

Workers and the Local Response to the Third Plague Pandemic in Iquique (Chile, 1900-1903)¹

Trabalhadores e a resposta local à terceira pandemia da praga bubônica em Iquique (Chile, 1900-1903)

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Abstract: By studying the Third Plague Pandemic in Iquique, Chile, this article aims to contribute to the recent trends of scholarship that emphasize the global scope and impact of historical pandemics in local contexts. It examines how the local population and especially saltpeter workers understood, contested, and even neglected the epidemic due to local tensions. Methodologically, this paper relies on an ample array of sources, with an emphasis on sociocultural artifacts produced by local residents, such as poetry, newspapers of the working class, and cartoons. We conclude that in Chile the epidemic that affected Iquique in May 1903 revealed the government's inability to respond to epidemic outbreaks manifesting in areas far from Santiago, the capital city. In Iquique, the workers and lower classes responded massively, denying the epidemic. The popular sources reveal an anti-central government and anti-big capital sentiment that ultimately led *Iquiqueños* to perceive the plague as a hoax.

Keywords: bubonic plague, Chile, working-class, pandemics, local response, Iquique

Resumo: Ao estudar a Terceira Pandemia de Peste em Iquique, Chile, este artigo tem como objetivo contribuir para as tendências recentes do conhecimento que enfatizam o alcance global e o impacto de pandemias históricas em contextos locais. Ele examina como a população local e especialmente os trabalhadores do salitre compreenderam, contestaram e até negligenciaram a epidemia devido às tensões locais. Metodologicamente, este artigo se baseia em uma ampla gama de fontes, com ênfase em artefatos socioculturais produzidos por residentes locais, como poesia, jornais da classe trabalhadora e caricaturas. Concluímos que, no Chile, a epidemia que afetou Iquique em maio de 1903 revelou a incapacidade do governo de responder aos surtos epidêmicos que se manifestavam em áreas distantes de Santiago, a capital. Em Iquique, os trabalhadores e as classes populares responderam de forma massiva, negando a epidemia. As fontes populares revelam um sentimento antigoverno central e antigrande capital que, no final das contas, fez com que *iquiqueños* percebessem a praga como uma farsa.

Palavras-chave: peste bubônica, Chile, classe trabalhadora, pandemias, resposta local, Iquique

¹ This article is part of the project UTA Mayor 5808-22 "Peste bubônica en el norte grande: Dimensión global & local de la epidemia (1903-1905)" financed by Universidad de Tarapacá.

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Introduction

Chileans learned of the imminent arrival of the bubonic plague to the country in late May 1903, when newspapers mentioned those infected in the neighboring country of Peru (La Patria, 1903a; El Nacional, 1903a; El Tarapacá, 1903a). In fact, the presence of the epidemic should not have surprised them at all. The plague's path had been followed closely in the news, as it reached places along the Pacific Rim such as San Francisco in the United States, Mazatlán in Mexico, and El Callao in Peru. The epidemic originated in China in the late nineteenth century. Within a few years, it became an unstoppable and disruptive global force aided by the massive expansion of the transportation and communications sectors. When it was finally declared as "resolved" by the World Health Organization (WHO) in 1950, the epidemic had reached a death toll of nearly fifteen million victims worldwide (Echenberg, 2007, p. ix).⁴

This article examines the presence of the pandemic in the northern region of Chile, specifically in Iquique, one of the most important ports of the Pacific Rim during this time. Despite Iquique was one of the many cities affected by the plague, it concentrated the attention of central government and health authorities from the capital. The center of saltpeter production, Iquique was transferred from Peru to Chile as a war reparation after a conflict that provoked the former's economic ruin and the latter's territorial consolidation (1879-1883).⁵ By the turn of the century, the city underwent rapid demographic growth, from thirty thousand inhabitants in 1895 to forty thousand in 1907.⁶ The increase came mostly from immigrants and itinerant workers attracted by the possibilities of earning higher incomes in the nitrate camps. Unfortunately, due to its port, the region became the entry site of the bubonic plague in the country. As such, the government concentrated its efforts and channeled resources to contain the spread of the disease, so as to avoid affecting trade in the area. The government's efforts to contain the epidemic and the population's reaction to it in Iquique are the focus of this analysis, which places the epidemic as a force that exacerbated the tensions between the region and the capital as well as between workers and companies.

These unresolved tensions informed and determined the spread, containment, and aftermath of the pan-

demic in the region. Scholars have examined how national governments allocated resources to discern the epidemic's medical nature and develop proper measures to contain it (Lo-Chávez, 2015; Cabrera, 2005). This article builds on scholarship that examines how governments intervened during the health crisis, but we are specifically interested in the social and cultural responses from the population. We aim to understand how the official response intertwined with local tensions like those transpiring in Iquique when the plague arrived.

