



Unhealthiness, disease, and immigration: German views of Brazil

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Abstract

In the period stretching from the birth of the German Empire through the rise of Nazism and the Third Reich, the article explores the themes of unhealthiness, acclimatization, and disease in Brazil as found in the writings of German-speaking travelers who were involved with the immigration question. On the one hand, Brazil was considered quite suitable as an immigration destination, especially in comparison to Africa and the United States; on the other, immigrants might be scared off by its climate and by the menace of diseases like yellow fever, malaria, tuberculosis, and worms, along with insect plagues and venomous animals. The question here is how authors with different profiles – ‘colonial politicians,’ immigrants, men of letters who were forced to emigrate, and scientists – approached these ‘threats,’ considering that their readers would be (potential) immigrants.

Keywords: travel writings; German immigration and Brazil; unhealthiness; climate; 1890-1940.

Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. (Sontag, 2007, p.11)¹

The present article explores how the topic of unhealthiness and sickness intertwines with the immigration question in some German-language writings by authors who traveled in Brazil from the late nineteenth century to the 1930s. From the German perspective, this was a time when Brazil was considered quite appropriate for immigrants. My proposal is to examine the argument that Brazil offered a favorable climate and was a healthy land, while also taking into account that epidemics of yellow fever and the bubonic plague raged in some regions of the country, accompanied by the peril of diseases like malaria, typhoid fever, cholera, tuberculosis, and worms – to single out the main ones – not to mention plagues of insects and the presence of venomous animals. In these travel writings, to what extent is the country's healthiness defended or questioned, especially in light of yellow fever, considered the main threat to the foreigners who landed in Brazil from the 1870s through the 1910s?

During this examination, we can observe the positions that these particular authors take towards certain advances in forms of disease treatment and precautions and towards the implementation of public policies aimed at the “hygienization” of urban centers, as in Rio de Janeiro. While looking at these approaches, my goal is not to reconstruct this history but to show how the themes are presented within these narratives and how they tie in with the topic of immigration. We must remember that as Brazil approached the end of slavery, starting in the 1870s, the issue of labor power fed the debate on European immigration. The slave masters in the country's more vibrant economic regions, like the coffee-growing zone, had an interest in replacing Africans and their descendants with European workers. These projects enjoyed greater or lesser backing from the political class in both the province and the empire, while finding further justification in the racial theories that sought to “whiten” Brazilian society. Within this context, as Sidney Chalhoub (1996, p.78-96) has shown, insalubrious conditions and the threat of disease, especially yellow fever, were central in the immigration debate, transforming it into a political issue and a public health one too.

My selection of authors does not represent the entirety of travel literature from this period, which is plentiful yet largely unknown and under-researched (Lisboa, 2011, p.24). Rather, my intention is to show how the themes were taken up by authors with heterogeneous profiles over a stretch of four decades. In general lines, some of them were directly involved with immigration issues and with commercial or even imperialist interests. The latter was the case of Moritz Schanz (1893), who arrived in Brazil in the 1890s; he was a traveling businessman originally from Chemnitz, a chief industrial and economic center in the German Empire. A contemporary of his, the professional photographer Moritz Lamberg settled in Recife and took a number of trips around the country during his stay of nearly twenty years. Wilhelm Julius Vallentin, a German diplomatic emissary, visited Brazil in the early twentieth century, after living in German Africa as the head of the colony of Cameroon. Alfred Funke, a colonial politician, resided in Brazil from 1910 to 1920, likewise traveling the land. In addition to these travelers, there are also two scientists, whose goal was to study their compatriots'

acclimatization to the tropics, under assignment to Hamburg's Institute for Maritime and Tropical Diseases (Institut für Schiffs- und Tropenkrankheiten).² For these foreigners, their sojourning was a motivation for writing accounts about Brazil. Lastly, of the men of letters who fled Nazi Europe and landed in Brazil during the Vargas era, the most well known are Stefan Zweig, who ended up migrating to Brazil after a trip where he was first introduced to the country, and Paul Zech, an important German expressionist writer, who spent time in some Brazilian port cities before taking up exile in Argentina.³

Germany and Brazil: colonies and empire

Under nineteenth-century neocolonialism, because of Germany's late unification, that country had less influence over Brazil within the concert of nations.⁴ Despite Germany's secondary position, Brazil maintained relations with the "Germanic" cultural world throughout the nineteenth and twentieth centuries. We should remember that German immigrants constituted the first non-Portuguese or non-Iberian European ethnic group to settle in Brazil. The massive immigration of subjects and citizens from other European nations would only come around 1870. "Germans" therefore dominated the immigration scene for nearly half a century, later sharing the stage with other nationalities, until Brazil moved to contain the entrance of immigrants in the 1930s.⁵

However, when Germany took its place in the European context as a nation on the rise following its victory in the Franco-Prussian War, and as it began fighting for its own space in the realms outside Europe, it lost ranking, so to speak, as the only non-Portuguese immigrant group in Brazil. And it is within this context that many observers see the colonies of German immigrants through an imperialist lens.

Germany's colonial, imperialist policy came to life in 1884-1885, still under Otto von Bismarck. Protectorates (*Schutzgebiete*) were established at that time in Africa, Asia, and the South Pacific. Despite problems encountered in extracting significant profits from these colonies, imperialist policy took a more offensive turn under Wilhelm II (1888-1918). And in this sense the German immigrant colonies in the Americas, which differed from the colonies and protectorates in Africa and Asia, acquired greater importance because they were also seen as overseas extensions of the Empire. In the early twentieth century, Vallentin (1909) compared the number of Germans spread across colonial possessions with the number of German immigrants and their descendants in Brazil. While there were some 350,000 "Germans" and "German-speaking people" in Brazil – most of whom were permanent residents who maintained their "Germanness" – African and Asian colonies held at most a total of 6,000 Germans (p.253). The author exaggerates a bit, especially the figures for Brazil, but nevertheless we can affirm that the number of Germans, German speakers, and German descendants living in Brazil was ten times greater than in Germany's overseas protectorates (Lisboa, 2011, p.250-251).

If colonies of German immigrants could not be administrated as protectorates or colonial possessions, they still represented potential consumer markets for German products and were representatives of the German Empire as well. In the late nineteenth century, the economist Robert Jannasch (cited in Gründer, 1999, p.220-221) called attention to the importance of

German colonies in southern Brazil, comparing the situation there with that in the United States. Second-generation immigrants in the United States became part of the nation's population, placing a burden on the first German arrivals, who thus ended up financing the education and training of their homeland's "future competitors." In the economist's opinion, Germany was supporting United States development by sending it "good citizens" and countless diligent, well-trained workers. The only region where Germanness (*Deutschtum*) had preserved its "patriotic conscience" was subtropical Latin America and especially southern Brazil – despite the fact that the immigrants there were already fourth generation. The economist argued that the region should therefore be the target of a methodical economic policy, so profits could be made from a market rife with potential.

