⁵⁶ With total confidence in the sanctity of marriage, these doctors assumed that spouses would remain faithful

⁵⁴ Benjamin C. Gruenberg, ed., *High Schools and Sex Education: A Manual of Suggestions on Education Related to Sex* (Washington: Government Printing Office, 1922), 51.

⁵⁵ William Allen Pusey, *Syphilis as a Modern Problem* (Chicago: American Medical Association, 1915), 123–24; William F. Snow, “Public Health Measures in Relation to Venereal Diseases,” *Journal of the American Medical Association* 66, no. 14 (April 1, 1916): 1006–07; and Mazyck P. Ravenel, “The Prophylaxis of Venereal Diseases,” *Journal of Social Hygiene* 3, no. 2 (April 1917): 193; for Argentine calls for early marriage, see Francisco Gerardo Russo, “A propósito del plan de tratamiento de la sífilis aconsejado por la Asociación de Dermatología y Sifilografía,” *La Semana Médica* 38, no. 26 (June 25, 1931): 1782; C. Arturo Borruat, “A propósito del plan de tratamiento de la sífilis,” *La Semana Médica* 38, no. 48 (November 26, 1931): 1660–61; and Lucien Viborel, “L’éducation publique contre la syphilis,” *Anales de Biotipología, Eugenésia y Medicina Social* 3, no. 46 (June 15, 1935): 16.

⁵⁶ In many ways, premarital examination laws—especially when not coupled with prenatal testing laws—functioned according to the same understanding of male sexuality within marriage. As we saw in the previous chapter, these laws were designed in part to protect potential mothers and their children. By testing men before but

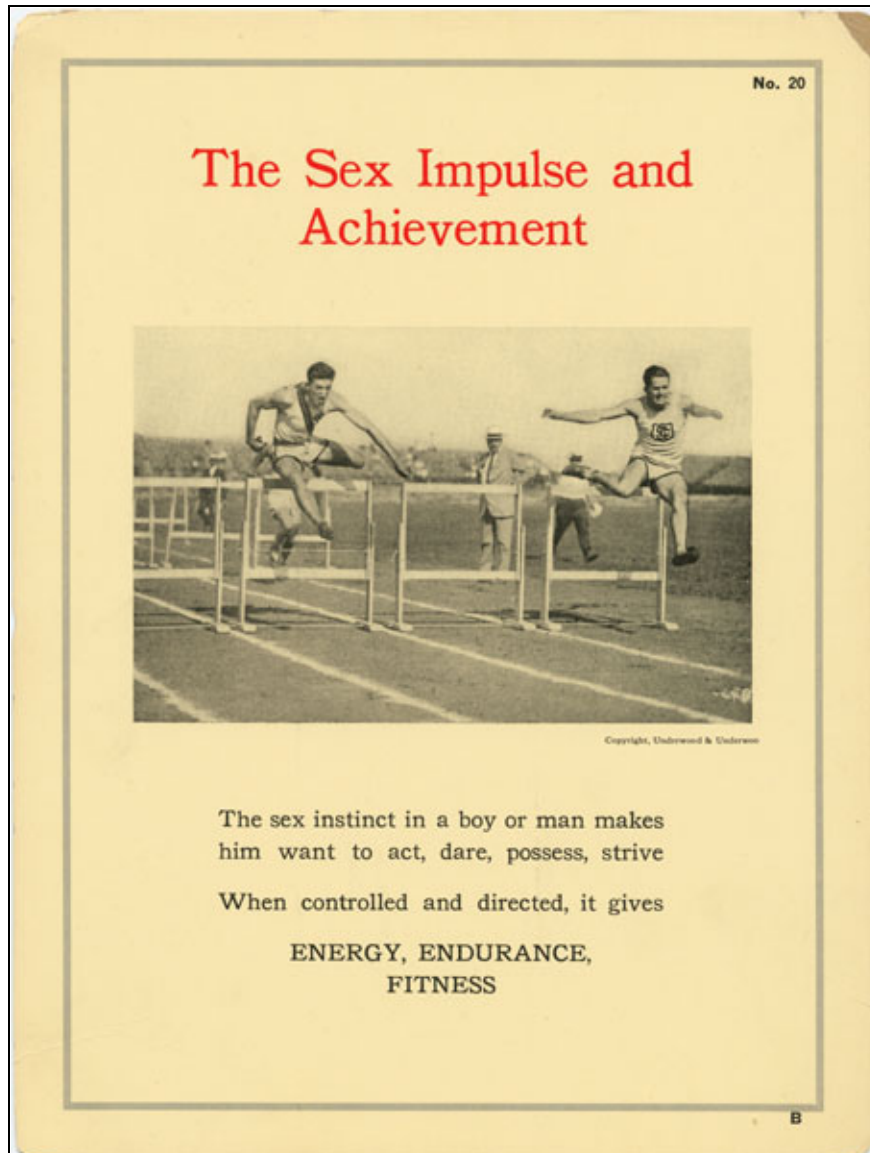


Figure 8. Extract #1 from the *Keeping Fit* poster series (1918).⁵⁷

not throughout marriage, lawmakers implicitly adopted the concept of “marriage as prophylaxis.” Calls for early marriage rarely acknowledged that spouses—particularly men—might find it difficult to stay faithful.

⁵⁷ American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

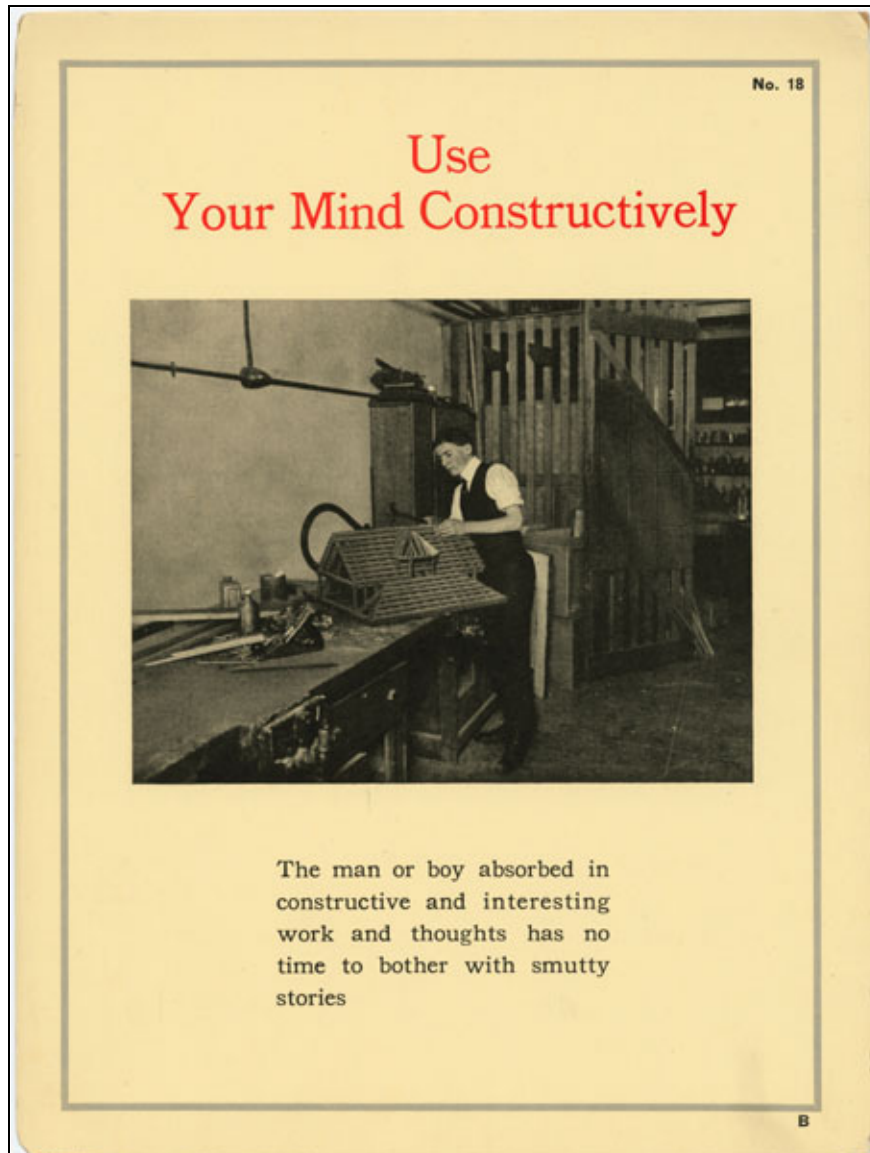


Figure 9. Extract #2 from the *Keeping Fit* poster series (1918).⁵⁸

⁵⁸ American Social Health Association Records, Social Welfare History Archives, University of Minnesota.

and therefore disease-free. As Raymond Patterson argued in 1921, “the truth of the conclusion that early marriage tends to lessen the incidence of venereal disease is so obvious that it has been accepted without statistical proof.” He believed that if the sexual appetite in man “is not gratified through the marital relation, a great number of men will resort to illicit sexual relations and thus expose themselves to venereal infection.”⁵⁹ Patterson’s comments reflect a rather optimistic understanding of marriage and a rather alarmist picture of sex outside of marriage.

Historians have been quick to read sex education pamphlets as attacks on the “doctrine of necessity.”⁶⁰ But if we take into account the emergence and international spread of psychoanalysis, we see that sex education materials reflected the contested nature of emerging scientific understandings of male sexuality.

5.2 SELF-CONTROL AND CIVILIZATION

Proponents of abstinence defended the code of “civilized morality” that had been central to middle-class American life since the nineteenth century. This code of conduct confined women to the domestic sphere, prohibited sex outside of marriage and non-reproductive sex within marriage, and proposed that “‘civilization’ and ‘progress,’ as well as personal economic and social advancement, depended on this control of the potentially dangerous sexual drive.”⁶¹

⁵⁹ Raymond S. Patterson, “Age, Sex, and Marriage in Relation to Incidence,” *Journal of Social Hygiene* 7, no. 4 (October 1921): 461.

⁶⁰ Connelly, *The Response to Prostitution in the Progressive Era*, 77–78; Moran, *Teaching Sex*, 35; and Julian B. Carter, “Birds, Bees, and Venereal Disease: Toward an Intellectual History of Sex Education,” *Journal of the History of Sexuality* 10, no. 2 (April 2001): 218.

⁶¹ Connelly, *The Response to Prostitution in the Progressive Era*, 8.

Sexuality became an indicator of social development. As Harvard psychology professor William James put it, “no one need be told how dependent all human social elevation is upon the prevalence of chastity. Hardly any factor measures more than this the difference between civilization and barbarism.”⁶² By virtue of their ability to control themselves, bourgeois white men determined they ought to control others—women, blacks, and colonial subjects, for instance.

Adherence to “civilized morality” became a central aspect of the fight against venereal diseases in the United States during and after World War I, in part due to a reluctance to employ other methods. Organizations like the US Public Health Service were reluctant to advertise new preventive and treatment measures for syphilis, fearing this information might give people a false sense of security (see the section on chemical prophylaxis in chapter 3).⁶³ In part because condoms also acted as a form of birth control, the USPHS and its private partners like the American Social Hygiene Association also did not publicize this method of venereal disease prevention.⁶⁴ In the interwar period, sex educators therefore strove to impose a white, middle-class code of conduct on the general public. To be sure, various subcultures functioned outside of the middle-class standard of sexual control, but this does not negate the overall effort to standardize sexual behavior.⁶⁵

This process of normalizing white, middle-class sexuality contributed to othering groups like blacks and foreign immigrants, who were portrayed as hypersexual and prone to engaging in

⁶² William James, *The Principles of Psychology*, vol. 1 (New York: Holt, 1890), 22–23.

⁶³ Brandt, *No Magic Bullet*, 95; and Lord, *Condom Nation*, 42.

⁶⁴ John Parascandola, *Sex, Sin, and Science: A History of Syphilis in America* (Westport, CT: Praeger, 2008), 72–73.