Both transnational and global dimensions of epidemics are relevant to comprehending their spatial trajectories. As we demonstrate in this paper, local and regional perspectives are equally fundamental to their understanding (Diniz, 2017). Therefore, focusing on the local impacts of pandemics can illustrate how governments and populations respond differently to this global phenomenon that resembles the Third Plague Pandemic. It is also worth analyzing how the policies suggested by international entities should be adapted locally to successfully fight pandemics. As we aim to show, official discourse often obscures the efforts deployed by local actors to adapt to the top-down measures imposed by the central government and to other strategies employed apart from official channels. The combination of the lack of trust in the government and foreign companies fostered a dangerous belief that posited the disease as unreal.

This research relies on an ample array of sources, with an emphasis on papers produced by local residents. To understand the official approach, we analyze congressional records and medical reports. But most relevant, we analyze both the visual and written content in poetry, working class' newspapers, cartoons, and novels to trace the emergence of an anti-central government and anti-big capital sentiment that ultimately prompted *Iquiqueños* to perceive the plague as a hoax. The article opens with the advent of the epidemic in the continent and follows it as it enters the country through Iquique. Then, we focus on how the central government and the medical body developed urgent and drastic policies, which politicians and the local population contested. The final section centers on the role of the local working-class press in the public denial of the epidemic and the refusal to acknowledge the scientific expertise of physicians and epidemiologists.

⁴ Other recent works on global pandemics are: Snowden (2019); Honigsbaum (2019). For Latin America, see Ragas (2023).

⁵ On the War of the Pacific, William F. Sater wrote an excellent comprehensive account in Sater (2007); see also González (2008) on post-war territorial disputes between both countries.

⁶ According to the 1895 census, Iquique's population was 33,031 inhabitants (Oficina Central de Estadística, 1896, p. 8). The 1907 census showed that the population was 44,948 (Comisión Central del Censo, 1970, p. 42).



Map 1. Iquique
Source: Google Maps

The Pandemic in the Americas

The Americas were one of the last places affected by the plague. The bubonic plague initially manifested in Honolulu in 1899. A few months later, it would wreak havoc on two of the most important Pacific and Atlantic ports: San Francisco and Rio de Janeiro. Given the news that the epidemic had reached America, fear seized the health authorities of the main coastal cities. Until a few years prior, it had faced a string of diseases such as yellow fever, smallpox, and cholera, among many others. Although the bubonic plague was not unknown in the Americas since the European expansion of the late fifteenth century brought the disease, it was not considered one of the most lethal epidemics that had affected the continent (Cook, 1998, p. 18).

The epidemic arrived in Latin America due to the direct contact between Brazil and the European markets. After learning of the first reports of possible infections with the bubonic plague in the port city of Porto in Portugal, Brazilian authorities intensified their sanitary measures in their ports and quarantined ships that came from Portuguese and Spanish ports. Despite these measures, the Brazilian health authorities confirmed the first

case of bubonic plague in the port of Santos in October 1899; it soon spread to Rio de Janeiro and São Paulo. As the historian Dilene Raimundo do Nascimento points out, the epidemic transformed the public health sphere in Brazil (2011, p. 68). Similar to what happened in other Latin American countries, health programs were mainly and solely activated to combat specific epidemics up until that moment, and health campaigns were carried out in isolation, developed by local or municipal governments (Raimundo do Nascimento, 2011, p. 77). Because of the epidemic, Brazil prompted the development of epidemic prevention programs between various states, especially encouraging collaboration between São Paulo and Rio de Janeiro. The Butantan Institute in São Paulo and the Federal Serotherapy Institute (Fiocruz) of Rio de Janeiro were created because of the pandemic to develop serums and vaccines against the plague, thus reducing their dependence on the importation of pharmaceutical staples from Europe (Raimundo do Nascimento, 2011, p. 68).

A few weeks later, the epidemic would appear in San Francisco (California), alerting all the countries along the Pacific coast, including Chile. The fluid trans-Pacific trade between San Francisco and South America accelerated the spread of the epidemic in the port of El Callao in Peru.⁷ Although the epidemic affected the entire Peruvian coast, health policies mainly aimed to prevent the disease's spread in Lima, where the political and economic elite resided. In Peru, the first evidence of the plague occurred in April 1903 in the ports of El Callao and Pisco, 230 kilometers south-east of Lima. In late April, the death of a dozen workers at the Santa Rosa de El Callao mill alerted the authorities who sought to prevent its expansion into the capital. One of the first official responses was the creation of the Board of Directors of the Campaign against the Bubonic Plague of the Province of Lima. It was responsible for applying radical sanitary measures, such as home visits, the hunting of mice, the transfer of patients to the lazarette, and burials without the company of family members (Cueto, 1998, p. 37). Drastic health interventions by the state reactivated a series of social and economic prejudices towards vulnerable populations, namely immigrants and the urban poor (Palma & Ragas, 2018).