With the end of World War I and the loss of German protectorates in Africa, Asia, and the South Pacific, the country's imperialist dream was shaken. Revived by Hitler, the hopes fueled by the "colonialist revisionism" of the 1920s were finally buried with the end of World War II. Colonies of immigrants, however, still existed, and they played a symbolic role as substitutes – or at least offered the consolation that there were many Germans overseas, even if in enemy lands (Rinke, 1996, v.1, p.291).

In the books analyzed here, it is evident that the immigration question is thought about vis-à-vis what took place in the United States and Africa. Let us consider some examples: the photographer Moritz Lamberg (1899, p.132), arriving in Brazil around 1880, criticized European nations for being overly concerned with Africa and Asia while overlooking Brazil. He believed they were neglecting the tremendous economic advantages the country offered, in addition to its climatic advantages, especially southern Brazil, which was the most suitable region for northern Europeans. Something else that underscored the advantages of Brazil was the fact that the United States government hampered immigration to the country, an issue that Moritz Schanz (1893) also commented on in the introduction to his book and one that added to Brazil's attractiveness. Vallentin (1909, p.84-85) took up Jannasch's arguments, pointing out that Germans in the United States ended up "nationalizing" themselves and bolstering a competing power. In Brazil, on the other hand, a consumer market was opening up, industry was expanding, and new trade partners could be found. The same advantages held true in relation to Africa. In Brazil, immigrants would be investing in a country that already possessed its own infrastructure, which was not the case in African colonies, where they had to start from scratch. Furthermore, favorable natural conditions – like the climate and land – contributed to the success of any endeavor. Twenty years later, when Germany had already lost its African possessions, the geographer Bernhard Brandt (1922, p.26) repeated this comparison: in terms of climate, Brazil afforded unrivaled advantages and was less unhealthy for Europeans than Africa's tropical lands.

We find that the contention that emigration to Brazil was more advantageous than to the United States rested on sociocultural arguments (rapid assimilation and, with this, the loss of Germanness in the United States) and also political ones (the problems presented by immigration laws). The advantages over Africa, on the other hand, had to do with climate and healthiness, as Brazil was less insalubrious than Africa and its climate more suitable to Europeans; furthermore, in economic terms, Brazil already boasted infrastructure. If, looked

at from the German perspective, Brazil was especially attractive as a potential destination for immigrants, under the migration policy of Brazil's First Republic (1889-1930), German immigrants were not seen as the best ethnic option. Because Germans allegedly preserved their Germanness and therefore did not mix much with Brazilians, the German presence did not contribute to the formation of a national type (Seyferth, 1996).

An enlightening eye: yellow fever and other scourges

The businessman Moritz Schanz (1893), whose book was aimed primarily at potential immigrants, devoted part of his chapter on Rio de Janeiro to conditions of healthiness. Witnessing Brazil in the early 1890s, he felt that it offered "reasonably favorable" conditions. Tuberculosis and cardiac disease were the main causes of death among men. Given that tuberculosis was the "disease of the century," this should not have come as any surprise to the European reader.⁶ From time to time there were outbreaks of scarlet fever and smallpox, for which a vaccine already existed, though the author says nothing about forms of prevention. Beriberi was more of a problem in the North and Northeast of Brazil while elephantiasis attacked "only" blacks. While cholera had waned,⁷ it was also observed more in people of African origin (Schanz, 1893, p.63-64). By differentiating the incidence of a disease on the basis of racial arguments, it became impossible for an observer to recognize other causes for its spread. The case of cholera provides a fine illustration since it more often struck (ex-)slaves, but this was because of hygienic, sanitary, and nutritional deficiencies⁸ and not for reasons of race, as Schanz insinuates. At this time of transition from slave to free labor and also of heavy European immigration, cholera represented a disease of blacks and slavery, and public authorities did little to mobilize forces against it (Chalhoub, 1996, p.93).

Schanz's (1893, p.64) description apparently presents little cause for the German reader to worry, until it touches upon the most delicate subject: yellow fever, the cause of Rio de Janeiro's bad reputation. The author recounts his arrival in Rio at the turn of 1849 to 1850, aboard a ship bound from New Orleans. From this era on, the imperial capital was hit by several epidemics. In 1873, according to the author, yellow fever killed 10,000 – an exaggerated figure.⁹ Schanz, like other authors, was unaware of the fact that yellow fever had existed prior to the nineteenth century.¹⁰ It was, however, in the mid-nineteenth century that the disease became endemic and a national public health issue.¹¹

Schanz (1893) describes how the disease manifested itself, its possible treatments, and the efforts made by physicians and authorities to combat it. He underscores science's impotence before this malady, whose origin was still unknown. He mentions new treatments with quinine, antipyrine, and "Antifebrin,"¹² in addition to cold baths and experiments with vaccines, which failed to eliminate the fever (p.66).

These observations were made during the years that the first yellow fever vaccines were applied. From 1883 to 1894, at least 12,329 inhabitants of Rio de Janeiro were inoculated, although it would be almost another three decades before the viral agent was identified.¹³ Given this impotence, according to Schanz (1893, p.65-66), Brazilians continued to rely on "ancient" household remedies, like purgatives and diaphoretics, which, if applied at the onset of the disease, yielded good results.

And who were the greatest victims of yellow fever? Schanz (1893, p.66-67) agrees with the general opinion that foreigners, especially recent arrivals, often fell victim to the disease. Without going into great detail, the author describes the fate of the ill, isolated in hospitals. "Terrible episodes" took place in the overcrowded Jurujuba hospital, as reported in the newspapers in 1891. There were cases of terminal patients being buried alive so that new patients could have their beds – without any changing of the bed linen (p.68). The author does, however, caution that there were outbreaks in which more Brazilians succumbed to the disease, despite their being "acclimatized," thus signaling some doubt about both the disease's exclusive propensity to strike foreigners and the power of "acclimatization." Furthermore, blacks, who had once been considered immune, did not escape the illness either. It was also believed that women and children were more resistant to yellow fever. The city of Santos was besieged by the malady as well. Once considered a coastal disease, whose "germ" developed in humid, swampy regions close to the ocean, yellow fever spread into drier regions as of the 1890s, like the São Paulo plateau and the city of Campinas (Schanz, 1893, p.67).