⁶⁵ Kathy Lee Peiss, *Cheap Amusements: Working Women and Leisure in Turn-of-the-Century New York* (Philadelphia: Temple University Press, 1986); and George Chauncey, *Gay New York: Gender, Urban Culture, and the Makings of the Gay Male World, 1890-1940* (New York: Basic, 1994).

sexual perversions, to use the terminology of the time.⁶⁶ If we place this rhetoric in the larger context of immigration restriction in the United States, we see that foreign immigrants represented a threat not only due to their bad genes but also because of their bad habits.⁶⁷ In the context of venereal disease prevention, New York rectal surgeon James P. Tuttle wrote in 1902 that “the enlarged foreign population has increased the practice of sodomy and pederasty.” Tuttle added that nearly all the cases of soft chancre of the anus—a disease that, like syphilis, develops near the site of infection—that he had seen in his clinic had been “negroes or emigrants from southern Europe.”⁶⁸

Groups that were unwilling or unable to embrace extramarital abstinence remained on the margins of the nation. In France, for instance, syphilis experts in the 1910s and 1920s differentiated between European and North African men. While discussions of same-sex transmission between European men were extremely rare in the French medical literature, they were quite common in discussions of syphilis transmission among Arabs.⁶⁹ Expressing their racial and sexual fear of immigrants, French syphilis experts imagined a division between “civilized” male citizens and “barbaric” and “primitive” foreigners. In turn, this image of the hypersexual and uneducable North African man contributed to the passage of new regulations on Algerian immigration in 1924.⁷⁰

For some reformers, however, immigrants’ status as cultural outsiders was not permanent, because sex education gave them a chance to conform to the white, middle-class

⁶⁶ Julian B. Carter, *The Heart of Whiteness: Normal Sexuality and Race in America, 1880-1940* (Durham: Duke University Press, 2007).

⁶⁷ Philip K. Wilson, “Bad Habits and Bad Genes: Early 20th-Century Eugenic Attempts to Eliminate Syphilis and Associated ‘Defects’ from the United States,” *Canadian Bulletin of Medical History* 20, no. 1 (2003): 11–41.

⁶⁸ James P. Tuttle, *A Treatise on Diseases of the Anus, Rectum, and Pelvic Colon* (New York: D. Appleton, 1902), 213, 219.

⁶⁹ Surkis, *Sexing the Citizen*, 230.

⁷⁰ Surkis, “Enemies Within,” 5, 108, 111.

value of sexual self-control. As Alexandra Lord has argued, the US pamphlets that promoted extramarital abstinence and self-control should be read as part of an effort to Americanize working-class immigrants, most of them hailing from Italy and Eastern Europe.⁷¹ The belief that these “probationary white groups,” to borrow Matthew Frye Jacobson’s terminology, could be taught self-control differs from the French notion that North African men were incapable of sexual enlightenment.⁷² In the American case, the capacity to learn self-control left open a route to assimilation. Of course, this did not prevent the passage, in 1921 and 1924, of legislation restricting immigration to the United States.

African Americans faced a much harder journey towards national inclusion, suffering from the association between lower races and lack of sexual control. To explain the high rate of venereal diseases among blacks, black and white social reformers blamed the heritage of slavery, which had corrupted blacks’ sexual morality. Poverty and lack of access to healthcare made matters worse, they added. At the beginning of the twentieth century, sex education for African Americans remained limited due to the widespread belief among whites—medical professionals as well as others—that blacks were fundamentally uneducable.⁷³ A handful of white reformers, however, lumped working-class blacks and whites together and saw both groups as capable and in need of sexual enlightenment.⁷⁴

⁷¹ Lord, *Condom Nation*, 17, 64.

⁷² Matthew Frye Jacobson, *Whiteness of a Different Color: European Immigrants and the Alchemy of Race* (Cambridge: Harvard University Press, 1998), 8.

⁷³ Nancy K. Bristow, *Making Men Moral: Social Engineering During the Great War* (New York: New York University Press, 1996), 157.

⁷⁴ Christina Simmons, “African Americans and Sexual Victorianism in the Social Hygiene Movement, 1910-40,” *Journal of the History of Sexuality* 4, no. 1 (July 1993): 66.

5.3 ARGENTINA

Argentine physicians and reformers had a much harder time embracing abstinence than their counterparts in Europe and North America, even if abstinence did eventually receive state sanction in Argentina.⁷⁵ If we compare French, American, and Argentine attitudes towards male sexuality, we see how, in different contexts, different groups were perceived as uncivilized because of their supposed inability or unwillingness to embrace self-control. Although scientists were internationally connected, their debates could become fodder for international comparisons that could reify differences rather than dissolve them.

Some Argentines believed that their country faced not an external threat but rather an internal one. They internalized the racial and cultural hierarchies that placed Anglo-Saxons at the forefront of civilization, ahead of Latin races. In turn, this defeatist attitude led some Argentines to question the suitability of abstinence for Latin nations like theirs.⁷⁶ As a young Argentine doctor argued in his 1909 dissertation, abstinence would simply not work in “our society.”⁷⁷ Several of his colleagues shared this sentiment. Manuel Carbonell argued that while advocating abstinence was a realistic goal in Anglo-Saxon countries, this policy would fail in Latin societies like Argentina.⁷⁸ An array of different scientific theories, from those emphasizing racial inheritance to those stressing climatological factors, could become fodder for this conclusion. A physician for the Argentine Navy wrote in 1924 that it was “absurd” to believe that marriage and

⁷⁵ Oscar A. L. Camaño and Juan Andres Rigoli, “Educación sanitaria: Su organización en la Dirección de Higiene Social de la Secretaría de Salud Pública de la Nación,” *Archivos de la Secretaria de Salud Pública de la Nación* 4, no. 5 (November 1948): 463.

⁷⁶ Katherine Bliss alludes to a similar argument in Mexico in *Compromised Positions*, 46.

⁷⁷ Luis Pastor, “Profilaxia de las enfermedades venéreas” (Doctoral dissertation, Universidad Nacional de Buenos Aires, 1909), 121.

⁷⁸ Manuel V. Carbonell, “Profilaxis de las enfermedades venéreas,” *Revista de la Asociación Médica Argentina* 34 (1921): 1333.

abstinence could help control venereal diseases, “at least when dealing with our race.”⁷⁹ The problem was, as Dr. Alberto Nudemberg put it in 1937, that “the sexual instinct in our latitudes” was so strong that it would triumph over reason and self-control.⁸⁰

A handful of intellectuals, however, were more optimistic and rejected this negative outlook on Argentina and the rest of Latin America. Among them was the hygienist, feminist, and socialist Paulina Luisi. In 1908, Luisi became the first woman to graduate from the University of Montevideo’s medical school. Until her death in 1950, she represented Uruguay at various international conferences, where she supported women’s rights. While she worked and published primarily in Uruguay, Luisi also engaged with her colleagues across the Río de la Plata, in part through her work for the Argentine-Uruguayan Committee of the International Abolitionist Federation, which, in October 1919, organized a congress on sex education. Moreover, the Argentine Emilio Coni had helped spark Luisi’s interest in sex education by sending her his translation of Fournier’s *Pour nos fils quand ils auront 18 ans* in 1906.⁸¹ This anecdote further illustrates the status of Buenos Aires as an Atlantic node from which knowledge radiated to other parts of Latin America (see chapter 2).⁸² Given her influence among and interactions with Argentine intellectuals, I include Luisi’s writings in my discussion of Argentine views on sex education. She was, as Asunción Lavrin has noted, “the uncontested if controversial leader of sex education in the River Plate area.”⁸³

⁷⁹ Reinaldo J. Uncelay, “La profilaxis individual de las enfermedades venéreas,” *Revista del Círculo Médico Argentino y Centro Estudiantes de Medicina* 24, no. 271 (March 1924): 363.

⁸⁰ Alberto Nudemberg, “Aspectos sociales de la sífilis,” *La Semana Médica* 44, no. 19 (May 13, 1937): 1348.

⁸¹ Luisi, *Pedagogia y conducta sexual*, 282.

⁸² Asunción Lavrin discusses Luisi’s exposure to Fournier’s ideas but omits this important middle step; *Women, Feminism, and Social Change*, 140.

⁸³ *Ibid.*, 141.

Luisi also illustrates the international impact that some figures from the “periphery” had on science and public policy at the centers. A regular at international conferences, Luisi made a strong impression on her European colleagues. In 1920, during one of her stays in Paris, three members of the French Society of Sanitary and Moral Prophylaxis submitted her name for election as corresponding member of their organization.⁸⁴ In 1923, Luisi returned to Paris to participate in the International Congress of Social Hygiene Propaganda and Prophylactic, Sanitary, and Moral Education. At this meeting, she defined sex education as “a pedagogical initiative intended to subject the sexual instinct to the action of the will under the control of an educated, sensible, and responsible intellect.”⁸⁵ French historian Virginie DeLuca Barrusse has incorrectly attributed this definition to the French doctor Sicard de Plauzoles, but Luisi made clear that this was her own understanding of sex education.⁸⁶ She had in fact already presented this definition in 1921 to the National Medical Congress of Uruguay. Following Luisi’s presentation to the International Congress of Social Hygiene Propaganda, this definition was adopted by the entire congress and, from there, spread to other parts of the world. Over the years, Luisi would find her definition of sex education reprinted in various other European and Latin American publications, sometimes without proper citation.⁸⁷ Her entire paper from the 1923 conference was also republished—with proper attribution—in the 1931 volume of the journal of the French Society of Sanitary and Moral Prophylaxis.⁸⁸

⁸⁴ “Candidatures nouvelles,” *Bulletin de la Société française de prophylaxie sanitaire et morale* 20 (December 1920): 156.

⁸⁵ *Congrès international de propagande d’hygiène sociale et d’éducation prophylactique sanitaire et morale*, 354.

⁸⁶ De Luca Barrusse, “The Concerns Underlying Sex Education for Young People in France During the First Half of the 20th Century,” 37.

⁸⁷ Luisi, *Pedagogia y conducta sexual*, 82–83.

⁸⁸ Paulina Luisi, “L’éducation sexuelle,” *La Prophylaxie antivénérienne* 3, no. 7 (July 1931): 426–48; and “L’éducation sexuelle,” *La Prophylaxie antivénérienne* 3, no. 9 (September 1931): 608–20.

Luisi's views on sex education made her an optimist within the Argentine debate over abstinence. Rather than seeing Argentina as standing apart from the rest of the civilized world because of its culture, Luisi placed the Southern Cone nation right back alongside the United States and Western European countries. In her argument for abstinence, Luisi remarked that the 1902 International Congress for the Prophylaxis of Syphilis and Venereal Diseases, held in Brussels, had unanimously ruled in favor of promoting abstinence among young men.⁸⁹ Invoking the same logic that Enrique Dickmann would later use to help the passage of law 12.331 (see the previous chapter), Luisi argued that what worked for the rest of the world ought to work for Argentina.

For Luisi, abstinence was therefore not only desirable but also possible. She refused to debate whether male abstinence before marriage was harmful, believing the issue long settled. As had so many of her peers in the United States and beyond, she invoked the conclusions of the 1902 Brussels congress to support her position.⁹⁰ So did the Argentine eugenicist and legal scholar Carlos B. de Quirós in his work on the legal ramifications of eugenics. While some Argentine physicians and lawmakers questioned whether foreign methods were suitable for Argentina, de Quirós and Luisi saw no problem with bringing Argentina up to international standards.⁹¹

Psychoanalysis did not affect the Argentine debate over the health hazards of abstinence as much as it did in the United States. In the 1910s and 1920s, the Argentine medical community

⁸⁹ Paulina Luisi, "Plan y métodos de enseñanza sexual," *Tribuna Libre* 3, no. 64 (February 11, 1920): 117.

⁹⁰ Luisi, *Pedagogía y conducta sexual*, 91–92.

⁹¹ Carlos B. de Quirós, *Delincuencia venérea (estudio eugénico-jurídico)* (Buenos Aires, 1934), 53–55; and *Eugenesia jurídica y social (derecho eugenésico argentino)*, vol. 1 (Buenos Aires: Ideas, 1943), 189–90.