In May of 1903, the Chilean press began to report possible cases in the port of Iquique, the capital of the Tarapacá Province. Iquique is 1,750 km distant from Santiago, a distance that reinforced the state's slow response in matters concerning public health. At the beginning of the twentieth century, Iquique was the fourth most populous city in Chile and the main port in the north of the coun-

⁷ About the Peruvian experience regarding epidemics, see: Cueto (1998); Casalino (2005); Palma & Ragas (2018); Palma & Ragas (2019); Palma & Ragas (2021); Ragas & Palma (2022); Ragas (2023).

try from where about 1.5 thousand tons of nitrate were exported annually, mainly to Europe. Potassium nitrate and the city were key to the Chilean state at the beginning of the century. The state's income from saltpeter and iodine contributed to almost 48% of the country's fiscal resources (González, 2014). The growth of nitrate exports led Tarapacá to become one of the regions with the largest population of national and foreign immigrants who came to the province to carry out tasks related to the extraction and import of the aforementioned mineral. The working class constituted the main economic and social group in the area. Workers and their families resided in narrow rooms that were in poor hygienic conditions. Houses lacked drainage, forcing their inhabitants to throw their waste onto patios and in the streets (Del Río *et al.*, 1904).

In social terms, the city was characterized by its class solidarity. As the *Iquiqueño* writer Luis González Zenteno points out,

Iquique was a large, welcoming, cordial town, in which the proletarian inhabitants gave each other mutual support. The class sense was expressed in the noblest examples, and it was not a mystery to anyone that many people did not close the doors of their shacks, because they were sure that no one would go in to rob them (González, 1954, p. 135).

As this quote exemplifies, in Chile the turn of the century was marked by the so-called “social question,” a concept associated with problems that affected lower socio-economic sectors, such as precarious living and working conditions that resulted in high mortality rates along with an increase in conflicts (Ponce de León, 2011). This was particularly true in the nitrate regions, which by 1900 went through an intense popular mobilization. Workers' organizations called for a strike to demand better wages and labor conditions as they denounced the repeated abuses that workers had to endure from their employers (Artaza, 2006; Pinto, 1998). In addition, the bubonic plague epidemic of 1903 reached a city marked by social unrest and workers' distrust of local and national authorities whom they accused of being at the service of private interests in the capital over those of workers.

It is important to notice that at the beginning of the 20th century Chile had one of the highest mortality rates in the Americas, especially of infants (Allende, 1939, p. 4). There are no reliable and systematic demographic records at the national level. Alejandro del Río, Director of the Institute of Hygiene in Santiago (the capital city),



Fig. 1. “Hospital de la Beneficencia de Iquique”.

Source: Álbum de Tarapacá, Iquique, desde fines de 1800 hasta comienzo del 1900. <http://www.bibliotecanacionaldigital.gob.cl/bnd/629/w3-article-605924.html>

estimated the 1898 national mortality rate as 35.7% (Del Río, 1899, p. 3-11). From an epidemiological approach, the leading cause of death was tuberculosis, followed by other so-called “fevers.” Infections were also responsible for child mortality. In Iquique, as Dr. del Río stated, public health data was not reliable due to the high mobility of local population. Nonetheless, according to the data presented in 1899, the annual mortality equaled the number of births (1,422), and the following year it exceeded the number of births (Del Río, 1904, p. 49). Most of the sanitary infrastructure (i.e. hospitals and health facilities) was located in the capital city. These facilities relied on private donations to operate, while their maintenance and daily logistics depended on the municipalities (Ferrer, 1911, p. 267-268). In the case of Iquique, the *Hospital de la Beneficencia*, founded in March 1887, was mainly financed by the private sector and donations from nitrate entrepreneurs.

The Official Response from the Capital

The Superior Council of Public Hygiene (Consejo Superior de Higiene Pública) had been alerted of the development of the bubonic plague in other parts of the world, and they anticipated its arrival in Chile.⁸ For this reason, two official commissions were sent, one to Russia and the other to Argentina, to learn about the scientific findings related to the epidemic and how other countries were facing its arrival. In 1897, the government sent its

⁸ In 1892, the Chilean government started off a set of medical reforms in the public health system to develop a national sanitary area. The reforms created two entities: Consejo Superior de Higiene Pública and Instituto de Higiene, both under the jurisdiction of the Ministry of the Interior (Ferrer, 1911, p. 34-40; Illanes, 1993, p. 103-104).

first commission to the Twelfth International Congress of Medicine's meeting in Moscow. Upon its return, the commission reported that the bubonic plague, which up until then had been confined to Asia, was an epidemic and infectious disease (Díaz, 1898, p. 30-33). In 1900, when the epidemic had already entered Latin America, a second commission traveled to Rosario in Argentina, which had suffered an epidemic outbreak (Laval, 2003, p. 96; Echenberg, 2007, p. 137). This commission, chaired by Alejandro del Río, director of the Hygienic Institute (Instituto de Higiene), studied the origin, development, and characteristics of the epidemic and actively cooperated in the sanitation tasks of the local population (Laval, 2003, p. 96; Echenberg, 2007, p. 141-142).

