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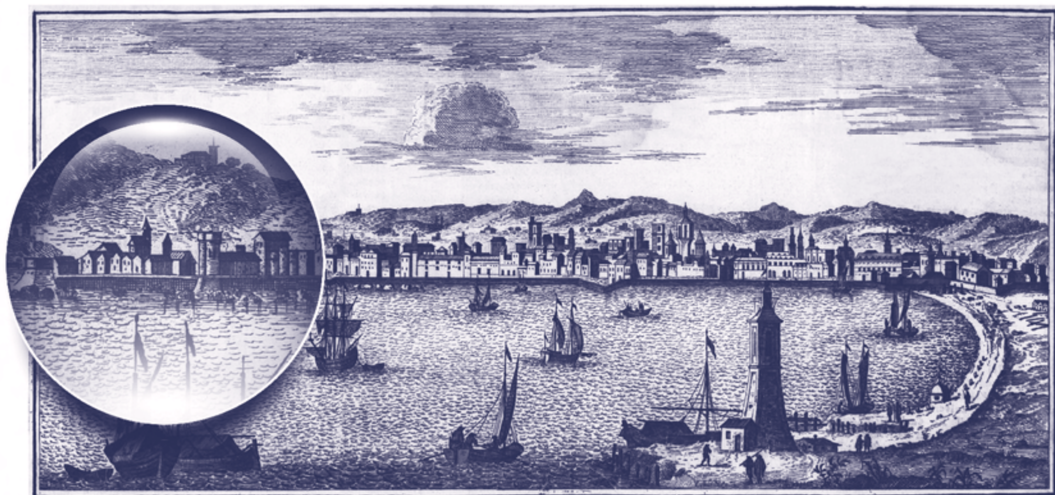
UNIVERSITAT DE BARCELONA

PROCEEDINGS OF THE 4TH MEDITERRANEAN MARITIME HISTORY NETWORK CONFERENCE

7, 8, 9 MAY 2014



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Alexandra Esteves

When the disease arrives by sea: the development of maritime sanitarism in the 19th, in Portugal

ABSTRACT:

The 19th century, among other events, was marked by the outbreak of epidemics that reached a global dimension. In this century it was recognized that large epidemic outbreaks that had swept Portugal, such as cholera, the yellow fever, diphtheria or smallpox could be prevented through the application of sanitary measures. Among these measures, we highlight those that aimed the development of a sanity which aimed to monitor the movement of maritime vessels responsible for the circulation of people and merchants, preventing them from becoming transmitting diseases vehicles, when coming from suspicious countries. Regarding Portugal, this control happened during the epidemics of cholera and yellow fever. Accordingly, our goal is to consider the measures taken at the maritime sanitarism and its economic implications, reporting our analysis to the North of Portugal, more specifically to the Viana do Castelo and Caminha's seaports.

The nineteenth century was marked by several events, namely, industrialization, urbanization, advances in the transport sector, among many others, which contributed to a set of changes that were reflected in the daily lives of people. The distances were shortened, cities grew, often chaotically, becoming spaces promoters of poverty and exclusion, clearly evident in the suburbs that were emerging and where proliferated disease, poverty and crime.

The disease was connoted with the misery: the poor, along with the places they inhabited and frequented, were blamed for the emergence and spread of diseases. On the other hand, the image of the poor also changed: it was no longer the simple beggar or bum with no means to ensure their livelihood, but also including those who worked but did not were receiving enough income to have a decent life. From the perspective of contemporary theorists, this situation contributed to the

emergence of all kinds of problems that threatened public order and tranquility. After all, we are in a time that lives up to the title of the work of Louis Chevalier: *Classes laborieuses et classes dangereuses*[1]. The new concept of poverty, therefore, encompassed a set of risks that were associated with it, one being the spread of diseases[2].

The improvements registered in maritime transport and its expansion will also contribute to "exotic diseases" such as cholera and yellow fever, they would get out of their niches and spread to other areas of the globe[3]. Despite the progress made in medicine and the collapse of the hippocratic humoral theory, that made the disease something unique, specific and individual, the miasmatic doctrine prevailed when cholera reached the West in the nineteenth century. It arrived in a terrifying way, leaving a trail of death and horror, as has happened with the plague of 1348. If in the medieval times, the scapegoat to justify the ills that affected populations were mainly the Jews, the Arabs and the lepers, from 1817, when the cholera landed in Europe, the blame fell on the poorer classes. Presumably, the putrid air emanating from unhealthy environments, occupied predominantly by poor people, in other words, prisons, hospitals and factories, and also their own homes, were the main causes of the spread of the disease.