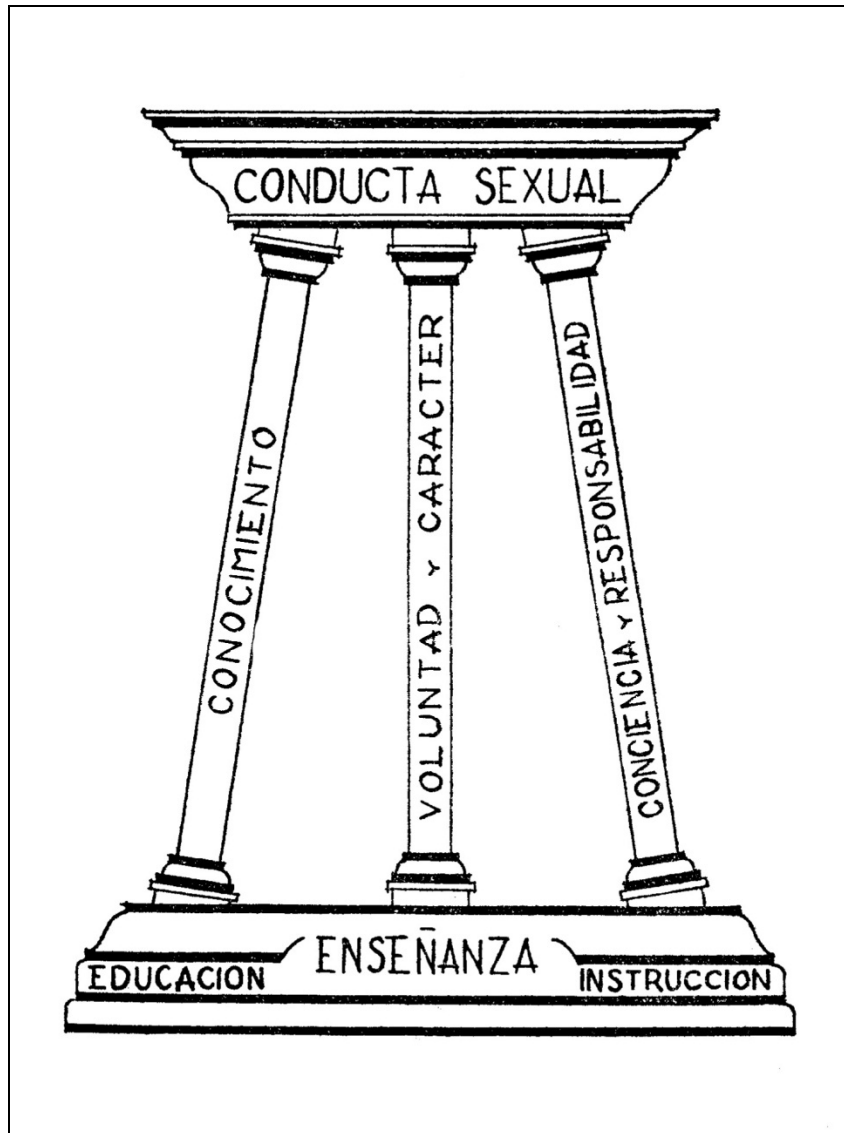


Figure 10. Sex education according to Paulina Luisi.⁹²

became acquainted with Freudian theories but in French and through French commentaries of Freud's work. As Mariano Ben Plotkin has argued, the close connections between French and Argentine science shaped the introduction of psychoanalysis in Argentina, in that the early disdain for psychoanalysis among French psychiatrists was reproduced in Argentina. Moreover,

⁹² In this illustration from page 9 of her *Pedagogia y conducta sexual*, Luisi presents willpower (along with knowledge, character, awareness, and responsibility) as a pillar of sex education and sexual conduct.

Argentine psychiatrists worked according to the notion that disorders were somatic in origin, and Freud's theories were at odds with this tradition.⁹³

That is not to say, however, that Freud's work was unknown to the Argentine physicians interested in sex education and venereal disease control more broadly. In 1920, Leopoldo Bard, a proponent of premarital testing for syphilis, published a piece in *La Semana Médica* bringing together different views on continence. Bard cited Freud, Ellis, and the Swiss psychiatrist Auguste Forel and ended his piece by writing that concerning sexual abstinence, temperance rather than absolute continence was the best one could hope for.⁹⁴

Paulina Luisi acknowledged Freudian enthusiasts but noted that their large number should not be taken as proof of the validity of his theories. Despite her rejection of Freud's conclusions, she still embraced the concept of sexual sublimation. Treating sublimation as an important part of sex education, Luisi wrote that "it is above all through sports and physical exercises (emphasizing strength or skill) that the child will acquire the most empire over himself."⁹⁵

Luisi was more receptive to Forel's work, citing him several times in her remarks to the 1923 Parisian congress on sex education. This particular piece reflected a somewhat selective reading of Forel's work, however. As we have seen, Luisi insisted that sexual abstinence was not detrimental to men's health, but Forel had been one of the most vocal critics of this position at

⁹³ Mariano Ben Plotkin, *Freud in the Pampas: The Emergence and Development of a Psychoanalytic Culture in Argentina* (Stanford: Stanford University Press, 2001), 14–17.

⁹⁴ Leopoldo Bard, "Sobre castidad sexual: Comentarios," *La Semana Médica* 27, no. 19 (May 6, 1920): 622–25.

⁹⁵ *Congrès international de propagande d'hygiène sociale et d'éducation prophylactique sanitaire et morale*, 346, 356.

the turn of the century.⁹⁶ It was only several years after his retirement in 1898 that Forel had changed his mind and stated his belief in the harmlessness of prolonged abstinence in men.⁹⁷

The few Argentine documents that explicitly addressed the relationship between manhood and extramarital abstinence further illustrate how problematic abstinence was for some Argentine doctors. On the one hand, we have the example of José Seitun, who pointed out in 1909 that a young man who embraced abstinence before marriage would be mocked by his peers for being a virgin and immediately seek to lose his virginity, thus acquiring a “badge of greater virility.”⁹⁸ Representing the other side of this debate, Camilo Muniagurría wrote in 1922 that catching syphilis did not make you a man. He hoped to change the attitude of some young men, who viewed catching syphilis not as a stigma but as a symbol of their entry into manhood.⁹⁹

Besides Seitun’s and Muniagurría’s articles, however, all the Argentine documents I have consulted show no evidence of any large-scale attempt to redefine the concept of masculinity around the idea of abstaining from extramarital sex. Paulina Luisi once wrote about encouraging “virile discipline,”¹⁰⁰ but the Argentine pamphlets and flyers I have examined never connect abstinence and masculinity, a common strategy in other parts of the world, including parts of Latin America.¹⁰¹

While the connection between masculinity and self-control was absent from Argentine sex education materials, it pervaded the anti-Semitic writings of nationalists such as Catholic priest Virgilio Filippo. Jews, accused of being hypersexual and prone to sexual perversions,

⁹⁶ Hill, “May the Doctor Advise Extramarital Intercourse?,” 291.

⁹⁷ Makari, *Revolution in Mind*, 185–86.

⁹⁸ José Seitun, “Enfermedades venéreas: Consideraciones médico sociales,” *Revista del Círculo Médico Argentino y Centro Estudiantes de Medicina* 8, no. 94 (June 1909): 153.

⁹⁹ Camilo Muniagurría, *Cómo se evita y cómo se cura la sífilis: Conocimientos indispensables al hombre* (Buenos Aires: Moro, Tello y Cía, 1922), 49.

¹⁰⁰ Congreso Médico del Centenario, *Actas y trabajos*, vol. 4 (Montevideo: A. Monteverde, 1930), 377.

¹⁰¹ See the example of Mexico in Bliss, *Compromised Positions*, 132.

became the antithesis of the nationalist model of masculinity. In this model, a true masculine man required self-control in every aspect of his life, since lack of self-control threatened the social order.¹⁰²

5.3.1 Abstinence and the search for modernity

Discussions of abstinence reflected a wider debate about Argentina's identity and its place in the "civilized world." The physicians who believed in abstinence used the language of "civilization" when discussing self-control. For Paulina Luisi and Carlos B. de Quirós, Argentine men had to learn to "civilize" their libido.¹⁰³ Moral education—that is, in part, the promotion of extramarital abstinence—would not only reduce venereal disease transmission but also act as a "civilizing force" more broadly.¹⁰⁴ This preoccupation with the country's future resulted from Argentine intellectuals' engagement with modernity and the ideology of progress.¹⁰⁵

Luisi and other optimists treated self-control as a value upon which modernity and progress were based.¹⁰⁶ By citing the latest scientific understandings of male sexuality, Luisi also implied that science offered tools to address social problems and put Argentina on the path towards modernity. As in the United States, there was a class element built in the emphasis on

¹⁰² Sandra McGee Deutsch, "Contra 'el gran desorden sexual': Los nacionalistas y la sexualidad, 1919-1940," *Cuadernos del CISH* no. 17–18 (2005): 127–50; and Federico Finchelstein, "The Anti-Freudian Politics of Argentine Fascism: Anti-Semitism, Catholicism, and the Internal Enemy, 1932-1945," *Hispanic American Historical Review* 87, no. 1 (February 2007): 77–110.

¹⁰³ Carlos B. de Quirós, *Eugenésia jurídica y social (derecho eugenésico argentino)*, vol. 1 (Buenos Aires: Ideas, 1943), 187; and *Congrès international de propagande d'hygiène sociale et d'éducation prophylactique sanitaire et morale* (Paris: Comité national de propagande d'hygiène sociale, 1923), 344.

¹⁰⁴ Tercer Congreso Nacional de Medicina and Tercer Congreso Sudamericano de Dermatología y Sifilología, *Actas y trabajos*, 4:887.

¹⁰⁵ On the tension between modernity as both the cause of and solution to the social problems facing Argentina, see Julia Rodríguez, *Civilizing Argentina: Science, Medicine, and the Modern State* (Chapel Hill: University of North Carolina Press, 2006).

¹⁰⁶ For a similar argument in Uruguay, see Darré, *Políticas de género y discurso pedagógico*, 72.

extramarital continence: Argentine reformers treated “plebeian sexuality as a pathological obstacle to national development.”¹⁰⁷ Bragging about your sexual exploits was a central feature of plebeian masculinity in Buenos Aires, so sex educators designed programs to eliminate this behavior and promote abstinence outside of marriage.¹⁰⁸

Participants in the debate over abstinence, sex education, and social reform in general relied on the vocabulary of race, sometimes conflating culture and biology.¹⁰⁹ Pessimists like Manuel Carbonell saw male unchastity as a cultural manifestation of Latin men’s biological inferiority. As Nudemberg’s word choice suggests (“the sexual instinct in our latitudes”), some pessimists also attributed this inferiority to geographical and environmental factors. Optimists, on the other hand, believed in the redemptive power of culture: sexual education was the key to racial and national improvement. Luisi, for instance, wanted to make self-control the cornerstone of sex education programs, as in Anglo-Saxon countries. But she recognized that in countries such as Argentina and Uruguay, the presence of “meridional, impulsive races, uneducated with regard to character and willpower and lacking the ability to control passion” complicated matters.¹¹⁰ Luisi therefore shared with the pessimists the belief that Latin races were inferior, but unlike them, she did not treat this condition as permanent.

Sex education was, for many Argentine doctors, only one aspect of venereal disease prophylaxis. As Paulina Luisi pointed out at the third South American Congress of Dermatology and Syphilology, Alfred Fournier had not named his organization “society of sanitary and moral prophylaxis” by accident: both realms—sanitary and moral—were as important for proper

¹⁰⁷ Pablo Ben, “Plebeian Masculinity and Sexual Comedy in Buenos Aires, 1880-1930,” *Journal of the History of Sexuality* 16, no. 3 (September 2007): 437.

¹⁰⁸ Pablo Ben, “Male Sexuality, the Popular Classes and the State: Buenos Aires, 1880-1955” (PhD diss., University of Chicago, 2009), 108.

¹⁰⁹ Eduardo A. Zimmermann, “Racial Ideas and Social Reform: Argentina, 1890-1916,” *Hispanic American Historical Review* 72, no. 1 (February 1992): 23–46.

¹¹⁰ Luisi, *Pedagogia y conducta sexual*, 88.

venereal disease control.¹¹¹ Advertising chemical prophylaxis, for instance, was perfectly compatible with recommending abstinence outside of marriage, as the publications of the Liga Argentina de Profilaxis Social demonstrate. Here, the contrast with US methods is striking (see chapter 3 and section 5.2 in this chapter). The goal was to reach and protect as many people as possible by creating a sanitary safety net for those for whom abstinence was not an option. Physicians also had a vested interest in protecting their contribution to venereal disease control. In the treatment plan he helped create for the Argentine Association of Dermatology and Syphilology in 1931, Pedro Baliña mentioned that abstinence was not detrimental to men's health.¹¹² But in another publication from the same year, he expressed unease with placing too much emphasis on abstinence. He argued that the sexual instinct would often triumph over the fear of contracting syphilis or over moral precepts. In these cases, what was needed was a network of medical institutions where new cases of syphilis could be detected and treated as soon as possible.¹¹³ Baliña's proposal, on the one hand calling for Argentines to be realistic in their approach to venereal disease prevention, would also raise the profile of syphilologists like himself.

In sum, Argentine sex educators subscribed to the general philosophy of the Liga Argentina de Profilaxis Social: "put into practice all the resources, without exception, that science and experience recommend."¹¹⁴ A quote from the German hygienist Max von Niessen, often reproduced in full by the Argentine Leopoldo Bard and the Englishman Havelock Ellis alike, captures what was at stake: "The country that has the foresight and courage to introduce

¹¹¹ Tercer Congreso Nacional de Medicina and Tercer Congreso Sudamericano de Dermatología y Sifilología, *Actas y trabajos*, 4:887.

¹¹² "Plan de tratamiento de la sífilis aconsejado por la Asociación Argentina de Dermatología y Sifilografía para ser aplicado en dispensarios y servicios de venereología," *La Semana Médica* 38, no. 18 (April 30, 1931): 1147.

¹¹³ Pedro L. Baliña, "'Enfermedades secretas': Concepto y expresión que no deben subsistir," *Revista Argentina de Dermatosifilología* 15 (1931): 110.