In Chile, the Commission developed a series of prophylactic measures focused mainly on disinfecting the sick and their belongings (Laval, 2003, p. 96). However, doctors considered that the most effective measure was the popularization of "modern ideas about the nature and mechanism of contagion" through the dissemination of an educational booklet for the public (Del Río, 1901). In 1901, Dr. Del Río published a booklet in which he described the nature of the disease, its symptoms, and the different ways in which the epidemic manifested itself by establishing a death rate of 60-90% among those infected. Following the global discourse on the plague, Dr. Del Río pointed out that rats and transmission between people were the main agents of contagion, so that preventive measures needed to be aimed at the land and sea borders and the sanitation of populations. On this last point, he emphasized the need for clean rooms and public roads, especially "those of the lower class," making disinfection and isolation of the sick mandatory (Del Río, 1901, p. 14).

One of the elements that draws attention to the guide designed to combat the bubonic plague is the excessive responsibility given to "disbelievers of medical policies" and the poor in transmitting the disease. Del Río criticized those who questioned the measures indicated by the medical staff. "Some sin for being too incredulous," he pointed out, since many infected people continued to appear after the benefits of disinfecting had been shown (Del Río, 1901, p. 2). As the historian, Luis Alberto Romero asserts, at the beginning of the century, hygienists believed that the capital's negligence was not to blame for the problems the poor had, but rather their precarious living conditions and their morality which made them prone to drink and indulge in prostitution (Romero, 2007, p. 172).⁹ Although Del Río did not hold the poor directly responsible, he did point out that "the

plague chooses its victims among the people who live in the worst hygienic conditions and carry out occupations that force them to remain on infected premises" (Del Río, 1901, p. 11).

The national government took swift and energetic measures to combat the epidemic in the port of Iquique due to the danger it posed to commerce in the saltpeter region (Soza & Ferrer, 1908, p. 157). A commission chaired by Del Río traveled to Iquique to assess the status of the epidemic. Unfortunately, the government's secrecy regarding the confirmation of whether an epidemic existed in the region as well as the measures suggested by the previous commissions predisposed the local population of Iquique to reject the official reports and the suggestions raised by the official visitors. The recommendations and conclusions of the Commission's work insisted on the need to isolate, disinfect, and exterminate rats in houses and ships during quarantine (Del Río *et al.*, 1904; Cabrera, 2005, p. 74-75).

Some congressional representatives openly questioned the sanitary measures adopted by the government. Senator Federico Puga Bone made evident his annoyance at the government. He believed that the epidemic could have been avoided if the executive branch had implemented a sanitary station in Arica, a border city, to disinfect ships from Peru. Puga accused the government's strategy of "abandonment" and that despite establishing a sanitary station in the port of Iquique, they had not taken all the necessary precautions to avoid the arrival of the epidemic although Chile was one of the last places in the world to suffer from the epidemic (Del Río *et al.*, 1904, p. 141-143). Other deputies criticized the management of the health emergency in the north of the country. Deputy Rioseco, for example, noted that despite rumors of the existence of the bubonic plague, the government had not officially declared the presence of this scourge in the country (Cámara de Diputados, 1903, p. 586). This was due, in part—according to Rioseco—to the fact that the Minister of the Interior, Rafael Sotomayor had rejected the recommendations of the Superior Council of Public Hygiene because he believed the epidemic "was an invention of the doctors" (Cámara de Diputados, 1903, p. 588).

Minister Sotomayor's response to criticism in Congress suggests that the government placed commerce above public health. He assured the population that the measures taken sought to avoid widespread infection in the port in the nitrate region, "which could lead to the country's bankruptcy." The executive branch's refusal to declare the epidemic a public danger was denounced by

⁹ Some key works on urban areas and disease in Latin America include: Armus (2011; 2002); Valenzuela (2007); Pineo & Bauer (1998).

Dr. Rioseco, for whom the Minister “believes that a few million pesos [...] are worth more than the lives of citizens” (Cámara de Diputados, 1903, p. 588). In the session on July 23, the chamber discussed a new budgeting law to fight the bubonic plague. The law was passed in early September of that year when the cases had already begun to dissipate.