The nineteenth century is marked not only by the arrival of cholera in the West, but also by fear of the yellow fever, also known as black vomit. This fear grows as they intensify communications with the American continent. Known since the seventeenth century, this disease became endemic in many parts of Brazil, the country with which Portugal had, for historical and economic reasons, a very close relationship, as well as other regions of Central and South America and even Western and Southern Africa. In the case of Brazil, the presence and the effects of yellow fever were particularly felt in Rio de Janeiro, where during the nineteenth century, it especially attacked the white population, as the black population may have developed a greater natural resistance to this disease, long known in the African continent[4]. In fact, it is believed that it may have been brought to the New World by ships carrying African slaves. From Central America, more specifically the Antilles, went to Cadiz and from there to other ports in

[1] We refer to the work *Classes laborieuses et classes dangereuses à Paris pendant la première moitié du XIXe siècle*, published in 1858.

[2] See Esteban Rodriguez Ocaña, *Por la salud de las naciones. Higiene, microbiología y medicina social* (Madrid, 1993), 25-26.

[3] Read Mark Harrison, *Disease and the Modern World. 1500 to the present day* (Cambridge, 2009), 97.

[4] Jaime Larry Benchimol, "Fiebre amarilla: miasmas, microbios y mosquitos. Una historia a vuelo de pájaro vista desde Brasil," *Revista Biomédica*, No. 21 (2010), 248.

Spain. The Iberian Peninsula seems to have been the part of Europe more buffeted by the epidemic, whereas in the other countries of the European continent only occurred individual cases[5].

Since the late sixteenth century, Brazil was the land of destination of Portuguese emigration, which was felt mainly in the northwest of Portugal, and which intensified from the late eighteenth century. In the mid-nineteenth century, the migratory flow has reached such proportions that the authorities tried to discourage people from leaving the country and put the same restrictions on national output, due to the dire consequences that would have for the kingdom. Even so, in the absence of alternatives to ensure a decent life and even survival, many were left with no other solution than leave and go in search of a better future, and perhaps fortune.

One of the ploys used to dissuade potential emigrants was to tarnish the image of the land of opportunities that Brazil was, citing the danger of yellow fever, endemic in this country since 1849[6]. It was alluded to the presence of this disease in Rio de Janeiro, Pernambuco and Bahia. Other diseases, such as cholera, were also frequently mentioned, due to its high incidence. However, this strategy was not enough to prevent the outflow of people, mostly male. If some left respecting the laws in force, others, particularly young recruits and criminals escaped justice, sought to leave the country illegally. To combat illegal immigration, officials bet on inspection of vessels, to verify that the amount of food stored was consistent with the number of passengers and if illegal immigrants were aboard.

The emigration of people of the Alto Minho, region of northern Portugal, towards Brazilian land was triggered, in part, as a response to the disproportion between the population growth and the livelihood then available[7]. The diaspora to Brazil remained and even intensified in the nineteenth century, following the agricultural crisis that was felt in the first half of this century, as well as the fall in prices of cereals and pests that affected the culture of the vine[8]. The political instability, chronic poverty and unemployment that affected the urban and rural population, led many to leave. On the other hand, the laws relat-

[5] José María López Piñero, *Breve Historia de la Medicina* (Madrid, 2000), 27-28.

[6] Read Jorge Fernandes Alves, "Emigração e Sanitarismo – Porto e Brasil no século XIX," *Ler História*, 48 (2005): 141-156.

[7] It was precisely in the forties of the sixteenth century that the first *Misericórdias* were created in Brazil. Read Sá, Isabel dos Guimarães, "Misericórdias, Portuguese and Brazilian," in *Os Brasileiros de Torna-Viagem no Noroeste de Portugal* (Lisbon, 2000), 117-133.

[8] Regarding the emigration of the people of Alto Minho to Brazil, read Henrique Rodrigues, *Emigração e Alfabetização. O Alto Minho e a Miragem do Brasil* (Viana do Castelo, 1995).

ing to the heirs and offspring also forced non firstborn sons to emigrate in search of better opportunities in life[9]. Besides those already mentioned, other reasons helped fuel migratory flows, such as the avoidance of military service or the clutches of justice. Many managed to escape, obtaining false passports tampered with documents or invented names[10]. Others, who were not granted passport to leave the kingdom because they were in recruitment age, reached an agreement with the captains of the ships that included them in the enrolled and thus could escape military service[11].

At the time, Brazil was the preferred destination of the migratory movement, which contributed the linguistic affinity, the similarity of manners and even the existence of family ties[12]. The exodus of the first members of a particular community, or family members, had sometimes a trawler effect, leading others to follow the same steps, moved by the sense of belonging and identity. The presence of relatives in the land of emigration, besides serving as a calling, also functioned as a link between the land of departure and destination, facilitating the integration of newcomers[13].