¹¹⁴ Liga Argentina de Profilaxis Social, *A las damas argentinas y extranjeras* (1921), 3.

and carry through the theories of sexual hygiene, which have so wide and significant a bearing on its own future, and that of the human race generally, will take a leading place in the march of civilization.”¹¹⁵

5.4 CONCLUSION

Transatlantic networks of exchange were critical to the development of sex education programs in France, Argentina, and the United States. Physicians and sex educators drew authoritative support from foreign sources to attack the myth of male sexual necessity, and so did their detractors. The persistent debate surrounding this myth points, in turn, to the contested nature of scientific understandings of male sexuality.

By comparing French, American, and Argentine attitudes towards male sexuality, I have shown how, in different contexts, different groups were perceived as uncivilized because of their supposed inability or unwillingness to embrace self-control. Indeed, nationalist discourses used sexuality to establish the boundaries of citizenship. Discussions of abstinence and the civilized/primitive binary, while dependent on transnational circuits, therefore ended up reifying rather than dissolving national differences.

Demanding self-control from male bodies interacted with a larger effort from state and non-state actors to regulate populations. Forging “new mentalities,” as a French doctor put it,

¹¹⁵ See, for instance, Leopoldo Bard, “La enseñanza de la profilaxis de las enfermedades venéreas en los colegios nacionales y las escuelas normales,” *La Semana Médica* 26, no. 35 (August 28, 1919): 237; and Ellis, *Studies in the Psychology of Sex*, 6:361.

was the goal of sex education but also of hygienic education in general.¹¹⁶ The emphasis on self-control in service of public health was not limited to sex education and venereal disease control: educational efforts against tuberculosis also employed the vocabulary of self-control. In his book on tuberculosis in Buenos Aires, Diego Armus has described Argentine efforts to create a “hygienic citizen” who exhibited self-control by not spitting on the ground.¹¹⁷ In other words, this “ideal individual was supposed to be complicit with measures for the social good” and willing to forsake individual liberties for the sake of public health.¹¹⁸ Disciplining and regulating bodies was therefore a critical concern of modern states. The emergence of *scientia sexualis* and sex education played out against the backdrop of nation building and state formation.

To capture this story in its entirety, one would have to include areas beyond the Atlantic basin. In José Moya’s vision of Atlantic history, what characterized the Atlantic system of the late nineteenth and early twentieth centuries was “a transatlantic process of modernization, a process that eventually forged a sociocultural condition and worldview that can be accurately termed, as contemporaries did, ‘modernity.’”¹¹⁹ In this chapter, I have shown the importance of male sexual self-control to bourgeois projects to reshape the nation, and I treat these projects as among “many voices” that constitute modernity. By analyzing the common threads in the transatlantic conversation over abstinence and sex education, I treat biopower as a key site to study the making of the modern Atlantic. But if we examine abstinence, sex education, and the

¹¹⁶ Louis Queyrat and Just Sicard de Plauzoles, eds., *Manuel d’éducation prophylactique contre les maladies vénériennes* (Paris: Maloine, 1922), 17.

¹¹⁷ Diego Armus, *The Ailing City: Health, Tuberculosis, and Culture in Buenos Aires, 1870–1950* (Durham: Duke University Press, 2011), 154–55; compare this to the concept of “biological citizenship” in Nikolas S. Rose, *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century* (Princeton: Princeton University Press, 2007).

¹¹⁸ Kristin Ruggiero, *Modernity in the Flesh: Medicine, Law, and Society in Turn-of-the-Century Argentina* (Stanford: Stanford University Press, 2004), 2.

¹¹⁹ Jose C. Moya, “Modernization, Modernity, and the Trans/Formation of the Atlantic World in the Nineteenth Century,” in *The Atlantic in Global History, 1500–2000*, ed. Jorge Cañizares-Esguerra and Erik Seeman (Upper Saddle River, NJ: Pearson Prentice Hall, 2007), 179.

civilized/primitive binary, the Atlantic was not the sole environment where this bourgeois version of modernity was produced or even deployed. Ann Laura Stoler and Anne McClintock have demonstrated how important colonialism (or at least colonial spaces) was to the production of bourgeois sexual respectability in Europe.¹²⁰ Moreover, historians of East Asia have shown that Japanese and Chinese elites also linked sex education to their modernizing projects, and these studies are contemporaneous to my own.¹²¹ Here, perhaps, we are reaching the limits of the Atlantic paradigm. At the very least, this tension between Atlantic and global history should serve as a reminder that historians need to think critically about how they set geographic frames of reference for their studies.

¹²⁰ Ann Laura Stoler, *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things* (Durham: Duke University Press, 1995); and Anne McClintock, *Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest* (New York: Routledge, 1995).

¹²¹ Frank Dikötter, *Sex, Culture, and Modernity in China: Medical Science and the Construction of Sexual Identities in the Early Republican Period* (Honolulu: University of Hawaii Press, 1995); Sabine Frühstück, *Colonizing Sex: Sexology and Social Control in Modern Japan* (Berkeley: University of California Press, 2003); and Howard Chiang, "Epistemic Modernity and the Emergence of Homosexuality in China," *Gender & History* 22, no. 3 (November 2010): 629–57.

6.0 CONCLUSION

In 1930, Edward L. Keyes, a professor of urology at Cornell University, asked why Europe was more successful than the United States in the struggle against syphilis and other venereal diseases. The answer was not self-evident, since, as Keyes remarked matter-of-factly, “we share their science and they have no secrets of publicity or organization.”¹ What Keyes seemed to take for granted was a transatlantic system of scientific and policy exchange that, by the 1930s, had been in place for decades. My dissertation examined the formation and growth of this system and argued that an Atlantic framework remains applicable beyond the turn of the nineteenth century—the traditional ending point for most Atlantic historians.

Because the appropriate scale of analysis for historical inquiry depends on one’s topic and research questions, I have moved back and forth between different scales throughout this dissertation. Adopting a global approach has allowed to highlight the density of transnational connections. Indeed, Atlantic networks dominated the global history of syphilology before World War II. Paris, Buenos Aires, and New York functioned as nodes in a multi-centered Atlantic system, where information circulated in all directions. That system was not completely isolated from the rest of the world, but Atlantic connections dwarfed connections with East Asia. Within Latin America, Buenos Aires and other cities like Montevideo and Rio de Janeiro served

¹ Edward L. Keyes, “Today’s Great Problems in Disease Prevention,” *Journal of Social Hygiene* 16, no. 7 (October 1930): 402.

as regional magnets, pointing to the existence of secondary networks imbricated into the larger Atlantic and global circuits mentioned above. Within individual countries, Buenos Aires and Paris were focal points of national networks, and I discussed in chapter 2 how the relationship between these two cities and cities like Rosario and Strasbourg was formalized with the creation of branches of the French and Argentine dermatological societies.

As I moved from an analysis of syphilology to a discussion of syphilis control more broadly, I discovered a similar pattern of regional, national, and subnational networks imbricated into Atlantic and global circuits. The individual and collective consequences of syphilis drew a wide array of actors—medical practitioners, laboratory scientists, public health officials, eugenicists, and social hygienists—into the same orbit. While these men and women were part of a transnational epistemic community centered on the Atlantic basin, their activities also broke down into regional constellations. Focusing on syphilis control in the Americas has allowed me to shed light on an entire realm of international health in the Americas that was not dominated by US agencies such as the Rockefeller Foundation. In contrast to much of the literature on international health, my work does not revolve around philanthropic or intergovernmental organizations. Instead, it demonstrates a different kind of international connectivity within science and public health—a pattern of multi-sited communication, borrowing, and mutual comparison, rather than of alliances built outward from a metropolitan agency.

A similar overlap between networks was visible at the national and subnational levels, where transnational ideas were filtered through local and national concerns, resulting in different outcomes in different parts of the world. For instance, the global effort to create a hygienic citizen was articulated through nationalist discourses. More than the demonstration effect, local political and cultural landscapes shaped the relationship between science and public policy. My

discussion of post-exposure prophylaxis illustrates this point. While a common body of knowledge united doctors and public health officials across the Atlantic, cultural traditions and other local factors like the relationship between physicians and the growing public health apparatus determined whether health authorities adopted post-exposure prophylaxis. Overall, the pattern that emerges is one where the precise articulation between medical professionals, scientists, maternalist activists and other social reformers, on the one hand, and municipal, state, and national level politicians and bureaucrats, on the other, shaped public health laws and institutions in New York and Buenos Aires and in Argentina and the United States more broadly.

Examining the relationship between science and policymaking from a transnational and comparative perspective has allowed me to integrate Latin America into a world historical narrative.² In their analysis of the growth of modern interventionist states, Latin Americanists have pointed to the centrality of medical discourses to state formation. My dissertation attempts to link this regional pattern to similar developments in the rest of the world. The emphasis on synchronic time that characterizes world historical methodology creates opportunities for dialogue between Latin Americanists and historians of different parts of the Atlantic basin, especially since, as I argue in chapter 4, the transatlantic circulation of people and ideas provided support for the interventionist shift that undergirded the formation of welfare states in Argentina and the United States.

Analyzing the relationship between Atlantic and national networks underscores the persistence of the national in the transnational. In a number of ways, rather than eliminate national boundaries, the transnational currents I have examined reified national differences, as the people who shaped syphilis control in France, Argentina, and the United States engaged in

² Erick D. Langer et al., "Forum: Placing Latin America in World History," *Hispanic American Historical Review* 84, no. 3 (August 2004): 391–446.

repeated cross-national comparisons. This attention to nation-states is not, as some Atlantic historians would have it, a methodological transgression but rather the result of my emphasis on a key moment in the growth of modern nation-states. At the same time, the physicians, public health officials, reformers, and policymakers involved in syphilis prevention in France, Argentina, and the United States certainly saw themselves as part of the same conversation, and we should study them as such. For these reasons, this dissertation has moved back and forth between different scales of analysis in order to shed light on the interplay between the local, the national, and the global.

BIBLIOGRAPHY

Archival collections

American Social Health Association Records, Social Welfare History Archives, University of Minnesota, Minneapolis, MN.

Archives de la Société Française de Dermatologie et de Syphiligraphie, Bibliothèque Henri Feulard, Hôpital Saint-Louis, Paris, France.

Rare Book and Manuscript Collection, New York Academy of Medicine, New York, NY.

Records of the Public Health Service, 1912-1968, Record Group 90; National Archives at College Park, College Park, MD.

Reuben Leon Kahn Papers, Bentley Historical Library, University of Michigan, Ann Arbor, MI.

Rockefeller Foundation Archives, Rockefeller Archive Center, Sleepy Hollow, NY.

Thomas Parran Papers, 1916-1962, UA.90.F14, Archives Service Center, University of Pittsburgh, Pittsburgh, PA.

William H. Welch Papers, The Alan Mason Chesney Medical Archives of The Johns Hopkins Medical Institutions, Baltimore, MD.

Medical journals (years reviewed)

Argentina

Anales de Biotipología, Eugenesia y Medicina Social (1933-41)

Anales de Higiene Pública y Medicina Legal (1892-93)

Anales del Círculo Médico Argentino (1878-1907)

Anales del Departamento Nacional de Higiene (1895-1912)

Boletín de la Liga Argentina de Profilaxis Social (1921-22)

Revista Argentina de Dermatosifilología (1929-45)
Revista Dermatológica (1908-27)
Revista Médico-Quirúrgica (1864-88)
Revista del Círculo Médico Argentino y Centro Estudiantes de Medicina (1908-38)
Revista de la Asociación Argentina de Dermatología (1927-28)
Revista de la Sociedad Argentina de Venereología y Profilaxis Social (1937)
La Semana Médica (1894-1945)

France

Annales de dermatologie et de syphiligraphie (1869-1941)
Annales des maladies vénériennes (1906-40)
Annales d'hygiène publique et de médecine légale (1870-1922)
Annales d'hygiène publique, industrielle et sociale (1923-29)
Archives dermato-syphiligraphiques de la Clinique de l'Hôpital Saint-Louis (1929-41)
Bulletin de la Société française de dermatologie et de syphiligraphie (1890-1941)
Bulletin de la Société française de prophylaxie sanitaire et morale (1901-28)
Eugénique (1913-26)
Journal des maladies cutanées et syphilitiques (1908-09)
Le Progrès médical (1873-1922)
La Prophylaxie antivénérienne (1929-43)
Revue française de dermatologie et de vénéréologie (1925-39)
La Syphilis (1903-06)
Vers la santé (1922-30)

United States

American Journal of Public Health (1912-39)
American Journal of Syphilis (1917-46)
Archives of Dermatology and Syphilology (1920-50)
Journal of the American Medical Association (1891-1944)
Journal of Cutaneous and Genito-Urinary Diseases (1887-1902)
Journal of Cutaneous Diseases including Syphilis (1903-19)

Journal of Heredity (1905-37)

Journal of Social Hygiene (1914-44)

Pamphlets and flyers

Boxes 3 and 170-75, American Social Health Association Records, Social Welfare History Archives, University of Minnesota, Minneapolis, MN.