The Epidemic in a Local Context

Chilean authorities and public opinion closely followed the development of the pandemic in Peru, the nearest affected country and the most logical route for the epidemic. The newspapers of Iquique began to report almost daily on the progress of the bubonic plague in Lima and the port of El Callao. The first reports spoke of a “sensational rumor” of bubonic plague cases from California causing an unprecedented increase in the price of consumer items (La Patria, 1903a; El Nacional, 1903a; El Tarapacá, 1903a). The most important regional newspapers (*El Tarapacá* and *El Nacional*) published several pieces downplaying the disease, including a telegram received by the merchant Juan Nailor from a friend in Peru assuring him that reports detailing the plague were rumors and false alarms.¹⁰ Those newspapers also quoted Dr. Carletti of the Lima School of Medicine, who flatly denied the existence of bubonic plague in El Callao (El Nacional, 1903b; El Tarapacá, 1903b; 1903c). Meanwhile, health authorities informed the mayors to avoid unloading ships from suspected ports (El Tarapacá, 1903d).

As Palma and Ragas demonstrate for the Peruvian case, the plague not only captivated medical journals and the press but also dominated magazines, novels, stories, and popular songs which recorded fears and cultural expressions about the epidemic crisis (Palma & Ragas, 2018, p. 175). In Iquique, some writers denied the existence of the plague in the region. Among these sources, one of the most compelling was the novel *Tarapacá*, written by ‘Juanito Zola,’ a pseudonym for the journalists Osvaldo López and Nicanor Polo. As the Chilean writer Pedro Bravo asserts, *Tarapacá* is one of the few testimonies on the despotic treatment of workers and the powerlessness workers suffered in the pampas (Zola, 2006, p. 15). According to ‘Zola,’ the plague was an excuse for the bourgeoisie and the authorities to repress workers and reduce their wages. Thus, the author was not surprised that the first measure the Commission led by Del Río undertook was the sanitary registration of the camps, even though the streets and the garbage cans were filthy. According to

El Tarapacá, health officials searched rooms mainly when the workers were at work: “The women who witnessed this search were amazed to see that the military [...] were heading directly to lift the mattresses and open boxes from where they took out revolvers and daggers” (Zola, 2006, p. 24-30). As the author suggested, the epidemic sought to disarm workers. He also accused doctors and capitalists of directly profiting from the epidemic due to the increased price of pharmaceuticals and the government money given to many private sector businesses to combat it.

Zola wasn’t the only one who didn’t believe in the plague. The local population responded with skepticism to the measures dictated by the authorities. As the historian Marcos Cueto demonstrates, the epidemic reached Latin America at a time when the germ theory of disease was not fully rooted, and the population generally doubted that microscopic organisms were the cause of diseases (Cueto, 1998, p. 39). Consequently, the existing discourse about the popular classes as ignorant and responsible for the epidemics was reinforced. The newspaper *La Alianza Liberal* explained that the spread of the epidemic was due to “the ignorance and disbelief of many who...hide for fear of being taken to the quarantine station or inoculated with the antibody serum to whose efficacy and opportuneness several owe their lives” (La Alianza Liberal, 1905). Consequently, the population feared the authorities more than the vaccination itself because they destroyed their few belongings and repressed their funeral practices.

The populace’s fear was not entirely unfounded. One of the first measures the Mayor of Tarapacá carried out was to burn the “contaminated” houses, throw the bodies of people who died from the disease into the sea, and isolate potentially infected people (Del Río *et al.*, 1904, p. 16). Although these measures were opposed to what was stated by Del Río in his 1901 medical report, the doctors of the Commission sent from Santiago applauded the Mayor for the “energetic” way in which he faced the outbreak in the region (Del Río *et al.*, 1904, p. 28). The Commission pointed out that unhygienic buildings were one of the main causes of the spread of rats and, therefore, of the epidemic. But as in California and Lima, very few residents of tenements and alleys owned their rooms. In his study on the epidemic in San Francisco’s Chinatown, Guenter Risse shows that white merchants and European capitalists owned the shops and rooms where the Chinese resided in deplorable hygienic conditions. The owners sought to obtain the greatest benefit from these rental properties investing as little as possible in sanitary repairs or improvements (Risse, 2012, p. 22). In the case of

¹⁰ The role of communications in spreading both diseases and information has been analyzed by Peckham (2015); Tworek (2019). See also Caimari (2015).

Iquique, the petty bourgeoisie owned the majority of the tenements inhabited by the popular classes, which is why, according to historian Damián Lo-Chávez, these rooms suffered less incineration compared to popular dwellings (Lo-Chávez, 2015, p. 21).