The consequences of this intense migratory movement were noted in the high levels of femininity that prevailed in the Alto Minho population. The men, married and single, departed and in the absence of the male element, it was the woman who was taking charge of the education of the children and management of the family heritage, having, therefore, a more public experience[14].

[9] On the causes of emigration towards Brazil check up A. J. R. Russell-Wood, "A emigração: fluxos e destinos," en *História da Expansão Portuguesa*, Vol. 3, Francisco Bethencourt y Kirti Chaudhuri (dir.). (Lisbon, 1997): 158-168.

[10] Arquivo Histórico do Governo Civil de Viana do Castelo (AHGCVC), *Portarias e Ofícios do Ministério do Reino*, No. 1.13.4.5-6, unpaged. On illegal immigration see Miriam Halpern Pereira, *Das Revoluções Liberais ao Estado Novo* (Lisbon, 1994), 205-206.

[11] AHGCVC, *Correspondência com várias autoridades – Dezembro de 1852 a Maio de 1854*, No. 1.8.3.14, unpaged.

[12] On the reasons for the attraction, that throughout the nineteenth century, the portuguese felt by Brazil as the main destination of emigration, read Herbert S. Klein, "A integração social e económica dos imigrantes portugueses no Brasil nos finais do século XIX e no século XX," *Análise Social*, Vol. XXVIII (121) (1993): 242.

[13] On the causes of emigration see also Maria Antonieta Cruz, "Agruras dos emigrantes portugueses no Brasil," *Revista de História*, Vol. 7 (1986/1987): 12-13.

[14] On the women's role in the economy of the Minho's home read Margarida Durães, "Qualidade de vida e sobrevivência económica da família camponesa minhota, o papel das herdeiras (sécs. XVIII-XIX)," *Cadernos do Noroeste. Olhares sobre mulheres*, Vol. 17 (2) (2002): 125-144. In September of 1854, the council administrator of Vila Nova de Cerveira informed of the intention of a large number of young men and some complete families, a total that would be around the 80 people, to embark to Brazil. AHGCVC, Administrators, No. 1.21.5.4-4, unpaged.

The authorities' efforts to stop the exodus of the population didn't have the desired result, since the migratory movement toward Brazil continued despite the invocation of the dangers that *morbus cholera* and yellow fever represented. Besides, it was installed the idea that this disease mainly attacked foreigners, for having difficulty adapting to climate conditions in that country[15]. However, it is appropriate to ask the question: what sense did it make for Portugal to use these arguments to avoid migration, when these diseases, namely cholera and yellow fever also affected the country?

The development of these epidemics in various parts of the world led to the organization of international conferences, in which Portugal also participated, from which came out decisions on the policy to carry out in the maritime sanitarism domain. However, not all countries were taking preventive measures which were needed to prevent the entry and spread of diseases and on the other hand, the existent varied from country to country, making it difficult to establish concerted actions to combat them.

The boats, alongside the land transports have turned into vehicles propagators of endemic diseases. The fear of the entry of diseases, either by land or by sea, forced the states to take an increasingly active role in public health. In Portugal, steps were taken to protect the land and sea borders and its ports, from threats to the public health, namely, through the imposition of sanitary cordons and quarantines and even creating lazarettos. The quarantine regime had been applied for a very long time to prevent the penetration of diseases by sea and also this system had been criticized because of the damage it caused in the countries' economies, causing inconvenience to the lives of people and the corruption it gave[16]. Despite microbial discoveries, it seems that it wasn't easy to abandon those measures which were debated in the international sanitary conferences. Portugal was one of the countries that resisted change while maintaining their health policies until the eve of the twentieth century[17]. Until the late nineteenth century misconceptions persisted about the origin and spread of yellow fever, cholera and other diseases[18].

[15] Karen Macknow Lisboa, "Insalubridade, doenças e imigração: visões alemãs sobre o Brasil," *História, Ciências, Saúde-Manguinhos*, Vol. 20, No. 1 (jan.-mar. 2013): 126.

[16] Harrison, *Disease and the Modern World. 1500 to the present day*, 97.

[17] Maria Rita Lino Garnel, "Portugal e as Conferências Sanitárias Internacionais (Em torno das epidemias oitocentistas de cholera-morbus)," *Revista de História da Sociedade e Cultura*, No. 9 (2009): 237.

[18] Mateos Jiménez, "Nacimiento de la Sanidad Internacional," See. Sp. *Salud Pública*, No. 6 (2006): 647-656.