Exner, Max J. *Friend or Enemy?* New York: American Social Hygiene Association, 1916.

Keeping Fit to Fight. New York: American Social Hygiene Association, 1918.

Morrow, Prince A. *The Young Man's Problem.* New York: American Society of Sanitary and Moral Prophylaxis, 1912.

Parker, Valeria H. *Social Hygiene and the Child.* New York: American Social Hygiene Association, 1939.

Thomson, Alec Nicol. *Venereal Diseases: Facts for Every Man.* New York: American Social Hygiene Association, 1917.

Biblioteca Central "Juan José Montes de Oca," Facultad de Medicina, Universidad de Buenos Aires, Buenos Aires, Argentina

Gougerot, Henri. *Argentinos y extranjeros: Precaveos; la peste y el cólera han sido vencidos, pero quedan por combatir mayores enemigos: el alcoholismo, la tuberculosis, las enfermedades venéreas.* Buenos Aires: Liga Argentina de Profilaxis Social, 1921.

A las damas argentinas y extranjeras. Buenos Aires: Liga Argentina de Profilaxis Social, 1921.

La Liga Argentina de Profilaxis Social ha declarado la guerra a las enfermedades venéreas. Buenos Aires: Liga Argentina de Profilaxis Social, 1921.

Folder 405.1 Exhibits, Box 213; General Records of the Venereal Disease Division, 1918-36; Records of the Public Health Service, 1912-1968, Record Group 90; National Archives at College Park, College Park, MD

Burlureaux, Charles. *Para nuestras hijas: Cuando sus madres estimen oportunos estos consejos.* Translated by Emilio R. Coni. 2nd ed. Buenos Aires: Liga Argentina de Profilaxis Social, 1931.

Gougerot, Henri, and André Cavaillon. *Consejos a los estudiantes sobre las enfermedades venéreas.* Buenos Aires: Liga Argentina de Profilaxis Social, 1935.

Queyrat, Louis. *Las enfermedades venéreas y el matrimonio.* Translated by Alfredo Fernández Verano. 3rd ed. Buenos Aires: Liga Argentina de Profilaxis Social, 1935.

Fondo general de libros, Biblioteca Nacional de la República Argentina, Buenos Aires, Argentina

- Gambier. *Conferencia sobre enfermedades venéreas*. Translated by Emilio R. Coni. Buenos Aires: Liga Argentina de Profilaxis Social, 1924.
- Fernández Verano, Alfredo. *Por la salud y el vigor de la raza: Plan de defensa social contra las enfermedades venéreas*. 2nd ed. Buenos Aires: Liga Argentina de Profilaxis Social, 1924.
- Fernández Verano, Alfredo, Armando Ascherí, and David Fairstein. *El examen médico prenupcial*. Buenos Aires: Liga Argentina de Profilaxis Social, 1934.
- Fournier, Alfred. *Para nuestros hijos cuando tengan 18 años: Algunos consejos del professor Fournier*. Translated by Emilio R. Coni. Buenos Aires: Liga Argentina de Profilaxis Social, 1921.

Published sources

- Achinelly, Esteban E. “Contribución al estudio de la profilaxis pública de la sífilis: Su aplicación en la provincia de Buenos Aires.” Doctoral dissertation, Universidad Nacional de Buenos Aires, 1916.
- All-America Conference on Venereal Diseases. *Preliminary Report on the Proceedings: Resolutions of the General Conference Committee*. New York, 1921.
- Allen, Ann Taylor. *Feminism and Motherhood in Western Europe, 1890-1970: The Maternal Dilemma*. New York: Palgrave Macmillan, 2005.
- Amador, José G. “‘Redeeming the Tropics’: Public Health and National Identity in Cuba, Puerto Rico, and Brazil, 1890-1940.” PhD diss., University of Michigan, 2008.
- Antonelli, Alberto. “Profilaxis de la sífilis prenatal.” In *Actas y Trabajos del Primero Congreso Nacional de Puericultura*, 2:99–107. Buenos Aires, 1941.
- Aráoz Alfaro, Gregorio. *Por nuestros niños y por las madres: Protección, higiene y asistencia social*. Buenos Aires: Librería del Colegio, 1936.
- Argentina médica: Guía médica é higiénica*. Buenos Aires: Coni Hermanos, 1904.
- Armitage, David. “Three Concepts of Atlantic History.” In *The British Atlantic World, 1500-1800*, edited by Michael J. Braddick and David Armitage, 13–29. 2nd ed. New York: Palgrave Macmillan, 2009.
- Armitage, David, Jaap Jacobs, and Martine van Ittersum. “Are We All Global Historians Now? An Interview with David Armitage.” *Itinerario* 36, no. 2 (August 2012): 7–28.
- Armus, Diego. *The Ailing City: Health, Tuberculosis, and Culture in Buenos Aires, 1870–1950*. Durham: Duke University Press, 2011.

- Arner, Katherine. "Making Yellow Fever American: The Early American Republic, the British Empire and the Geopolitics of Disease in the Atlantic World." *Atlantic Studies* 7, no. 4 (December 2010): 447–71.
- Baily, Samuel L. *Immigrants in the Lands of Promise: Italians in Buenos Aires and New York City, 1870-1914*. Ithaca: Cornell University Press, 1999.
- Baliña, Pedro L. "Chancros sifilíticos extra-genitales: Relación y comentario de algunas observaciones." Doctoral dissertation, Universidad Nacional de Buenos Aires, 1905.
- Basalla, George. "The Spread of Western Science." *Science* 156 (May 5, 1967): 611–22.
- Bayly, C. A. *The Birth of the Modern World, 1780-1914: Global Connections and Comparisons*. Malden, MA: Blackwell, 2004.
- Bazan, Julio, and Ricardo Dubrovsky. *El problema médico-social de la lúes en las maternidades*. Buenos Aires: Kraft, 1952.
- Belmartino, Susana. *La atención médica argentina en el siglo XX: Instituciones y procesos*. Buenos Aires: Siglo XXI, 2005.
- Ben, Pablo. "Male Sexuality, the Popular Classes and the State: Buenos Aires, 1880-1955." PhD diss., University of Chicago, 2009.
- . "Plebeian Masculinity and Sexual Comedy in Buenos Aires, 1880-1930." *Journal of the History of Sexuality* 16, no. 3 (September 2007): 436–58.
- Bender, Thomas. *A Nation Among Nations: America's Place in World History*. New York: Hill and Wang, 2006.
- , ed. *Rethinking American History in a Global Age*. Berkeley: University of California Press, 2002.
- Bernstein, Laurie. *Sonia's Daughters: Prostitutes and Their Regulation in Imperial Russia*. Berkeley: University of California Press, 1995.
- Berthold, Victor M. *History of the Telephone and Telegraph in the Argentine Republic, 1857-1921*. New York, 1921.
- Biernat, Carolina. "Médicos, especialistas, políticos y funcionarios en la organización centralizada de la profilaxis de las enfermedades venéreas en la Argentina (1930-1954)." *Anuario de Estudios Americanos* 64, no. 1 (June 2007): 257–88.
- Billourou, María José. "'El niño es un todo y debe ser servido como tal': Las relaciones entre el Children's Bureau y la Dirección de Protección a la Primera Infancia." In *Historias de salud y enfermedad en América latina*, edited by Adrián Carbonetti and Ricardo González Leandri, 185–208. Córdoba: Universidad Nacional de Córdoba - Centro de Estudios Avanzados, 2008.
- Birn, Anne-Emanuelle. "Child Health in Latin America: Historiographic Perspectives and Challenges." *História, Ciências, Saúde--Manguinhos* 14, no. 3 (September 2007): 677–708.

- . *Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico*. Rochester: University of Rochester Press, 2006.
- . “Uruguay on the World Stage: How Child Health Became an International Priority.” *American Journal of Public Health* 95, no. 9 (September 2005): 1506–17.
- Bliss, Katherine Elaine. “Between Risk and Confession: State and Popular Perspectives of Syphilis Infection in Revolutionary Mexico.” In *Disease in the History of Modern Latin America: From Malaria to AIDS*, edited by Diego Armus, 183–208. Durham: Duke University Press, 2003.
- . *Compromised Positions: Prostitution, Public Health, and Gender Politics in Revolutionary Mexico City*. University Park: Pennsylvania State University Press, 2001.
- Bonner, Thomas Neville. *American Doctors and German Universities: A Chapter in International Intellectual Relations, 1870-1914*. Lincoln: University of Nebraska Press, 1963.
- Borris, Kenneth, and George Rousseau, eds. *The Sciences of Homosexuality in Early Modern Europe*. New York: Routledge, 2008.
- Brandt, Allan M. *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880*. New York: Oxford University Press, 1987.
- Briggs, Laura. *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico*. Berkeley: University of California Press, 2002.
- Bristow, Nancy K. *Making Men Moral: Social Engineering During the Great War*. New York: New York University Press, 1996.
- Bronson, Edward Bennet. “Primary Syphilis.” In *A System of Genito-Urinary Diseases, Syphilology and Dermatology*, edited by Prince A. Morrow, 2:71–104. New York: D. Appleton, 1893.
- Brubaker, Rogers, and Frederick Cooper. “Beyond ‘Identity.’” *Theory and Society* 29, no. 1 (2000): 1–47.
- Bulkley, L. Duncan. *Syphilis in the Innocent (Syphilis Insontium): Clinically and Historically Considered with a Plan for the Legal Control of the Disease*. New York: Bailey & Fairchild, 1894.
- Burnham, John C. “Medical Inspection of Prostitutes in America in the Nineteenth Century: The St. Louis Experiment and Its Sequel.” *Bulletin of the History of Medicine* 45, no. 3 (June 1971): 203–18.
- Cañizares-Esguerra, Jorge. *How to Write the History of the New World: Histories, Epistemologies, and Identities in the Eighteenth-Century Atlantic World*. Stanford: Stanford University Press, 2001.
- . “Some Caveats About the ‘Atlantic’ Paradigm.” *History Compass* 1, no. 1 (2003): 1–4.
- Canny, Nicholas. “Atlantic History and Global History.” In *Atlantic History: A Critical Appraisal*, edited by Jack P. Greene and Philip Morgan, 317–36. New York: Oxford University Press, 2009.

- Carrera, José L. *Antecedentes, títulos y trabajos presentados para optar al cargo de profesor adjunto de clínica dermatosifilográfica de la Facultad de Ciencias Médicas de Buenos Aires*. Buenos Aires, 1946.
- . “Critérium sur la guérison de la syphilis.” In *Deliberationes Congressus dermatologorum internationalis IX.i*, 2:404–07. Leipzig: Johann Ambrosius Barth, 1936.
- Carrillo, Ramón. *Política sanitaria argentina*. 2 vols. Buenos Aires: Ministerio de Salud Pública de la Nación, 1949.
- Carter, Julian B. “Birds, Bees, and Venereal Disease: Toward an Intellectual History of Sex Education.” *Journal of the History of Sexuality* 10, no. 2 (April 2001): 213–49.
- . *The Heart of Whiteness: Normal Sexuality and Race in America, 1880-1940*. Durham: Duke University Press, 2007.
- Castejón Bolea, Ramón. “Las estrategias preventivas individuales en la lucha antivenérea: Sexualidad y enfermedades venéreas en la España del primer tercio del siglo XX.” *Hispania* 64, no. 218 (2004): 923–46.
- Charle, Christophe, Jürgen Schriewer, and Peter Wagner, eds. *Transnational Intellectual Networks: Forms of Academic Knowledge and the Search for Cultural Identities*. Frankfurt: Campus, 2004.
- Chauncey, George. *Gay New York: Gender, Urban Culture, and the Makings of the Gay Male World, 1890-1940*. New York: Basic, 1994.
- Chiang, Howard. “Epistemic Modernity and the Emergence of Homosexuality in China.” *Gender & History* 22, no. 3 (November 2010): 629–57.
- Coclanis, Peter A. “Beyond Atlantic History.” In *Atlantic History: A Critical Appraisal*, edited by Jack P. Greene and Philip Morgan, 337–56. New York: Oxford University Press, 2009.
- Colls, Carlos. “Sífilis y embarazo.” Doctoral dissertation, Universidad Nacional de Buenos Aires, 1909.
- Conférence internationale pour la prophylaxie de la syphilis et des maladies vénériennes. *Rapports préliminaires*. Edited by Émile Dubois-Havenith. Vol. 1. Brussels: Henri Lamertin, 1899.
- Ve Congrès des dermatologistes et syphiligraphes de langue française. *Discussions et communications*. Paris: Masson, 1935.
- Congrès international de propagande d’hygiène sociale et d’éducation prophylactique sanitaire et morale*. Paris: Comité national de propagande d’hygiène sociale, 1923.
- Congreso Médico del Centenario. *Actas y trabajos*. Vol. 4. Montevideo: A. Monteverde, 1930.
- Congreso Nacional. *Diario de Sesiones de la Cámara de Diputados*. Buenos Aires: Imprenta del Congreso Nacional, 1936.
- Congreso Nacional. *Diario de Sesiones de la Cámara de Senadores*. Buenos Aires: Imprenta del Congreso Nacional, 1936.