The destruction of property had an immediate negative effect on the population. Historian María Angélica Illanes recounts a case where, after the death of a girl in a tenement, Intendant Agustín Gana ordered the burning of the home and the belongings of the infected girl, which left the family and neighbors on the street. This case prompted others to hide bodies inside their homes to prevent the authorities from destroying their rooms. Unfortunately, this also created a potential infectious focal point (Illanes, 2002, p. 173). Many poems written by nitrate workers reflected their fear and anxiety of the measures taken by the authorities, especially ‘the inhuman act’ of the Intendant (González *et al.*, 1998, p. 230-231):

To ignite houses and furniture / as if it were a festival / with a noisy and fancy device / to alarm the city / exposing the neighbors / to carry out an atrocity / to lack food / as has already happened (El Defensor de la Clase Proletaria, 1903e).

The extremely harsh sanitation policies carried out by the political authorities became a recurring topic in the poetic texts of the pampa workers. For example, in *Los versos pampinos*, written in the California Saltpeter Office and published in *El Pueblo*, the anonymous author wonders why the mayor summoned all the presidents of workers’ societies to deal with the bubonic plague, which he saw as a form of control “to lasso the worker.” The poem concludes with a warning to Gana Urzúa: “Finally, Mr. Intendant / continue your thankless task / and abuse until you can no longer / the patient worker!” and “if the *roto* tires / go to hell to complain” (González *et al.*, 1998, p. 233).

The handling of the bodies and the changes in the way they were buried was another aspect that sparked greater protests by the population. Globally, health authorities recommended an autopsy of all the deceased, and that the bodies should be cremated or quickly buried without the presence of family members.¹¹ One of the fundamental rules established by Del Río was that the bodies of those who died from the epidemic should be buried without the traditional funeral procession of relatives and people surrounding them (Del Río *et al.*, 1904, p. 142). However,

these measures collapsed under the weight of deeply rooted rites in a Catholic society, and indigenous communities in the north of the country ignored them. In Chile and other Latin American countries, the Bourbon Reforms of the late eighteenth century attempted to modify Baroque burial practices by promoting more intimate ceremonies in tune with hygienic ideals to rid the city of disease and epidemics, which generated a series of social tensions.¹² Therefore, it is not surprising that Del Río reported that doctors faced a strong reluctance from families to carry out autopsies or provide information that would contribute to their research on the disease.

The epidemic exposed a series of conflicts between employers and workers. In this context, it aroused suspicion amongst the working sectors who perceived the ruling classes to have invented the epidemic to repress workers and increase the presence of the military at the port (Cabrera, 2005, p. 76).

Denying the Epidemic

The aggressive implementation of the initial sanitary measures and the erratic attitude in declaring the epidemic to avoid a trade crisis impeded any possibility of cooperation between national authorities, company owners, and workers to contain the epidemic. As in other cities—such as Buenos Aires and Rio de Janeiro—political authorities kept the medical confirmation of the disease secret to avoid the economic and social chaos that the stoppage of maritime trade in the area would generate (Echenberg, 2007, p. 145-147). Iquiqueños put considerable pressure on the Commission to provide more information on the seriousness of the epidemic since commercial interests depended on eliminating it. Moreover, they argued, “the balance in the working-class home was completely altered due to the rising prices for consumer goods and the absolute lack of work” (El Tarapacá, 1903e). However, the population of Iquique did not receive any moderately satisfactory response from the capital city. The absence of official information not only increased the chances of rumors being generated and spread, but the local media channeled regional and labor disputes as a form of skepticism about the epidemic.

Newspapers such as *El Pueblo*, *La Patria*, *El Defensor de la Clase Proletaria*, and other short-lived periodicals such as *La Mosca* and *La Bubónica* played a key role in questioning the existence of the disease.¹³ They openly

¹¹ On the fear the incineration of dead bodies provoked among the local Chinese population, see Chase (2004, p. 19).

¹² Spanish authorities sought to reform funerary habits in their South American colonies. See Warren (2010).

¹³ Unfortunately, *El Pueblo* is not available in the National Library of Chile, although we were able to include the poems originally published in it and reproduced in *Poemario Popular de Tarapacá, 1899-1910*. *La Bubónica* only printed one issue (28 June 1903) and *La Mosca* only five issues between 1-15 June 1903.

criticized the ‘bourgeois press’ for trying to deceive people while viewing themselves as independent and legitimate spokesmen for the popular sectors. As one writer for the *El Tarapacá* put it, the workers’ press “was in charge of unblindfolding the public and making every farce known” (Zola, 2006, p. 155). As *La Mosca* pointed out, the city was divided into three groups regarding the plague. The first included doctors and “journalists of high and low stature, [who] are determined to make us believe that we are infested.” The second group corresponded to those who believed that the epidemic did not exist largely because they doubted the suspected cases, and finally, there were the undecided (*La Mosca*, 1903c). Both the deniers of the epidemic and the “undecided” conveyed their opinions in publications directed at the working class. Their opinions were far from the Commission’s official position and those of newspapers such as *El Tarapacá* and *El Nacional*.¹⁴