In the 1880s, bacteriology challenged the theory of miasmas (according to which the foci of disease lay in humid places where there were stagnant waters and rotting material that put out mephitic emanations) and also the contagionist theory (according to which victims needed to be isolated because of spreading "germs"). As mentioned earlier, the origins of yellow fever were still unknown. Schanz's proficiency in the subject matter and the sources he used to draw this panorama were not enough to explain the occurrence of yellow fever. In addition to falling victim to the disease himself but managing to recover, the author mentions Dr. Bento, physician in chief at the Jurujuba hospital, with whom he spoke, and also Dr. Domingos Freire, who conducted the first preventive experiments aimed at the application of a vaccine to be obtained in accordance with the teachings of Pasteur (p.65-66).¹⁴

The question of adaptation to the Brazilian climate pervades these writings and shows how medical discourse was appropriated by European travelers, who felt these environmental changes in their very skins. After catching yellow fever and then recovering, Schanz (1893, p.65) considered himself "acclimatized," although he suspected that this did not guarantee good health in Brazil. Still, he does try to convince the reader: "After this, my body in fact developed and I caught no more diseases in Brazil."¹⁵ Nevertheless, he soon states that yellow fever can reoccur, as happened to the same Dr. Bento, struck by it seven times. He further cites the example of a Dane who caught it twice in the same season. The author sends the message that acclimatization did not guarantee resistance, at least not in hotter regions like Rio de Janeiro. As to the heat, he imagines that a newly arrived European would not notice the high temperatures during his first summer. With each passing year, however, he would grow more sensitive and the hot climate would bother him more, suggesting that adaptation is impossible. And if this same European were to go back to his homeland, he would hardly notice the cold during his first winter, yet this would change over time. So once a European had emigrated from his native climate, he would never again adapt, either to his new climate or to his original one (Schanz, 1893, p.69). He would go from expatriated to "dis-acclimatized." In another chapter (p.97), Schanz takes up this theme again, albeit from another angle: the hot climate eventually "softened" his own compatriots. He observes that second- and third-

generation German descendants displayed less energy than their ancestors and would often become more apathetic than Brazilians.

These themes also run through the descriptions by the photographer Moritz Lamberg (1899, p.80-81), in the form of a series of exhortations about how European foreigners should conduct themselves in order to adapt to the climate: they should not eat or drink too much, should go to bed early, and should take many cold baths. Lamberg advises new arrivals to avoid partaking of too much fruit, especially any that had been warmed by the sun, and to watch out for sunstroke. He concludes by saying that potential dangers could be avoided through proper behavior. This would be a way of curtailing physical decline among the immigrants, which he had noticed among the Germans and Swiss and, to a lesser degree, the British and French.

Lamberg's (1899, p.76) conclusions were a result of what he had seen in the Brazilian Northeast. According to the photographer's account, immigrants worked harder than in Europe and ended up with little time for leisure or rest. Because they did not get out and about, due to the extreme heat, and also because they consumed excessive amounts of alcoholic beverages, they were more susceptible to incurable diseases and early death. Many wrongly blamed the unfavorable climate for the deaths of countless strong and healthy European immigrants. Lamberg states that the culprit behind these men's deaths was not the climate but their careless lifestyles, devoid of proper hygienic precautions, something that represented a graver danger in a tropical country than in a temperate climate.

Despite these provisos, Lamberg (1899, p.81) does not fail to mention the tropical diseases that threatened survival in Brazil. The most feared and perilous was yellow fever, which erupted in epidemic form in some places. He likewise reiterated the opinion that the number of victims was much higher among foreigners. Of his friends and acquaintances who caught the disease and were hospitalized, 80% did not survive. Those who stayed at home and received proper care managed to recover. Like Schanz (1893), he mentions other diseases, such as scarlet fever, beriberi, and smallpox, which, however, did not present a major threat in his view. Tropical diseases and outbreaks of fevers notwithstanding, he contends that the climate in central Brazil and the Northeast was not prejudicial to the "Caucasian race," based on his own experience. "Any and every physically healthy and morally and spiritually strong immigrant can come without worry to Brazil, where, depending upon his abilities, he will in a short time attain a certain level of comfort, if not wealth." However, anyone already suffering from a sickness should not emigrate, as he would most certainly end up wasting rapidly away. For those suffering from rheumatism, conditions were favorable, especially along the coast, where they could bathe in the ocean all year round (Lamberg, 1899, p.82).

Fevers and climate form the introductory topics in the chapter on Pará and the Amazon. Lamberg (1899, p.158) repeats the opinions of naturalists, including Louis Agassiz (1875), who believed that the Amazon basin was endowed with the best and loveliest climate on the face of the earth.¹⁶ According to his own experience, it was much better than Rio de Janeiro's, Pernambuco's, or Bahia's. The low human mortality rate bore witness to this fortunate situation. As corroboratory evidence, he observed that there was virtually no malaria along the Amazon River up to Manaus and that the occasional endemic fevers were not pernicious but rather "regular" fevers. Malaria was only found in the highest part of the Amazon. In all

these cases, the traveler assures his reader that the climate in Pará and the Amazon was not as bad as was believed in Europe, the United States, and even other regions of Brazil.

This attitude – quite positive, laudatory, and enlightening – is transformed into pure enthusiasm when Lamberg (1899) describes the region's potential for exploitation. However, he warns that despite this advantageous climate, white Europeans cannot physically tolerate such heavy agricultural labor in the long run. But this was not the region's vocation, at least not at that moment, when the big question was how to extract its inexhaustible natural resources, all of which could be exploited "without great physical effort" by relying on "entrepreneurial spirit, initiative, and prudence." With their array of woods, resins, fruits, ores, and fish, Pará and the Amazon were seen as a veritable Eldorado to be exploited by man. The Amazon Basin could be a prime investment, the greatest and most profitable enterprise of all times. As a consequence, political and trade relations would prompt an absolute shift in the "civilized world," altering trade routes. Consonant with this promising prognosis about wealth and with the transformations stemming from the rubber boom, the traveling photographer cites Alexander von Humboldt, for whom the region would eventually be the center of "world civilization" (Lamberg, 1899, p.163-164). A favorable climate and words as auspicious as these could attract investors of all types, including possible German immigrants, who could choose a route that no longer carried them to southern Brazil, considered climatically ideal.

While in the city of Rio de Janeiro in the late 1890s, Lamberg (1899, p.262) does not fail to mention the extreme summer heat, partly a result of the surrounding mountains: "The humidity permeates the atmosphere, which turns into vaporous, dense, suffocating air in the center of the city, because of the narrow streets, poor canalization, and limited wind off the ocean." In the summer, the temperature surpassed 100 degrees Fahrenheit (38 degrees Celsius) and "yellow fever flourished," acquiring epidemic form. The author undoubtedly shares the notion that the victims were white and above all foreigners, repeating the image of yellow fever as a scourge that assailed immigrants.

Just as cholera was considered the disease of blacks, yellow fever was the disease of white foreigners (Chalhoub, 1996, p.92-93). In this attempt to differentiate pathologies on the basis of race, social factors were again overlooked. In the early 1890s – that is, some years before Lamberg and Schanz were in the capital – yellow fever killed 4,454 people. According to Benchimol (2006, p.245), the illness spread more in the central region of the city, where a greater concentration of people lived in tenements, lodges, and boarding homes and where there were certainly a good number of foreigners. Other collective forms of housing, such as prisons, boarding schools, asylums, military barracks, and hospitals, were especially vulnerable to this and other epidemics.

The photographer's attentive eye observes that the municipal authorities and government were trying to undertake sanitation measures through canalization and by broadening and paving the streets. Mention is made of an approved project to move a "mountain" that was keeping the ocean breeze from circulating and thus clear the way for a new neighborhood.¹⁷ But in the absence of either money or credit, even from Britain, the project did not get off the drawing board. Despite all this – the city's bad reputation in the areas of hygiene and sanitation notwithstanding – Rio de Janeiro still attracted thousands of foreigners, a fact the author laments. If these reforms were put in place, the city would certainly advance and

come to be the foremost commercial center in all South America, he reflects. Nevertheless, the authorities and the men holding municipal power thought and acted out of personal interest and were too wrapped up in party politics, and so they allocated neither time nor money to the achievement of more comprehensive goals. Lamberg (1899, p.263) mentions protection schemes like *apadrinhamento* and also corruption, which were to the detriment of policies targeting the public good and health in general.