- Coni, Emilio R. *Asistencia y previsión social: Buenos Aires caritativo y previsor*. Buenos Aires: Emilio Spinelli, 1918.
- . *Estado actual de la lucha antivenérea en América*. Buenos Aires: A. de Martino, 1921.
- . *Frecuencia y profilaxis de las enfermedades venéreas en la América Latina*. Buenos Aires: Coni, 1908.
- . *Memorias de un médico higienista: Contribución a la historia de la higiene pública y social argentina (1867-1917)*. Buenos Aires: A. Flaiban, 1918.
- Connelly, Mark Thomas. *The Response to Prostitution in the Progressive Era*. Chapel Hill: University of North Carolina Press, 1980.
- Connelly, Matthew James. *Fatal Misconception: The Struggle to Control World Population*. Cambridge: Belknap Press of Harvard University Press, 2008.
- Corbin, Alain. “L’hérédosyphilis ou l’impossible rédemption: Contribution à l’histoire de l’hérédité morbide.” *Romantisme* 11, no. 31 (1981): 131–50.
- . “Le péril vénérien au début du siècle: Prophylaxie sanitaire et prophylaxie morale.” *Recherches* no. 29 (1977): 245–83.
- Correa Llobet, Francisco. “La sífilis y el matrimonio.” Doctoral dissertation, Universidad Nacional de Buenos Aires, 1898.
- Cribier, Bernard, Bruno Halioua, Jean Revuz, and Gérard Tilles. *Quelques cas historiques en dermatologie*. Paris: Springer-Verlag France, 2011.
- Cueto, Marcos. *Excelencia científica en la periferia: Actividades científicas e investigación biomédica en el Perú, 1890-1950*. Lima: Grade, 1989.
- . “Laboratory Styles in Argentine Physiology.” *Isis* 85, no. 2 (June 1994): 228–46.
- , ed. *Missionaries of Science: The Rockefeller Foundation and Latin America*. Bloomington: Indiana University Press, 1994.
- Darré, Silvana. *Políticas de género y discurso pedagógico: La educación sexual en el Uruguay del siglo XX*. Montevideo: Ediciones Trilce, 2005.
- Davenport, Charles B. *Heredity in Relation to Eugenics*. New York: Henry Holt, 1911.
- Davidson, Roger, and Lesley A. Hall, eds. *Sex, Sin and Suffering: Venereal Disease and European Society Since 1870*. New York: Routledge, 2001.
- Demanche, Robert. *Précis de technique du séro-diagnostic de la syphilis*. 2nd ed. Paris: Gaston Doin, 1936.
- Deutsch, Sandra McGee. “Contra ‘el gran desorden sexual’: Los nacionalistas y la sexualidad, 1919-1940.” *Cuadernos del CISH* no. 17–18 (2005): 127–50.
- Díaz de Guijarro, Enrique. *Bases eugénicas para la legislación del matrimonio*. Buenos Aires: Antología Jurídica, 1939.
- . *La reforma del matrimonio civil por las leyes eugénicas*. Buenos Aires: Antología Jurídica, 1938.

- . *Matrimonio y eugenesia: El impedimento matrimonial de enfermedad*. Buenos Aires: Guillermo Kraft, 1944.
- Dikötter, Frank. *Sex, Culture, and Modernity in China: Medical Science and the Construction of Sexual Identities in the Early Republican Period*. Honolulu: University of Hawaii Press, 1995.
- Dubreuilh, William. “Souvenirs dermatologiques.” In *Deliberationes Congressus dermatologorum internationalis IX.i*, edited by Louis Nekam, 4:53–57. Leipzig: Johann Ambrosius Barth, 1936.
- Duffy, John. *A History of Public Health in New York City, 1866-1966*. New York: Russell Sage Foundation, 1974.
- . *The Sanitarians: A History of American Public Health*. Urbana: University of Illinois Press, 1990.
- Edwards, Paul N., Lisa Gitelman, Gabrielle Hecht, Adrian Johns, Brian Larkin, and Neil Safier. “Historical Perspectives on the Circulation of Information.” *American Historical Review* 116, no. 5 (December 2011): 1392–435.
- Ellis, Havelock. *Studies in the Psychology of Sex*. Vol. 6, Sex in Relation to Society. Philadelphia: F. A. Davis, 1910.
- Engelstein, Laura. “Morality and the Wooden Spoon: Russian Doctors View Syphilis, Social Class, and Sexual Behavior, 1890-1905.” *Representations* no. 14 (Spring 1986): 169–208.
- . “Syphilis, Historical and Actual: Cultural Geography of a Disease.” *Reviews of Infectious Diseases* 8, no. 6 (December 1986): 1036–48.
- Eraso, Yolanda. “Biotypology, Endocrinology, and Sterilization: The Practice of Eugenics in the Treatment of Argentinian Women During the 1930s.” *Bulletin of the History of Medicine* 81, no. 4 (Winter 2007): 793–822.
- Espinosa, Mariola. *Epidemic Invasions: Yellow Fever and the Limits of Cuban Independence, 1878-1930*. Chicago: University of Chicago Press, 2009.
- Exner, Max J. *The Physician's Answer: Medical Authority and Prevailing Misconceptions About Sex*. New York: Association Press, 1913.
- Fairchild, Amy L. *Science at the Borders: Immigrant Medical Inspection and the Shaping of the Modern Industrial Labor Force*. Baltimore: Johns Hopkins University Press, 2003.
- Fara, Patricia. *Pandora's Breeches: Women, Science and Power in the Enlightenment*. London: Pimlico, 2004.
- Fernández Verano, Alfredo. *Para una patria grande un pueblo sano*. Buenos Aires: Talleres Gráficos de la Cía. Gral. Financiera, 1938.
- Fidanza, Eduardo. “De la reglamentación de la prostitución pública considerada como medio profiláctico de la sífilis.” Doctoral dissertation, Facultad de Ciencias Médicas de Buenos Aires, 1874.

- Finchelstein, Federico. "The Anti-Freudian Politics of Argentine Fascism: Anti-Semitism, Catholicism, and the Internal Enemy, 1932-1945." *Hispanic American Historical Review* 87, no. 1 (February 2007): 77–110.
- Findlay, Eileen. *Imposing Decency: The Politics of Sexuality and Race in Puerto Rico, 1870-1920*. Durham: Duke University Press, 1999.
- Fink, Leon, ed. *Workers Across the Americas: The Transnational Turn in Labor History*. New York: Oxford University Press, 2011.
- Fogleman, Aaron Spencer. "The Transformation of the Atlantic World, 1776-1867." *Atlantic Studies* 6, no. 1 (April 2009): 5–28.
- Folch, Christine. "Stimulating Consumption: Yerba Mate Myths, Markets, and Meanings from Conquest to Present." *Comparative Studies in Society and History* 52, no. 1 (January 2010): 6–36.
- Foucault, Michel. "*Society Must Be Defended*": *Lectures at the Collège de France, 1975-76*. Edited by Mauro Bertani and Alessandro Fontana. Translated by David Macey. New York: Picador, 2003.
- Fournier, Alfred. *Les chancres extra-génitaux*. Paris: J. Rueff, 1897.
- . *Para nuestros hijos cuando tengan 18 años: Consejos de un médico*. Translated by Everardo Landa. Maracaibo: El propio esfuerzo, 1912.
- . *Prophylaxie de la syphilis*. Paris: J. Rueff, 1903.
- . *Syphilis and Marriage*. Translated by Prince A. Morrow. New York: Appleton, 1881.
- . *Traité de la syphilis*. Paris: Rueff, 1898.
- French, William E. "Prostitutes and Guardian Angels: Women, Work, and the Family in Porfirian Mexico." *Hispanic American Historical Review* 72, no. 4 (November 1992): 529–53.
- French, William E., and Katherine Elaine Bliss, eds. *Gender, Sexuality, and Power in Latin America Since Independence*. Lanham, MD: Rowman & Littlefield, 2007.
- Frühstück, Sabine. *Colonizing Sex: Sexology and Social Control in Modern Japan*. Berkeley: University of California Press, 2003.
- Gabaccia, Donna R. "A Long Atlantic in a Wider World." *Atlantic Studies* 1, no. 1 (2004): 1–27.
- . "Is Everywhere Nowhere? Nomads, Nations, and the Immigrant Paradigm of United States History." *Journal of American History* 86, no. 3 (December 1999): 1115-34.
- Games, Alison. "Atlantic History: Definitions, Challenges, and Opportunities." *American Historical Review* 111, no. 3 (June 2006): 741–57.
- Gibson, Mary. *Prostitution and the State in Italy, 1860-1915*. 2nd ed. Columbus: Ohio State University Press, 1999.
- Gilfoyle, Timothy J. *City of Eros: New York City, Prostitution, and the Commercialization of Sex, 1790-1920*. New York: Norton, 1992.

- . “Prostitutes in History: From Parables of Pornography to Metaphors of Modernity.” *American Historical Review* 104, no. 1 (February 1999): 117–41.
- Giménez, Angel M. *Contra la reglamentación de la prostitución: Abolición de las ordenanzas municipales y profilaxis de las enfermedades venéreas*. Buenos Aires: Optimus, 1919.
- . “La lucha antivenérea en la República Argentina: Un programa de acción.” In *Segundo Congreso Sudamericano de Dermatología y Sifilografía*, 1:156–97. Montevideo: El siglo ilustrado, 1922.
- . *Profilaxis de las enfermedades venéreas: Proyecto de ley*. Buenos Aires: Sociedad Luz, 1933.
- González Bollo, Hernán. “Recepción en Argentina de una obsesión demográfica occidental: Baja la natalidad, declina la población, se agranda el desierto, 1926-1943.” In *Los lugares del saber: Contextos locales y redes transnacionales en la formación del conocimiento moderno*, edited by Ricardo D. Salvatore, 235–67. Buenos Aires: Beatriz Viterbo, 2007.
- González Leandri, Ricardo. *Curar, persuadir, gobernar: La construcción histórica de la profesión médica en Buenos Aires, 1852-1886*. Madrid: Consejo Superior de Investigaciones Científicas, 1999.
- González, Miguel S. “Sífilis hereditaria.” Doctoral dissertation, Universidad Nacional de Buenos Aires, 1905.
- Gootenberg, Paul. “A Forgotten Case of ‘Scientific Excellence on the Periphery’: The Nationalist Cocaine Science of Alfredo Bignon, 1884-1887.” *Comparative Studies in Society and History* 49, no. 1 (January 2007): 202-32.
- Gordillo, Lucio. “Contribución al estudio de la sífilis hereditaria tardía.” Doctoral dissertation, Universidad Nacional de Buenos Aires, 1895.
- Greco, Nicolás V. *La Liga Argentina de Profilaxis Social: Institución de utilidad pública*. Buenos Aires: Liga Argentina de Profilaxis Social, 1939.
- . *Profilaxis antivenérea*. Buenos Aires: La Semana Médica, 1934.
- . *Tratado de las bases dirección y práctica del tratamiento moderno de la sífilis con notas de profilaxis*. Buenos Aires: La semana médica, 1946.
- Green, James N. *Beyond Carnival: Male Homosexuality in Twentieth-Century Brazil*. Chicago: University of Chicago Press, 1999.
- Gruenberg, Benjamin C., ed. *High Schools and Sex Education: A Manual of Suggestions on Education Related to Sex*. Washington: Government Printing Office, 1922.
- Guy, Donna J. *Sex and Danger in Buenos Aires: Prostitution, Family, and Nation in Argentina*. Lincoln: University of Nebraska Press, 1991.
- . “The Pan American Child Congresses, 1916 to 1942: Pan Americanism, Child Reform, and the Welfare State in Latin America.” *Journal of Family History* 23, no. 3 (July 1998): 272–91.