Some of these newspapers spread rumors that the alleged illness was a way to justify the presence of army troops and the landing of ammunition boxes, cannons, and machine guns (*El Defensor de la Clase Proletaria*, 1903b). Furthermore, they argued that if the disease were so dreadful, many towns in the northern area with worse sanitary conditions would have practically disappeared and become cemeteries (*El Defensor de la Clase Proletaria*, 1903d). Others based their skepticism on the contradictory news that came from abroad—especially from Peru—believing that the disease was not precisely the bubonic plague. This idea contributed to the misinformation contained in the political and medical reports that dismissed the presence of the plague in Iquique (*La Patria*, 1903b; 1903c; 1903d).

Along with government authorities and businessmen, many in Iquique expressed strong opinions regarding doctors. They were accused of generating a false alarm, whether mistakenly or to purposely take advantage of the local population. For *El Defensor de la Clase Proletaria*, the “doctors from Lima, Callao, and Pisco have screwed up” by diagnosing bubonic plague patients who were finally found not to have been infected with the virus. Local media outlets made these errors public. Newspapers such as *El Pueblo*, which defined itself as the spokesman for the pampa workers, and others such as *La Mosca* and *La Bubónica* published a series of poetic texts on the bubonic plague. These texts, María Angélica Illanes asserts, were identified with the oppressed and their criticism of the system (Illanes, 1998, p. 12-13). In their sarcastic or “jocoserious” style, as *La Mosca* described it, these pieces made fun of doctors who had to investigate a disease that

did not exist: “what a shame, sir, what a shame / what a huge embarrassment / for those who assured us / that we were all screwed” (*La Mosca*, 1903a).

La Mosca took an “anti-bubonic plague believers’ stance” as its editorial line. In the words of their editors, the “anti-bubonic plague believers” were those who did not believe “in such vermin,” openly denouncing the so-called opportunism of doctors and merchants:

On the 26th came very original and very complete news

That the bubonic plague had come to this city ... and it wasn't true.

And people were alarmed, which was natural.

To the apothecaries / they went without delay / in search of remedies / for this illness.

And the apothecaries / at the moment / they administered any medicine.

Thus / in summary: all have made / good money (La Mosca, 1903d).

The discourse that denied the existence of the epidemic permeated through the repetition of messages like these and their dissemination in poems. The implicit message proposed to the reader was evident: the serum has not been used because the bubonic plague did not exist in the city. As “an anti-bubonic plague believer” suggests, “The bubonic plague? ... Imbeciles! / How witty are the learned! / if such a scourge were to come... we would all be gone not even dust would be left” [Figure 2].



Fig. 2. “Los monos”, *La Mosca*, 8 June 1903, 1.

Source: *La Mosca* (1903d)

¹⁴ According to Luis Moulian (1998, p. 30), both newspapers ignored the problems of the working class.

El Defensor de la Clase Proletaria, on the other hand, assured its readers that the news about the epidemic was due to the confusion of a doctor who “out of pure fear believed to see the microbe in a patient who did not want to pay the bill” (*El Defensor de la Clase Proletaria*, 1903a). A newspaper in Iquique accused local doctors of falling under the influence of ‘a certain doctor’ who had a hidden agenda for spreading the news that the bubonic plague had come to the city (*El Defensor de la Clase Proletaria*, 1903c). It was said in Iquique that the doctors were going to take advantage of the epidemic to have ‘a good time’ at their patients’ expense (*La Mosca*, 1903b). For the self-proclaimed spokesman of the working class, the plague was nothing more than a lucrative business for doctors, apothecaries, and merchants who would ultimately obtain ‘good capital,’ as suggested by a poem in *La Mosca*. A month later, a certain ‘Doctor Roe’ would be accused of falsely diagnosing a patient with the bubonic plague because he failed to pay him for a medical consultation on time. The authorities appeared at the home of the alleged patient and forcibly took her to the lazaretto, simultaneously causing harm to her and her family (*El Defensor de la Clase Proletaria*, 1903f).

Along with the poems, some cartoons reinforced the idea that the epidemic was a hoax. In the penultimate edition of the newspaper *La Mosca*, two new cartoons appeared in the section called “Los Monos” (*La Mosca*, 1903e). These cartoons appeared prominently on the first page and included a caption that further explained their meaning. In the first cartoon [Figure 2], a man is seen being thrown into the air by another man. Thanks to the text, it is understood that the person who is flying is a doctor, and he is flying through the air because he “wrongly diagnosed” his patient: “Oh, ignorant doctor: do I dare tell my daughter that the bubonic plague attacked her? I’ll pay you for this visit.” From this, we can infer that the father of the infected patient is a foreigner, and, like many others, he did not accept the doctor’s diagnosis of bubonic plague.