Vallentin (1909), who had lived in Africa years before, felt that opinions about Brazilian unhealthiness were quite overstated. As a witness to the urban reform implemented under the administration of mayor Pereira Passos (1902-1906), he praised the city's transformations: "The government and public agencies are doing everything they can to achieve the sanitation and beautification of the loveliest city in South America" (p.57).¹⁸ His description applauds the fine quality of the canalization works and the excellent public lighting, both gas and electric (p.58).

Some pages farther on, Vallentin addresses the issue of the great ill that threatened the reputation not only of the capital but of the entire country: yellow fever. He then endeavors to apprise the reader about the problem, explaining that the disease bred solely in the lower part of Rio and in some coastal regions. Further, before the fever had been imported by the ship from New Orleans, around 1850, Rio de Janeiro had been a healthy city. Without going into details, he asserts that the "hygienization" policy enforced by the city was restoring it to its previous health (1909, p.67), thus reverting to an image prevalent during the first half of the nineteenth century (Chalhoub, 1996, p.60-61).

Our war

More than a decade later, in the 1920s, Alfred Funke (1927), an expert in immigration affairs between Brazil and Germany, commended the urban initiatives undertaken by Pereira Passos. His greatest admiration was for Rio Branco Avenue. The traveler describes the city and its various neighborhoods, avenues, parks, and sumptuous buildings (albeit of dubious taste). He holds that improving hygienic and sanitary conditions was much more important than creating lovely alamedas. "At present, no one fears yellow fever or the bubonic plague, for both have been eradicated thanks to the port reform, land reclamation works along the shore, canalization, and the planned fight against mosquitoes" (p.198-199). In this realm, the hygienist Oswaldo Cruz deserved full credit, for the author himself still remembered the times when residents fled the city at the end of the day, heading to the mountains or to Petropolis, in fear of the fever.

If it is no longer yellow fever, then it is syphilis that takes up a reasonable amount of space in his account. Regarding this disease that afflicted a large part of the adult Brazilian population, Funke (1927) engages in a virtual dialogue with the naturalist Burmeister, who visited Brazil around 1850. He peremptorily declares that "modern Brazil is wasting away under the force of venereal diseases" (p.195), which struck the "white" middle and upper classes, in this foreigner's eyes owing to their morally questionable and overly tolerant behavior. Among male groups in society, it was acceptable for "gentlemen" to maintain relations with beautiful mulattoes and to avail themselves of the "secret services" of young women from

“boarding houses” (p.195). There were no controls over the arrival of new prostitutes, and despite official threats, the white slave traffic continued to flourish. Funke notes that in Rio de Janeiro in the 1920s, many health posts were set up to treat venereal diseases, and experts in skin diseases and the urinary tract had no job worries.

Unlike fevers and other epidemic and tropical diseases, this sickness could be avoided and would not necessarily trouble the German immigrants who behaved themselves properly. In the opinion of Funke (1927), the grievous state of the rural population’s health was of much greater concern. His observations draw inspiration from Monteiro Lobato (1946), whose words he cites in his book, thus proactively seeking to avert any reproaches for expressing these thoughts as a foreigner. In the cited article, Lobato, a Brazilian writer, compares Brazil to a large hospital led by authors and members of the lettered elite, who should clean up Brazil rather than wage war with Germany.¹⁹ Funke does not clearly reference the publication data for the Lobato citation but he was probably referring to a series of articles put out by the newspaper *O Estado de São Paulo* in 1918 and later compiled in book form under the title *Problema vital*. For his part, Lobato – as historiography has shown – released these articles in an effort to publicize the need for a rural sanitation campaign.²⁰ The indicting image of Brazil as an immense hospital was created in 1916 by the physician Miguel Pereira, professor at the Faculdade de Medicina do Rio de Janeiro (Rio de Janeiro School of Medicine), who used these words to sum up the analyses reported by the scientific expeditions organized around the country, especially by the Instituto Oswaldo Cruz. With his declaration, Pereira brought into the public spotlight a debate that had previously been limited to scientific circles, heralding the inception of the rural sanitation campaign (Lima, Hochmann, 1996, p.26).

Funke (1927), appropriating the debate kindled by the sanitation movement, stated that among the major problems associated with rural life in Brazil was the fact that girls married too young and had an excessive number of children, which left the mothers debilitated; he further mentioned the high infant mortality rate, syphilis, and alcoholism, along with other ills that destroyed one’s health. Among these he highlighted ancylostomiasis, which also affected city residents. Citing Belisário Penna’s research, Funke (p.270-271) does confirm that 45% of Rio’s population suffered from these worms. Amongst the poorest segment, the figure reached nearly 70%.

The author then repeats the concerns of the sanitarians of the First Republic (1889-1930). The rural population’s debilitated, unhealthy situation represented a barrier to the process of civilizing the country and building the nation. Funke (1927, p.271) therefore also regrets the fact that residents in the countryside are sick, suffering, and dying, and that they do not have the capacity to form the “strength of the nation,” contrary to what transpires in most countries. Once again, he cites a declaration by Lobato (1946, p.255): “In every country around the world, rural populations constitute the heart of nationalities ...; because of their heartiness and health, peasants constitute a nation’s greatest wealth.” In Brazil, however, this did not hold true. Contrary to the projects of the sanitarians and of Lobato²¹ – a favored interlocutor of Funke’s – this colonial politician did not tout the idea of “saving” the population through sanitation and hygienist policies. Instead, he used this troublesome diagnosis to back up his argument that more European workers should be brought into the country to offset the lack of labor power, especially to work the crops. On top of this, he specified what type of settler

would be good for this task. In this case, not the “Germans”; in Funke’s view, experience on São Paulo fazendas had already proven that his countrymen did not adapt to the primitive living conditions in the countryside, which constituted another brand of slavery. Echoing an attitude anchored in racial theses, Funke explains that Italians, Spaniards, Ukrainians, and Poles accepted these conditions, without protesting the simplicity of the shacks where they lived – some of which were ex-slave quarters or resembled them greatly – and they “stuffed themselves” with manioc flour and black beans, just as they had stuffed themselves with polenta before, since they themselves were “primitive” (p.271).

Here we have two complementary yet competing issues: on the one hand, the unhealthy status of the population, metamorphosed into patients in a large hospital called Brazil, which served to justify opening the doors to more and more immigrants and thus heal the nation; on the other, the question of whether the healthiness of the tropics jeopardized the survival of the European immigrant, be this for climatic, racial, or sanitary reasons.