- . *White Slavery and Mothers Alive and Dead: The Troubled Meeting of Sex, Gender, Public Health, and Progress in Latin America*. Lincoln: University of Nebraska Press, 2000.
- . *Women Build the Welfare State: Performing Charity and Creating Rights in Argentina, 1880-1955*. Durham: Duke University Press, 2009.
- Haas, Peter M., ed. *Knowledge, Power, and International Policy Coordination*. Columbia: University of South Carolina Press, 1992.
- Hall, Fred S. *Medical Certification for Marriage: An Account of the Administration of the Wisconsin Marriage Law as It Relates to the Venereal Diseases*. New York: Russell Sage foundation, 1925.
- Harper, Kristin N., Molly K. Zuckerman, Megan L. Harper, John D. Kingston, and George J. Armelagos. "The Origin and Antiquity of Syphilis Revisited: An Appraisal of Old World Pre-Columbian Evidence for Treponemal Infection." *American Journal of Physical Anthropology* 146, no. S53 (2011): 99-133.
- Harrison, Mark. *Disease and the Modern World: 1500 to the Present Day*. Cambridge, UK: Polity Press, 2004.
- Hernández Alvarez, Mario. *La fragmentación de la salud en Colombia y Argentina: Una comparación sociopolítica, 1880-1950*. Bogotá: Universidad Nacional de Colombia, Facultad de Medicina, 2004.
- Hershatter, Gail. *Dangerous Pleasures: Prostitution and Modernity in Twentieth-Century Shanghai*. Berkeley: University of California Press, 1997.
- Hill, Andreas. "'May the Doctor Advise Extramarital Intercourse?': Medical Debates on Sexual Abstinence in Germany, c. 1900." In *Sexual Knowledge, Sexual Science: The History of Attitudes to Sexuality*, edited by Roy Porter and Mikuláš Teich, 284–302. Cambridge: Cambridge University Press, 1994.
- Hinrichsen, Josephine. *Modern Serologic Tests for Syphilis and Their Interpretation by the Physician*. Washington: Government Printing Office, 1941.
- Hobson, Barbara Meil. *Uneasy Virtue: The Politics of Prostitution and the American Reform Tradition*. New York: Basic Books, 1987.
- Holloway, Pippa. "Regulation and the Nation: Comparative Perspectives on Prostitution and Public Policy." *Journal of Women's History* 15, no. 1 (Spring 2003): 202–11.
- Holubar, Karl, and Stella Fatovic-Ferencic. "Austria and Japan: Early Relations in Dermatology: An 'Imperial' Connection in Historical Perspective." *Journal of Dermatology* 28, no. 11 (2001): 671–81.
- Ile Conférence internationale pour la prophylaxie de la syphilis et des maladies vénériennes. *Compte rendu des séances*. Edited by Émile Dubois-Havenith. Vol. 2. Brussels: Henri Lamertin, 1903.
- Jacobson, Matthew Frye. *Whiteness of a Different Color: European Immigrants and the Alchemy of Race*. Cambridge: Harvard University Press, 1998.

- James, William. *The Principles of Psychology*. Vol. 1. New York: Holt, 1890.
- Jullien, Louis. *Traité pratique des maladies vénériennes*. Paris: J. B. Baillière, 1879.
- Kampf, Antje. "Controlling Male Sexuality: Combating Venereal Disease in the New Zealand Military During Two World Wars." *Journal of the History of Sexuality* 17, no. 2 (May 2008): 235–58.
- Keck, Margaret E., and Kathryn Sikkink. *Activists Beyond Borders: Advocacy Networks in International Politics*. Ithaca: Cornell University Press, 1998.
- Kline, Wendy. *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom*. Berkeley: University of California Press, 2001.
- Kloppenber, James T. *Uncertain Victory: Social Democracy and Progressivism in European and American Thought, 1870-1920*. New York: Oxford University Press, 1986.
- Ladd-Taylor, Molly. *Mother-Work: Women, Child Welfare, and the State, 1890-1930*. Urbana: University of Illinois Press, 1994.
- . "Saving Babies and Sterilizing Mothers: Eugenics and Welfare Politics in the Interwar United States." *Social Politics* 4, no. 1 (Spring 1997): 136–53.
- Lair, Mauricio. "Consideraciones sobre la sífilis y su profilaxia." Doctoral dissertation, Universidad Nacional de Buenos Aires, 1899.
- Lake, Marilyn, and Henry Reynolds. *Drawing the Global Colour Line: White Men's Countries and the International Challenge of Racial Equality*. Cambridge: Cambridge University Press, 2008.
- Langer, Erick D., Jeremy Adelman, Susan K. Besse, Lauren Benton, and Micol Seigel. "Forum: Placing Latin America in World History." *Hispanic American Historical Review* 84, no. 3 (August 2004): 391–446.
- Larguía, Alfredo. "Sífilis congénita precoz." Doctoral dissertation, Universidad Nacional de Buenos Aires, 1935.
- Lavrin, Asunción. *Women, Feminism, and Social Change in Argentina, Chile, and Uruguay, 1890-1940*. Lincoln: University of Nebraska Press, 1995.
- League of Nations. *Report of the Special Body of Experts on Traffic in Women and Children*. Vol. 2. Geneva: League of Nations, 1927.
- Levaditi, Constantin. *Le bismuth dans le traitement de la syphilis*. Paris: Masson, 1924.
- . *Prophylaxie de la syphilis: Prophylaxie locale, préservation per os, métallo-prévention*. Paris: Maloine, 1936.
- Levine, Philippa. *Prostitution, Race, and Politics: Policing Venereal Disease in the British Empire*. New York: Routledge, 2003.
- Lord, Alexandra M. *Condom Nation: The U.S. Government's Sex Education Campaign from World War I to the Internet*. Baltimore: The Johns Hopkins University Press, 2010.

- . “Models of Masculinity: Sex Education, the United States Public Health Service, and the YMCA, 1919–1924.” *Journal of the History of Medicine and Allied Sciences* 58, no. 2 (April 2003): 123–52.
- De Luca Barrusse, Virginie. “The Concerns Underlying Sex Education for Young People in France During the First Half of the 20th Century: Morality, Demography and Public Health.” *Hygiea Internationalis* 10, no. 1 (January 2011): 33–52.
- Luisi, Paulina. *A propósito de los proyectos sobre moralidad*. Buenos Aires: J. Perrotti, 1919.
- . *Pedagogia y conducta sexual*. Montevideo: El siglo ilustrado, 1950.
- Maisonneuve, Paul. “Expérimentation sur la prophylaxie de la syphilis.” Doctoral dissertation, Faculté de Médecine de Paris, 1906.
- Makari, George. *Revolution in Mind: The Creation of Psychoanalysis*. New York: HarperCollins, 2008.
- Mallard, Grégoire, Catherine Paradeise, and Ashveen Peerbaye, eds. *Global Science and National Sovereignty: Studies in Historical Sociology of Science*. New York: Routledge, 2009.
- Martone, Francisco José. *Administración sanitaria y medicina social*. Buenos Aires: Ciordia y Rodriguez, 1951.
- Mazumdar, Pauline M. H. “‘In the Silence of the Laboratory’: The League of Nations Standardizes Syphilis Tests.” *Social History of Medicine* 16, no. 3 (2003): 437–59.
- McClintock, Anne. *Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest*. New York: Routledge, 1995.
- McCreery, David. “‘This Life of Misery and Shame’: Female Prostitution in Guatemala City, 1880-1920.” *Journal of Latin American Studies* 18, no. 2 (November 1986): 333–53.
- McEwen, Britta. “Purity Redefined: Catholic Attitudes Towards Children’s Sex Education in Austria, 1920-36.” In *Shaping Sexual Knowledge: A Cultural History of Sex Education in Twentieth Century Europe*, edited by Lutz D. H. Sauerteig and Roger Davidson, 161–75. New York: Routledge, 2009.
- McLaren, Angus. *Impotence: A Cultural History*. Chicago: Chicago University Press, 2007.
- Mead, Karen. “Beneficent Maternalism: Argentine Motherhood in Comparative Perspective, 1880-1920.” *Journal of Women’s History* 12, no. 3 (Autumn 2000): 120–45.
- Meyerowitz, Joanne. “Transnational Sex and U.S. History.” *American Historical Review* 114, no. 5 (December 2009): 1273–86.
- Milanesio, Natalia. “Redefining Men’s Sexuality, Resignifying Male Bodies: The Argentine Law of Anti-Venereal Prophylaxis, 1936.” *Gender & History* 17, no. 2 (August 2005): 463–91.
- Miranda, Marisa A. “Matrimonio y procreación en la ortodoxia eugénica argentina.” *Sociohistórica: Cuadernos del CISH* no. 17–18 (2005): 151–78.

- Moore, Joseph Earle. *The Modern Treatment of Syphilis*. 2nd ed. Springfield, IL: Charles C. Thomas, 1943.
- Moran, Jeffrey P. *Teaching Sex: The Shaping of Adolescence in the 20th Century*. Cambridge: Harvard University Press, 2000.
- Morrow, Prince A. *Social Diseases and Marriage: Social Prophylaxis*. New York: Lea Brothers, 1904.
- Moya, José C. *Cousins and Strangers: Spanish Immigrants in Buenos Aires, 1850-1930*. Berkeley and Los Angeles: University of California Press, 1998.
- . “Modernization, Modernity, and the Trans/Formation of the Atlantic World in the Nineteenth Century.” In *The Atlantic in Global History, 1500–2000*, edited by Jorge Cañizares-Esguerra and Erik Seeman, 179–97. Upper Saddle River, NJ: Pearson Prentice Hall, 2007.
- Muniagurria, Camilo. *Cómo se evita y cómo se cura la sífilis: Conocimientos indispensables al hombre*. Buenos Aires: Moro, Tello y Cía, 1922.
- Municipalidad de la Ciudad de Buenos Aires. *Protejeos contra la sífilis y enfermedades venéreas*. Buenos Aires, 1928.
- Le Naour, Jean-Yves. “Le sexe et la guerre: Divergences franco-américaines pendant la Grande Guerre (1917-1918).” *Guerres mondiales et conflits contemporains* no. 197 (2000): 103–16.
- Nari, Marcela. “Las prácticas anticonceptivas, la disminución de la natalidad y el debate médico, 1890-1940.” In *Política, médicos y enfermedades: Lecturas de historia de la salud en la Argentina*, edited by Mirta Zaida Lobato, 153–189. Buenos Aires: Biblos, 1996.
- New York City Department of Health. *Advances in New York City’s Health: Annual Report of the Department of Health of the City of New York for 1939 with a Review of Developments from 1934-1939*. New York, 1940.
- . *Annual Report of the Department of Health of the City of New York for the Calendar Year 1921*. New York, 1922.
- . *Health for 7,500,000 People: Annual Report of the Department of Health City of New York for 1937 and a Review of Developments from 1934 to 1938*. New York, 1938.
- New York State. *Annual Report of the State Department of Health of New York for the Year Ending December 31, 1920*. Albany: State Department of Health, 1922.
- Nichols, Henry J. “The Relation of Experimental Syphilis to Eugenics.” In *Transactions of the Fourth Annual Meeting of the American Association for Study and Prevention of Infant Mortality*, 139–46. Baltimore: Franklin, 1914.
- O’Rourke, Kevin H., and Jeffrey G. Williamson. *Globalization and History: The Evolution of a Nineteenth-Century Atlantic Economy*. Cambridge: MIT Press, 1999.
- Obregón, Diana. “Médicos, prostitución y enfermedades venéreas en Colombia (1886-1951).” *História, Ciências, Saúde--Manguinhos* 9 (2002): 161–86.

- Palmer, Steven. *From Popular Medicine to Medical Populism: Doctors, Healers, and Public Power in Costa Rica, 1800-1940*. Durham: Duke University Press, 2003.
- . *Launching Global Health: The Caribbean Odyssey of the Rockefeller Foundation*. Ann Arbor: University of Michigan Press, 2010.
- Parascandola, John. *Sex, Sin, and Science: A History of Syphilis in America*. Westport, CT: Praeger, 2008.
- Parker, William Belmont, ed. *Argentines of Today*. Vol. 1. Buenos Aires: Hispanic Society of America, 1920.
- Parran, Thomas. *Shadow on the Land*. New York: Reynal & Hitchcock, 1937.
- Parrish, Susan Scott. *American Curiosity: Cultures of Natural History in the Colonial British Atlantic World*. Chapel Hill: University of North Carolina Press, 2006.
- Parsons, Christopher M. "Plants and Peoples: French and Indigenous Botanical Knowledges in Colonial North America, 1600-1760." PhD diss., University of Toronto, 2011.
- Pastor, Luis. "Profilaxia de las enfermedades venéreas." Doctoral dissertation, Universidad Nacional de Buenos Aires, 1909.
- Peard, Julyan G. *Race, Place, and Medicine: The Idea of the Tropics in Nineteenth-Century Brazilian Medicine*. Durham: Duke University Press, 1999.
- Peiss, Kathy Lee. *Cheap Amusements: Working Women and Leisure in Turn-of-the-Century New York*. Philadelphia: Temple University Press, 1986.
- Pierce, Jennifer Burek. *What Adolescents Ought to Know: Sexual Health Texts in Early Twentieth-Century America*. Amherst: University of Massachusetts Press, 2011.
- Pignetto, Manuel E. "Consideraciones generales sobre la profilaxia pública de la sífilis." Doctoral dissertation, Universidad Nacional de Buenos Aires, 1901.
- Pivar, David J. *Purity and Hygiene: Women, Prostitution, and the "American Plan," 1900-1930*. Westport, CT: Greenwood Press, 2002.
- Plotkin, Mariano Ben. *Freud in the Pampas: The Emergence and Development of a Psychoanalytic Culture in Argentina*. Stanford: Stanford University Press, 2001.
- Poirier, Suzanne. *Chicago's War on Syphilis, 1937-40: The Times, the Trib, and the Clap Doctor*. Urbana: University of Illinois Press, 1995.
- Popenoe, Paul, and Roswell H. Johnson. *Applied Eugenics*. New York: Macmillan, 1918.
- Presidential Commission for the Study of Bioethical Issues. *"Ethically Impossible": STD Research in Guatemala from 1946 to 1948*. Washington, DC: Presidential Commission for the Study of Bioethical Issues, 2011.
- Proceedings of the Second Pan American Scientific Congress*. Vol. 9. Washington: Government Printing Office, 1917.
- Pusey, William Allen. *Syphilis as a Modern Problem*. Chicago: American Medical Association, 1915.