The third image [Figure 3] is a scene of a couple, where the husband is beating a woman with a stick. The implicit message is that women believe in the existence of the plague. The man, on the other hand, sees it as something fallacious. Like many others, he argues that the silence of the Commission and authorities in Santiago proves that the bubonic plague does not exist. “Speak again about the bubonic plague and the farces. Why does the plague not spread? Why is the commission silent?”

The proliferation of a series of images about the disease helped spread a denialist position regarding the epidemic that was more effective than what medical discourse and historiography have acknowledged. Zola



Fig. 3. “Los monos”, *La Mosca*, 11 June 1903, 1.

Source: *La Mosca* (1903e)

narrates how health authorities tried to pressure or bribe the workers’ press to change their anti-epidemic discourse. A doctor commissioned to combat the bubonic plague appeared before the editor-in-chief of the newspaper *La Verdad* to offer him a significant financial reward in exchange for ceasing his campaign (Zola, 2006, p. 155). Despite the precariousness of the newspaper, its editor refused to accept the bribe. Rather, he and other local editors continued their campaign to expose the epidemic as a farce which could explain why “ninety-nine percent of the inhabitants of Iquique did not believe in the plague” (Zola, 2006, p. 155).

Conclusion

In Chile, the epidemic that affected Iquique in May 1903 revealed the government’s inability to respond to epidemic outbreaks manifesting themselves in areas far from Santiago, the capital city. Although Iquique was one of the last cities in the Americas where the ravages of the epidemic were felt, the authorities reacted too late. As several deputies pointed out during the 1903 congressional sessions, preemptive measures could have contributed to diminish the effects of the epidemic. Between May and

September 1903, health authorities reported 214 cases (125 men and 89 women) and 135 deaths, or 63.5 % of mortality rate, and the great majority of them died in their homes. The disease became endemic in the following years. For the rest of the decade, authorities reported 1,230 infected people in Iquique with a mortality rate higher than 30% (Ferrer, 1911, p. 415-416). The epidemic also caused changes in the maritime sanitary policy. The government established the North Sanitary Station (Estación Sanitaria del Norte) in Arica operated by the Ministry of the Interior. The Sanitary Station was conceived as a site for disinfecting all steamers coming from the north. They had to pass through this station before continuing their journey to other parts of the country (Ríos, 1914, p. 38-39)

The response to the outbreak in Iquique shared certain similarities and differences with other Latin American contexts. In contrast to Lima or Mazatlán, local public opinion did not blame a specific racial or national group for the dissemination of the disease. Instead, health authorities held responsible those skeptical of the prophylactic measures, which resulted in underreported cases and sick individuals hiding from health inspectors. Although the central government rapidly dispatched a medical commission to Iquique, the official sanitary protocol was much less strict than the policies carried out in Brazil with the imposition of quarantines or in San Francisco with urban sanitary cordons. In Chile, similarly to what happened in all affected cities, population resisted the official health intervention due to its potential social and economic consequences.

One of main the differences exhibited by the Chilean case is the denial of the epidemic. While in other places affected by the plague incredulous people certainly existed, in Iquique workers and lower classes massively denied the epidemic. As we demonstrate, this phenomenon is explained by the social and economic juncture of the region. The analysis of the working-class' response to the epidemic through novels, poetry, cartoons, and articles published in the workers' and satirical press shows us the complex relationship between these groups and the political and health authorities at the local and national level. The epidemic's arrival in the city of Iquique encountered a high level of skepticism with an inclination towards denialism. This negation originated in the distrust of the working sectors towards health policies that, in their opinion, only sought to repress them and reduce the power of their organizations. Furthermore, workers' contemporary literature demonstrates the complex relationship between doctors and patients. Although important scientific advances were made at the beginning of the century, especially regarding microbial theories and the development of new drugs, the population still did

not trust doctors and their treatments. As a consequence, doctors were later identified as opportunists taking advantage of people's fear to either profit from or even seek revenge on their patients.

Iquique, despite being the center of an important economic activity, was poorly prepared to face any epidemic. The implementation of forceful measures to combat the epidemic combined with the unwelcome presence of the military in the city only aggravated the situation. Protecting production assets over people's health was and remains a complex aspect when establishing quarantine measures. Today, as it was a hundred years ago, the population is demanding greater concern and priority from the state for the well-being of its inhabitants above the economic costs of taking comprehensive preventative measures.

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Submetido em: 06/11/2021

Aceito em: 03/01/2022