We re-encounter these questions in Stefan Zweig (1993, p.165-166), in his 1936 diary, when he was traveling from Brazil to Argentina for a meeting of the International Pen Club. The writer reproduces the words of his interlocutor, a “cultured, versed, very intelligent” gentleman, a “cosmopolitan” who lived in New York: “He is pessimistic about Brazil. He believes that nature in Brazil, with its wood-eating insects, is invincible, and that Europeans cannot spend more than two years there without compromising their health; the loss of body fluids, the ultraviolet rays – it all really seems to eat away at a person, and everyone confirms this to me.”

Despite this concern, which negates the feasibility of acclimatization, it was not long before the Austrian writer declared himself in favor of Europeans’ coming to Brazil. In his book *Brazil: A Land of the Future* (1997, 2006), he follows a line of argumentation similar to Funke’s (1927). He begins by describing the wretched state of health of the Brazilian population, not drawing support from Lobato (1946) but from Roberto Simonsen (cited in Dines, 2004).²²

In the late 1930s, Zweig (2006, p.118) laments the fact that one of the major problems of the Brazilian people is disease. These are his words, returning again to the metaphor of war: “Brazil, this most peaceful country, has some bitter enemies within it that weaken or rob it every year of as many people as a military campaign does in a country that is at war. It must constantly fight against billions of tiny and hardly visible entities, against bacilli and mosquitoes and other malicious disease carriers.”²³

As Schanz (1893) had stated in the early 1890s, tuberculosis was the biggest problem among these “enemies,” taking the lives of 200,000 people a year – a loss comparable to “an entire military corps.” Zweig (1981, p.108-109) associates the Brazilian’s susceptibility to this *peste branca* (“white plague”) with the fact that he is “physically delicate.” This susceptibility was not grounded in race but rather in the physical debilitation of the Brazilian people. In the Northeast, the condition was aggravated by “improper nourishment.” Among these ailments, others, like syphilis, were fading in intensity thanks to advances in treatment. There were also malaria and leprosy, which the government was combating too. “All of these illnesses cause an enormous weakening of the ability to produce,” concludes the writer, who deals with this subject in the chapter entitled “Economy” not by chance. He went on to state that there were many idle people – practically half the population, that is, twenty-five million

souls – whose standard of living was extremely low, especially in equatorial regions, and whose nourishment was worse than in times of slavery.

Zweig (1981, p.109-110) reiterates the concerns of the sanitarians when he points to the large contingent of marginalized people whose integration into national life, both economically and in terms of health, represented “one of the great problems” for the government, which would take “decades” to solve. Meanwhile, the “surplus” of people in the Old World could be transferred to Brazil, thereby curing this “anemia” and the problem of “having too few people in too large a space,” while at the same time saving a portion of Europeans from another disease: the “madness” of Nazism (p.112).²⁴ Further, in his project to heal the nation, Zweig places his stakes on the United States as well, who could contribute some of its “surplus” capital – which was earning no interest – and invest it in Brazil (p.111). The author does not feel any solution is offered by the twenty-five million Brazilians who – as he himself mentions – live on the margins of society, sick and malnourished, and who should be incorporated into the work force and take part in the national economy. He argues that the four to five million white people who entered the country as of the early twentieth century brought with them a “total unbroken power and willingness to work,” as well as the “promotion of a higher standard of living.” Literate, technically skilled, “they work in a faster rhythm than the generation that has been pampered by slave labor and in many respects weakened by the climate in their ability to produce” (Zweig, 1981, p.105). He defends the coming of foreigners, including those persecuted by Nazism, emphasizes how the Brazilian worker is not included in the country’s economic life, and takes up the discourse of “whitening,” so often pronounced by Europeanized Brazilian politicians and thinkers, especially starting in the 1870s: “The Brazilian race, which threatened to grow darker and darker, more and more African, as a result of importing Negroes ..., grows visibly lighter in color again, and the European element, unlike the primitively developed, illiterate slaves, raises the general level of civilization” (p.105).

The Austrian writer was, however, advocating these ideas at a time when the Vargas government was enforcing a restrictive, nationalizing immigration policy.²⁵ To avoid defying the guidelines of the *Estado Novo*, and rejecting the notion that climate, racial considerations, or sanitary conditions were a threat, Zweig (1981, p.105-106) ultimately suggests that the “mixing” and “adaptation” of these foreigners – Italians, Germans, Slavs, Japanese, Armenians – would lead to their assimilation and thus contribute to the project of forging a “nation that is unified by a single language and way of thinking.”

A clinical look at the colony

The debate about acclimatization and the feasibility of the “white race” settling (*Siedlungsmöglichkeit*) in Brazil motivated Gustav Giemsa and Ernst Nauck – both members of Hamburg’s Institute for Maritime and Tropical Diseases – to make an expedition to the German colonies in Espírito Santo, which resulted in a book. The trip took place in 1936, at a time when the institute itself, aligned with the political precepts of the National-Socialist German Workers’ Party (NSDAP), was investing in the revitalization of German colonialism. In fact, the introduction to the book, signed by Peter Mühlens, institute director from 1933

to 1943, makes mention of this resumption of colonialism.²⁶ He explains that the purpose of surveying the inhabitants of German descent in this tropical region was to ascertain their living conditions, knowledge that could contribute greatly to the future of “colonial labor” and play a vital political role. He also contended that the “colonial space” claimed by the Germans should no longer be exploited through settlement colonies but rather through the discovery of raw materials. There would be no political advantage to a large population settlement. However, research in the area of tropical medicine should continue to be a task for the Germans, as should questions about the health of Europeans in the tropics, according to Mühlens (Mühlens, 1939, p.V).

One of the chapters from the travelogue on the colonies in Espírito Santo talks specifically about health, sickness, and medical care. Giemsa and Nauck (1939) point out that prior to this, there had been little research into the hygienic or health conditions in regions of German colonization, even though many sojourning authors had addressed the influence of climate, development of diseases, and hygienic conditions in general terms. They refer to Ernst Wagemann, who in 1912 had studied this population of immigrants and who thought the climate in the highlands of Espírito Santo was one of the best in the world. The authors (p.32) second this observation, noting that there are practically no tropical diseases there. Nonetheless, a series of diseases could be seen to threaten the well-being of these inhabitants. These were primarily infectious diseases, aggravated by the lack of hygiene and kept from spreading farther only because of the spatial isolation of dwellings and the absence of large agglomerations of people.

Contrary to what some experts on immigration topics would have liked to hear – like Funke (1927) – Giemsa and Nauck (1939, p.32) reported that these settlers lived in absolutely “primitive” hygienic conditions. Moreover, they knew nothing about the origin of the diseases but embraced superstitious explanations, often resorting to blessings, home remedies, and healers who visited the colonies and took advantage of the precarious situation there. Rough road conditions and the distances involved made it hard for the few available doctors to get to the colonies or for settlers to get to the nearest towns. Not only were the long journeys a hindrance; so too were the doctor’s high fees. In more critical cases, there was no choice (p.32). The community made some effort to set up an assistance fund but this proved fruitless due to the shortage of money and to organizational problems. Up until that point, the only fund that had worked was one for the “serpent doctors” who healed victims of snake bites and were paid from a collective fund (p.33).