- Putnam, Lara. "To Study the Fragments/Whole: Microhistory and the Atlantic World." *Journal of Social History* 39, no. 3 (Spring 2006): 615–30.
- Queyrat, Louis, and Just Sicard de Plauzoles, eds. *Manuel d'éducation prophylactique contre les maladies vénériennes*. Paris: Maloine, 1922.
- Quirós, Carlos B. de. *Delincuencia venérea (estudio eugénico-jurídico)*. Buenos Aires, 1934.
- . *Eugenesia jurídica y social (derecho eugenésico argentino)*. Buenos Aires: Ideas, 1943.
- . *Problemas demográficos argentinos*. Buenos Aires: Cruz del Sur, 1942.
- Ramus, Carl. *Marriage and Efficiency*. New York and London: G. P. Putnam's Sons, 1922.
- Reggiani, Andrés H. "Depopulation, Fascism, and Eugenics in 1930s Argentina." *Hispanic American Historical Review* 90, no. 2 (May 2010): 283–318.
- Reverby, Susan M. "'Normal Exposure' and Inoculation Syphilis: A PHS 'Tuskegee' Doctor in Guatemala, 1946-1948." *Journal of Policy History* 23, no. 1 (2011): 6–28.
- Rivera-Garza, Cristina. "The Criminalization of the Syphilitic Body: Prostitutes, Health Crimes, and Society in Mexico City, 1867-1930." In *Crime and Punishment in Latin America: Law and Society Since Late Colonial Times*, edited by Ricardo D. Salvatore, Carlos Aguirre, and Gilbert M. Joseph, 147–80. Durham: Duke University Press, 2001.
- Roberts, Mary Louise. *Civilization Without Sexes: Reconstructing Gender in Postwar France, 1917-1927*. Chicago: University of Chicago Press, 1994.
- Robinson, William J. *Sexual Problems of To-day*. 2nd ed. New York: Critic and Guide, 1912.
- Rock, David. *Argentina, 1516-1987: From Spanish Colonization to Alfonsín*. Berkeley: University of California Press, 1987.
- Rodgers, Daniel T. *Atlantic Crossings: Social Politics in a Progressive Age*. Cambridge: Harvard University Press, 1998.
- Rodríguez, Juan Antonio. *La sífilis y sus consecuencias*. Buenos Aires: Claudio García, 1920.
- Rodríguez, Julia. *Civilizing Argentina: Science, Medicine, and the Modern State*. Chapel Hill: University of North Carolina Press, 2006.
- . "South Atlantic Crossings: Fingerprints, Science, and the State in Turn-of-the-Century Argentina." *American Historical Review* 109, no. 2 (April 2004): 387–416.
- Rose, Nikolas S. *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century*. Princeton: Princeton University Press, 2007.
- Rosner, David, ed. *Hives of Sickness: Public Health and Epidemics in New York City*. New Brunswick: Rutgers University Press, 1995.
- Rothschild, Emma. "Late Atlantic History." In *The Oxford Handbook of the Atlantic World, 1450-1850*, edited by Nicholas Canny and Philip Morgan, 634–48. New York: Oxford University Press, 2011.
- Ruggiero, Kristin. *Modernity in the Flesh: Medicine, Law, and Society in Turn-of-the-Century Argentina*. Stanford: Stanford University Press, 2004.

- Sadler, William S. *Race Decadence: An Examination of the Causes of Racial Degeneracy in the United States*. Chicago: A. C. McClurg, 1922.
- Safier, Neil. *Measuring the New World: Enlightenment Science and South America*. Chicago: University of Chicago Press, 2008.
- Salessi, Jorge. *Médicos, maleantes y maricas: Higiene, criminología y homosexualidad en la construcción de la nación argentina (Buenos Aires: 1871-1914)*. Rosario: Beatriz Viterbo, 1995.
- Sánchez, Norma Isabel. *La Higiene y Los Higienistas En La Argentina: 1880-1943*. Buenos Aires: Sociedad Científica Argentina, 2007.
- Sanders, James E. "Atlantic Republicanism in Nineteenth-Century Colombia: Spanish America's Challenge to the Contours of Atlantic History." *Journal of World History* 20, no. 1 (March 2009): 131–50.
- Schayegh, Cyrus. "Hygiene, Eugenics, Genetics, and the Perception of Demographic Crisis in Iran, 1910s-1940s." *Critique: Critical Middle Eastern Studies* 13, no. 3 (Fall 2004): 335–61.
- Schoen, Johanna. *Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*. Chapel Hill: University of North Carolina Press, 2005.
- Schroeder-Gudehus, Brigitte. "Nationalism and Internationalism." In *Companion to the History of Modern Science*, 909–19. London: Routledge, 1990.
- Scolari, Pedro G. *Manual de sifilografía: Sífilis adquirida*. Buenos Aires: El Ateneo, 1940.
- Scott, James Foster. *The Sexual Instinct: Its Use and Dangers as Affecting Heredity and Morals*. New York: Treat, 1899.
- Segundo Congreso Sudamericano de Dermatología y Sifilografía*. Vol. 1. Montevideo: El siglo ilustrado, 1922.
- Seigel, Micol. "Beyond Compare: Comparative Method After the Transnational Turn." *Radical History Review* no. 91 (Winter 2005): 62–90.
- Sigal, Pete. "Latin America and the Challenge of Globalizing the History of Sexuality." *American Historical Review* 114, no. 5 (December 2009): 1340–53.
- Simmons, Christina. "African Americans and Sexual Victorianism in the Social Hygiene Movement, 1910-40." *Journal of the History of Sexuality* 4, no. 1 (July 1993): 51–75.
- Simpson, David. "Morale and Sexual Morality Among British Troops in the First World War." In *World War I and the Cultures of Modernity*, edited by Douglas Mackaman and Michael Mays, 20–34. Jackson: University Press of Mississippi, 2000.
- Sixth International Dermatological Congress. *Official Transactions*. Edited by John A. Fordyce. Vol. 1. New York: Knickerbocker Press, 1908.
- Spongberg, Mary. *Feminizing Venereal Disease: The Body of the Prostitute in Nineteenth-Century Medical Discourse*. London: Macmillan, 1997.
- Starr, Paul. *The Social Transformation of American Medicine*. New York: Basic, 1982.

- Stepan, Nancy Leys. *Beginnings of Brazilian Science: Oswaldo Cruz, Medical Research and Policy, 1890-1920*. New York: Science History Publications, 1976.
- . “*The Hour of Eugenics*”: *Race, Gender, and Nation in Latin America*. Ithaca: Cornell University Press, 1991.
- Stern, Alexandra Minna. *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*. Berkeley: University of California Press, 2005.
- . “Responsible Mothers and Normal Children: Eugenics, Nationalism, and Welfare in Post-Revolutionary Mexico, 1920-1940.” *Journal of Historical Sociology* 12, no. 4 (December 1999): 369–97.
- Stokes, John H. *Modern Clinical Syphilology: Diagnosis, Treatment, Case Studies*. Philadelphia: W. B. Saunders, 1927.
- . *Modern Clinical Syphilology: Diagnosis, Treatment, Case Studies*. 2nd ed. Philadelphia: W. B. Saunders, 1934.
- . *The Third Great Plague: A Discussion of Syphilis for Everyday People*. Philadelphia: W. B. Saunders, 1918.
- Stoler, Ann Laura. *Race and the Education of Desire: Foucault’s History of Sexuality and the Colonial Order of Things*. Durham: Duke University Press, 1995.
- Surkis, Judith. “Enemies Within: Venereal Disease and the Defense of French Masculinity Between the Wars.” In *French Masculinities: History, Culture and Politics*, edited by Christopher E. Forth and Bertrand Taithe, 103–22. New York: Palgrave Macmillan, 2007.
- . “Sex, Sovereignty, and Transnational Intimacies.” *American Historical Review* 115, no. 4 (October 2010): 1089–96.
- . *Sexing the Citizen: Morality and Masculinity in France, 1870-1920*. Ithaca: Cornell University Press, 2006.
- Tercer Congreso Nacional de Medicina. *Actas y trabajos*. Vol. 7. Buenos Aires: Las Ciencias, 1927.
- Tercer Congreso Nacional de Medicina, and Tercer Congreso Sudamericano de Dermatología y Sifilología. *Actas y trabajos*. Vol. 4. Buenos Aires: Las Ciencias, 1927.
- Third International Congress of Dermatology*. London: Waterlow and Sons, 1898.
- Tilles, Gérard. *Dermatologie des XIXe et XXe siècles: Mutations et controverses*. Paris: Springer-Verlag France, 2011.
- Tilles, Gérard, and Daniel Wallach. “Sociology of Syphilis in the Nineteenth Century.” (unpublished paper, December 6, 1997) <http://www.biusante.parisdescartes.fr/sfhd/ecrits/socsyph.htm> (accessed November 18, 2011).
- Tuttle, James P. *A Treatise on Diseases of the Anus, Rectum, and Pelvic Colon*. New York: D. Appleton, 1902.

- Vedder, Edward B. *Syphilis and Public Health*. Philadelphia and New York: Lea & Febiger, 1918.
- Vidal, Cécile. “Pour une histoire globale du monde atlantique ou des histoires connectées dans et au-delà du monde atlantique?” *Annales: Histoire, Sciences sociales* 67, no. 2 (June 2012): 391–413.
- Viglioglia, Pablo A., and Alberto Woscoff. “Historia de la dermatología argentina.” In *Historia de la dermatología latinoamericana*, edited by Ricardo Galimberti, Adrián Martín Pierini, and Andrea Bettina Cervini, 31–47. Toulouse: Privat, 2007.
- VIIIe Congrès international de dermatologie et de syphiligraphie. *Comptes rendus des séances*. Edited by Svend Lomholt. Copenhagen: Engelsen & Schroder, 1931.
- De Vries, Petra. “‘The Shadow of Contagion’: Gender, Syphilis and the Regulation of Prostitution in the Netherlands, 1870-1914.” In *Sex, Sin and Suffering: Venereal Disease and European Society Since 1870*, edited by Roger Davidson and Lesley A. Hall, 44–60. New York: Routledge, 2001.
- Walker, George. *Venereal Disease in the American Expeditionary Forces*. Baltimore: Medical Standard Book Co., 1922.
- Weisz, George. *Divide and Conquer: A Comparative History of Medical Specialization*. New York: Oxford University Press, 2006.
- Williams, J. Whitridge. “Standard Requirements for Obstetrical Care.” In *Standards of Child Welfare: A Report of the Children’s Bureau Conferences, May and June 1919*, 145–48. Washington, DC, 1919.
- Wilson, Jamie J. *Building a Healthy Black Harlem: Health Politics in Harlem, New York, from the Jazz Age to the Great Depression*. Amherst, NY: Cambria, 2009.
- Wilson, Philip K. “Bad Habits and Bad Genes: Early 20th-Century Eugenic Attempts to Eliminate Syphilis and Associated ‘Defects’ from the United States.” *Canadian Bulletin of Medical History* 20, no. 1 (2003): 11–41.
- Wimmer, Andreas, and Nina Glick Schiller. “Methodological Nationalism and Beyond: Nation–State Building, Migration and the Social Sciences.” *Global Networks* 2, no. 4 (2002): 301–34.
- Zimmermann, Eduardo A. “Racial Ideas and Social Reform: Argentina, 1890-1916.” *Hispanic American Historical Review* 72, no. 1 (February 1992): 23–46.
- Zulawski, Ann. *Unequal Cures: Public Health and Political Change in Bolivia, 1900-1950*. Durham: Duke University Press, 2007.