In addition, the people would also consult their colony’s teacher or pastor, who offered “medical” advice as a secondary service and also distributed medicine from their private pharmacies, including homeopathic remedies. The owner of the general store sold medicine too, some made by the German pharmaceutical industry (Giemsa, Nauck, 1939, p.33). Taken as a whole, these observations reveal the precariousness of health care, alongside a high degree of ignorance and lack of professionalism.

Midwives did not elude the scientific lenses of the travel writers either, who labeled these women’s knowledge and practices “medieval” (Giemsa, Nauck, 1939, p.33). Among such practices, the authors mention deliveries where the birthing mother stood or crouched in a room with the windows and doors closed, for superstitious reasons. For the same reasons, the

new mothers were not washed for several days after delivering. Another custom mentioned was to stimulate labor by situating the pregnant women above the flames of a fire. To correct this “medieval” situation, the authors suggested bringing midwives from Germany, although this solution also ran into difficulties. The proposed alternative was to take young women from the colony to the city of Vitória, where they could train as midwives (p.33-34).

Of the sicknesses presented by this population, the number of tropical diseases was quite limited, and this was taken as proof of the healthiness of the climate. If previous decades had seen yellow fever epidemics in port towns and in Vitória, in higher regions there, for all practical purposes it no longer existed. Likewise, malaria appeared only along stretches of the Doce River and some of its northern branches (Giemsa, Nauck, 1939, p.35). Scientists reported a decline in typhoid fever, which had stolen the lives of countless settlers in some years. The incidence of children’s diseases like scarlet fever, measles, and rubella was normal and, better yet, these illnesses manifested in a milder form, a benefit common to “almost all tropical countries.” Diphtheria and smallpox also occurred sporadically, and vaccinations were given to ward off the growing threat of smallpox, although most children did not receive the vaccine. Leprosy and tuberculosis were extremely rare, and there were no venereal diseases among “German settlers” (p.38-39), evincing their good conduct, in contrast with the conduct of Brazilians, according to comments by Funke (1927).

If syphilis did not compromise the health of the inhabitants in the colonies, there was another matter that might be of concern to a reader interested in the subject of German immigration: the genetic diseases caused by endogamy. Giemsa and Nauck (1939) deny the rumor that there were families destined to present degenerative diseases. In these alleged “degenerate families” (p.39), the problem lay in economic decline or in the consequences of alcoholism, which aggravated existing diseases, especially in the case of ancylostomiasis. They inform us: “In the eyes of the layman, pallid, debilitated children with delayed intellectual and physical development, left to their own fortune, will readily appear to be degenerate” (p.39) (Figure 1).

Even though the region was considered healthy, in the tropics one would find plagues of ticks, fleas, and botflies and would be subject to the bites of venomous creatures like snakes, which were responsible for the deaths of many settlers (Giemsa, Nauck, 1939, p.39). The greatest scourge was represented by infectious and parasitological diseases. While these scientists reported only a few cases of leishmaniasis and none of Chagas disease among settlers, almost all the children and young people had worms, such as ancylostomiasis and necatoriasis, which were detected through tests of stool samples (Figure 2). Anemia and cardiac problems caused by parasitosis were behind many deaths. Worsening symptoms were linked to precarious living conditions, especially diet – restricted to cornbread and black beans – and to alcoholism. In this regard, the situation of these settlers differed little from that of rural Brazilians. Here again the authors reaffirm the need for education in hygiene and instruction on the use of latrines, which were only found in the homes of pastors or in schools. The travelers pointed out that despite the settlers’ low educational level, the latter knew the reasons for the worms and would seek treatment, sometimes with “new medications from Bayer” (p.37).

The survey on the state of health of these settlers was followed by a demographic study of the colonial region in order to ascertain birth, death, and growth rates. Giemsa and Nauck (1939) conclude that German immigrants eventually adapted to their new environment and that their health suffered little damage. This adaptation, favorable settlement conditions, low mortality – despite the menacing climate and lack of hygiene – suggested that the families in question had a “hereditary predisposition and racial formation” that made them “highly resistant and strong” (p.53). Lastly, according to the authors, the “quality and history of the genetic heritage” of these families in light of their origin, their physical characteristics, and their intellectual and spiritual expressions, as well as their economic activities, would be tremendously valuable in research on “environment and race.” In this regard, the findings



Figure 1: Family of settlers of average economic means. The children show visible signs of ancylostomiasis. On the other hand, no signs of hereditary degeneration are present (Giemsa, Nauck, 1939, plate XXIII, p.45)

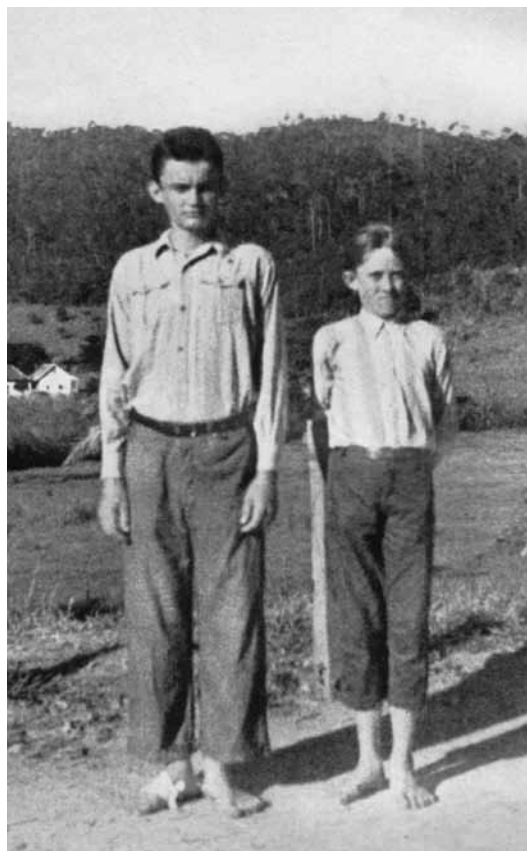


Figure 2: Critical ancylostomiasis in a 17-year-old (right). Next to him, a youth of the same age presenting normal development (Giemsa, Nauck, 1939, plate XXII, p.43)

gathered during this scientific journey should contribute to physical anthropology and the comparison between “racially” similar groups that inhabit quite different physical environments; furthermore, they should prove the existence of a racial quality adaptable to the tropics (p.53-54). Nevertheless, in the course of the book it is impossible not to notice the *cabocliização* of these immigrants, as described through words and documented in photographs – that is, their transformation into Brazilian peasants, or *caboclos*. As the authors comment in the first pages of the chapter we are examining here, the expression of this “caboclo-ization” ranged from the adoption of superstitions and the “primitiveness” of the settlers’ practices to their custom of going around barefoot. As much as the authors do not want to highlight these traits, what emerges here is an image that clashes with that of a healthy, strong immigrant, supposedly endowed with more culture and civilization. The settler studied in this book represents the immigrant who runs the risk of joining the ranks of twenty-five million

marginalized souls, and this jeopardized the idea of racial superiority that the authors so wanted to prove. Between the lines of this account, we find the concerns of hygienist physicians, like Penna (cited in Lima, Hochman, 2000, p.319) in the 1910s: the foreigner was “nationalized” by disease, against which race guaranteed no immunity.

Vanishing point: wasting away in the tropics

In the travel account of expressionist writer Paul Zech (1935-1942, v.2, p.330-337), the image of the European immigrant – for the most part German – is associated with decay. Not just the physical decay mentioned by Schanz, Lamberg, and, indirectly, Zweig but moral decadence as well. With the exception of a longer chapter in which Zech narrates the history of a colony in Uruguay comprised of refugees from Nazi Europe and in which he also extols the process of forming this colony and the families’ struggles against the hardships of nature, most of the Germans form a gallery of grotesque, morally decadent caricatures. One example is found in a sub-chapter entitled “Der Mann ohne Gesicht” (The man without a face): in a hospital in Rio de Janeiro, the author met a German who was suffering from an incurable

disease, which made his skin disintegrate worse than leprosy. The man was examined in vain by countless physicians and specialists, scholars from Europe. According to Zech, there was no diagnosis for this disease from the “virgin woodlands.” As it attacked the man’s face, the other patients began calling him “the man without a face.” A brief retrospective of this immigrant gives us a glimpse of his downward spiral: he worked first as a prospector, made his fortune, purchased a *botocuda* (female indigene) around 1920, fell ill, and then ended up wasting away in a hospital. Zech mentions the tragic life of the Brazilian artist Aleijadinho to draw a parallel between the two fates, suggesting that the dark mountains of Ouro Preto, so rich in gold and precious stones, afforded an equal measure of both splendor and suffering.

This German immigrant’s relationship with an indigene woman poses the issue of racial mixing and of “whitening,” a question pervaded by sexist and amoral attitudes. The law was breached when the *botocuda* was purchased, unmasking the illegal enslavement of this indigene. The recounted episode ends tragically: the woman, who first served as lover and later as nurse, commits suicide when kept from accompanying her master to the hospital. The prospector took ill shortly before his intended return to Europe and remained hospitalized for 17 years, spending his entire fortune in an effort to save his face.

Final considerations

Emigrating to survive, to take refuge, to go in search of something better; emigrating out of need – whatever the reason, for an expatriated foreigner, it matters greatly how healthy a place is, for this increases or decreases his chances of survival. Hence the importance of these themes in these travel books, which made their way into the hands of potential and actual immigrants. What can we take away from the journey recorded in these pages, written over the course of nearly fifty years? First of all, we can identify the mission of enlightening the reader, as taken up by the businessman Schanz (1893), the photographer Lamberg (1899), and the colonial politicians Vallentin (1909) and Funke (1927). Offering judicious words about the threats of invisible forces and exhortations about how to adapt to the climate, they try not to scare off those who might be interested in immigrating. They convey the notion that survival is viable and point to places that are more or less suitable for Europeans. Northern Brazil and the Amazon are equally appropriate for settlement, as are the country’s southern regions. Yellow fever, the great scourge that attacked foreigners, propagated only in some regions of the country and during certain periods. Once it had disappeared thanks to the campaigns led by Oswaldo Cruz and to the urban reforms of Pereira Passos, immigration became less risky. Some of these authors, such as Funke (1927) and Vallentin (1909), have nothing but praise for the public policies that waged an endless war against these and other ills, with the federal capital as their main stage.

Still, appropriating the observations of Brazilian thinkers and physicians, what comes into focus in the books dated from the 1920s on is the image of sick, enfeebled Brazilians, unsuited for work for reasons of health. Funke (1927) charts an ailing populace in both the countryside and the city. Sanitary factors and unhealthiness were aggravated by licentious behavior. In addition to illnesses and worms, syphilis was destroying “modern Brazil” (p.195). The metaphor of Brazil as an enormous hospital portrayed a society with two categories of

citizens: the healthy and the sick, representatives of “dual citizenship,” separated by very porous borders (Sontag, 2007, p.11). In the books of Funke and Zweig, at different moments these ailing citizens are depicted as non-citizens or as marginalized “others,” who should be replaced by healthy people from abroad in order to cure this “anemia,” as put by Zweig (1981, p.112), employing medical jargon. If at the end of slavery, racial discourse made the case for the entry of white Europeans to replace black labor power, “whiten” the society, and help build the nation, in the early decades of the twentieth century, medical discourse became a central force in this argumentation.

Concern with adapting to the climate is a frequent topic. The southern part of Brazil was considered the most suitable for European immigrants of the “white race.” Yet we see here that other regions, like Espírito Santo, Pará, and the Amazon, were also deemed viable for the healthy immigrant. Heavy labor, however, was to be avoided in equatorial latitudes for reasons of climate, as suggested by Lamberg (1899). In other regions, like the coffee zone, the reasons were cultural but were nonetheless explained through race. On the other hand, no matter how well an immigrant might grow acclimatized, he could pass from the “citizenship” of the healthy to that of the sick. The travel account by Giemsa and Nauck (1939), whether the authors liked it or not, paints a portrait of a community of “primitive” settlers who lived in precarious hygienic conditions, almost like caboclos. Practically the entire generation of young people of German descent was riddled with worms, just like Brazil’s rural populace. Yet there were ways of fighting this ailment, as the authors underscore. At the service of colonialism, their studies not only encompassed the interests of physical anthropology – which allowed them to conclude that these Germans had acclimatized thanks to their strong genetic constitution – but could also provide information for Germany’s expanding pharmaceutical industry. The acknowledgements in the preface of this account, which singles out representatives of *Chimica Bayer*, must not be an accident.

The image of the immigrant who catches a mysterious disease from the “tropical forest,” and for which there is neither any explanation nor any treatment, is epitomized in the figure portrayed by Zech’s expressionistic pen. This physically debilitated and morally decadent immigrant is unable either to spread culture or to heal the Brazilian society of what ails it – giving the lie to racial discourse, the debate over adaptation, and the belief in the civilizing role of German immigration in Brazil. And so he emigrates twice, to the kingdom of Brazil and to the “kingdom of the sick,” to borrow the words of Sontag (2007, p.11) – and he ends his days spending his fortune in a hospital.

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NOTES

¹ All citations from Sontag were sourced from Susan Sontag, *Illness as metaphor and AIDS and its metaphors*, New York, Picador, 1989.

² The institute was founded in 1900 in the city of Hamburg by the physician Bernhard Nocht. In 1990, in honor of its founder, it was renamed the Bernhard Nocht Institute for Tropical Medicine (Bernhard-Nocht-Institut für Tropenmedizin). For further details, see www.bni-hamburg.de. Accessed in December 2011.

³ For biobibliographic information on these authors and on theoretical aspects of travel literature, see Lisboa, 2011, chapter 1.

⁴ Prior to 1871, we cannot call Germany a nation-state, strictly speaking. Until German unification, led by Prussian Chancellor Otto von Bismarck, and the proclamation of the German Empire (1871) after the Franco-Prussian War was won, with Wilhelm I of Prussia as emperor, the term “German” referred to the subjects of the Holy Roman Empire (which dated to the tenth century) of the German Nation (which existed from the fifteenth-sixteenth centuries until 1806) and then of the German Confederation.

⁵ In numeric terms, German immigration was less than Italian and Portuguese. It should be pointed out that, depending upon the criterion adopted, this group may include people from regions of German culture, such as Austria, Switzerland, German minorities within Russia and Poland, and so on. Since there was no systematic control over the entrance and exit of foreigners in Brazil, the numbers fluctuate. Some sources indicate that 235,000 to 280,000 “Germans” entered Brazil from 1824 to 1940 (Lisboa, 2003). According to Kellenbenz and Schneider, some 170,000 entered from 1846 to 1931 (Messele-Wieser, Wieser, 1993, p.9). Alencastro and Renaux (1999, p.317) suggest a figure of 350,000 from 1824 to 1889.

⁶ Tuberculosis did not spread only among the European proletariat but also among the more well-to-do in Europe and other parts of the world. In Korea, for example, one-fifth of the population was reportedly contaminated. Until the 1940s, there was no effective medication and it was only in the 1960s that treatment became more effective. In the nineteenth century, since the disease was believed to be hereditary, efforts were made to hide the sickness in bourgeois homes. However, famous cases became public, such as those of John Keats, Frédéric Chopin, Antón Tchekhov, and Franz Kafka. In the 1880s, sanatoriums in the mountains became gathering spots for patients of better economic standing. The historian Osterhammel (2009, p.270-271) mentions the “semi-public” international environment in which these sufferers could be together while enjoying better care. In literature, this experience was fictionalized in Thomas Mann’s famous novel *Der Zauberberg* (*The Magic Mountain*) (Osterhammel, 2009, p.270-271). Susan Sontag (2007, p.34) also points out that tuberculosis became the reason for long trips starting in the early nineteenth century.

⁷ Six cholera pandemics struck the world between 1817 and 1923, with Asia as their point of origin (Osterhammel, 2009, p.285). The first city in Brazil to be hit by the bacillus during its worldwide pilgrimage was Belém, in 1855. Historiographic references put total victims at 200,000 from 1855 to 1856 (Santos, 1994).

⁸ “As in our times, and in the nineteenth century as well, the scourge struck with a vengeance the poorer and more poorly nourished populations, who were more likely to use contaminated water and who were denied the minimum hygienic conditions that higher social strata already enjoyed thanks to Brazil’s urban progress. Historiography reported on the deaths of thousands of black slaves in the cities and, especially in the Paraíba Valley, the loss of a larger number of slaves by fazendeiros. The free colored population also suffered the lethal impact of the malady. Estimates are that blacks in Brazil accounted for two-thirds of total cholera deaths overall” (Santos, 1994, p.88). In this and other citations of texts from non-English languages, a free translation has been provided.

⁹ In Rio de Janeiro, the epidemics of 1873 and 1876 were extremely violent, killing 3,659 and 3,476 out of a population of roughly 270,000 (Benchimol, 2006, p.241).

¹⁰ Yellow fever, a disease that had been known for a long time, reached Brazil in the late seventeenth century, when the first epidemic outbreak occurred. In 1849 it attacked again, in Bahia, from there spreading to various coastal regions and port towns. In Rio de Janeiro, the first major epidemic took place in 1849. From then on, the disease never stopped spreading and became the people’s great scourge, especially among immigrants. On the development of this disease and the epidemiological fight against it in the 1890s, see Benchimol, 1999, 2001; Teixeira, 2001, p.217-218; and others.

¹¹ The emergence of yellow fever is believed to have been linked to the vessel mentioned by Schanz, a slave ship that docked in Rio de Janeiro in late 1849 and whose crew, from New Orleans, was reportedly infected and believed to have spread the sickness when its members lodged in the city. It was only in February that the Imperial Academy of Medicine (*Academia Imperial de Medicina*) officially recognized that the disease was on the loose. There are estimates that nearly 100,000 of the city’s 266,000 residents caught yellow fever and that almost 15,000 lives were taken (Benchimol, 2006, p.238).

¹² Antifebrin was an antipyretic developed in 1886 by Arnold Cahn and Paul Hepp, as first announced in the *Centralblatt für klinische Medizin* on August 14, 1886.

¹³ On advances in yellow fever hypotheses, discoveries, and controversies in Brazil, its origin, and forms of precaution, see Benchimol, 2006, p.246-252. The etiology of the virus dates to 1927, an achievement of three scientists from the Rockefeller Foundation. Ten years later, the Rockefeller Foundation began manufacturing a vaccine at the Instituto Oswaldo Cruz (p.280-281, note 21).

¹⁴ On Domingos Freire’s participation, see Benchimol, 1999.

¹⁵ Chalhoub (1996, p.83-85) demonstrates how important the debate over acclimatization as a condition for Europeans surviving in the tropics was among physicians in Brazil.

¹⁶ A Swiss naturalist residing in the United States, Louis Agassiz, along with his wife Elizabeth Cary Agassiz, took a scientific expedition through Brazil with a large entourage in 1865 and 1866. Their account of this journey was published in the United States in 1867.

¹⁷ Lamberg must be referring to the project to move Senado hill, which was undertaken during the reform led by Pereira Passos (Benchimol, 2006, p.259).

¹⁸ On these urban reforms, see, among others, Chalhoub, 1996, p.15-56, and Benchimol, 2006, p.258-265.

¹⁹ "One concludes that the Republic of the United States of Brazil is a giant hospital, which instead of being led by nurses is led by members of the lettered elite... There is only one war with Germany: cleaning up Brazil" (Lobato, 1946, p.243-244).

²⁰ From November 1916 to January 1917, Belisário Penna (cited in Lima, Hochmann, 1996, p.26) published a series of articles in the newspaper *Correio da Manhã*, in which he summoned the country to take part in a campaign to "sanitize" Brazil. These publications were later compiled in the book *Saneamento no Brasil* (1918 and 1923). On the unfolding of the sanitation campaign and its initiatives, see Lima, Hochmann, 1996, p.33-36.

²¹ It is worth remembering that the legendary character of Jeca Tatu, created by Lobato, was a sick and wretched caboclo who, after medical science cured him of worms, became a prosperous landowner, modernizer of agrarian technology, and sanitary educator (Lima, Hochmann, 1996, p.32).

²² Zweig cites Roberto Simonsen's *Níveis de vida e economia nacional*, published in 1937. According to Dines (2004, p.44, note 52), Simonsen was a "friend" of Zweig's.

²³ All citations from Zweig were sourced from Stefan Zweig, *Brazil: a land of the future*, translated by Lowell A. Bangerter, Riverside, Ariadne Press, 2000.

²⁴ In the introduction to his book, Zweig (1981, p.18) refers to a world (i.e., Nazi Europe) "desolated by hate and madness."

²⁵ Dines (2004, p.308-312) problematizes the hardships faced by the Jews who wanted to emigrate to Brazil, thereby negating the "racial Eldorado" painted by Zweig. On Brazilian immigration policy during the Vargas era, see, among others, Schpun, 2011, p.68-85.

²⁶ Mühlens joined the NSDAP on May 1, 1937, and supported the Nazi regime by furnishing detailed accounts of trips abroad (Tode, 2000, p.17).

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