In Portugal, installed the new liberal order, was created by decree of January 3, 1837, the Public Health Council, which competed, among other duties, supervise the health visits to vessels and passengers in seaports, inspect quarantines and inventory infected or suspected ports, touting their degree of contamination. Should also assess the state of conservation of food and decide on doubtful cases that could put public health at risk. According to the ranking established in that body, to the health sub-delegate competed the visits to the ports existent in the respective counties. The regulation at the time, foresaw the possibility for health visits to be made with the presence of police forces. In 1837, the Public Health Council expressed its intention to develop rules that included a set of sanitary measures to prevent the entry and spread of diseases and that regulated the functioning of lazarettos. According to the same document, it was verified some sloppiness in the fulfillment of the given in the § 10 of the Regulation from August 5, 1824, wherein was mandatory for all ships take pilot previously examined[19].

In 1848 and 1849, cholera attacked Europe again, prompting the authorities to take preventive actions, not always well accepted by the local population. In 1848, the Public Health Council sent to the civil governor of the district of Viana do Castelo a circular addressed to the *Mores Heath Guards of the Kingdom and Adjacent Islands*, with the list of the ports contaminated with *cholera morbus* and the lazarettos accredited by that entity[20]. In 1850, he took a series of decisions aimed at controlling the access of vessels coming from infected or suspected ports, which were subject to quarantine regimes of observation and rigor, which determined the entry of passengers and goods in lazarettos.

Cholera was present in the countries of northern and southern Europe. Therefore, there were infected ports from St Petersburg and Riga to Constantinople. Moreover, the Mediterranean basin was a particularly affected zone, which led to the imposition of restrictions on the entry of vessels from various ports infected from the north coast of the African continent. The Customs and Tobacco Contract employees should also take health functions, assisting health officials in the exercise of their inspection activity[21]. The Public Health Council recognized the following lazarettos accredited in Europe: Brest, Vigo, Genoa, Marseille, Mahon and Malta. Thus, vessels from these places were considered safe.

[19] *Colleção de leis e outros documentos oficiais publicados no 1.º semestre de 1837. Primeira parte* (Lisbon, 1837), 28.

[20] AHGCVC, *Cholera Morbus*, No. 1.13.5.9-4, unpaged.

[21] AHGCVC, *Cholera Morbus*, No. 1.13.5.9-4, unpaged.

In 1850, new measures were taken in the maritime sanitarism field. In the Lisbon Lazaretto, the only recognized in the country, was installed a eating house and a guest house, having been open tender for exploitation, being immediately imposed the condition that the winner pledge to guarantee lunch and dinner for those in quarantine[22]. However, even working in the new facilities since 1869, the lazaretto did not get rid of much criticism, as made by, for example Rafael Bordallo Pinheiro. Upon returning to Portugal after a trip to Brazil, this portuguese artist and the remaining passengers were sent to that institution, because of fear of contagion of yellow fever. In his book, *The Lazaretto,* is patent a clear censorship to the way they were treated and the conditions of operation of the institution[23].

That same year, taking into account the foreseen in several legal documents, it was decided that, to avoid misunderstandings, the vessels that had dead or sick aboard were subject to quarantine. It was through the health cards that it was testified that the vessels were "clean," in other words, not carrying corpses or sick. However, those documents had to be authenticated by the Portuguese consul in the country of origin. Were not considered valid the health cards passed by physicians or surgeons who were on board, except if they were military vessels. In case of doubt, the vessels should be quarantined and the passengers could stay on board or be referred to the lazaretto[24]. The city of Porto came to have a provisional lazaretto, but as conditions did not offer sufficient security to ensure public health, it was decided that the Port of Foz do Douro would no longer receive vessels coming from infected or suspected places[25].

In 1853, cholera returned to the country, forcing once again, the taking of health measures to control the situation. During the year of 1854, the administrator of the municipality of Viana do Castelo took a wide range of precautions against the threat of cholera: the guard chief of health of the harbor was informed about contaminated or suspected ports; the directors of the *Misericórdia* hospitals and Charity, as well as the military hospital, were alerted to the care of the cleanliness of the premises and the sick and received instructions on the procedures to follow if a patient was detected with cholera, in all the par-

[22] *Collecção Official da Legislação Portuguesa redigida por José Máximo de Castro Neto Leite e Vasconcellos, do Conselho de Sua Magestade e Juiz da Relação de Lisboa, Anno de 1850* (Lisboa 1851), 178.

[23] Rafael Bordalo Pinheiro, *No Lazareto de Lisboa* (Lisbon, 1881).

[24] *Collecção Official da Legislação Portuguesa redigida por José Máximo de Castro Neto Leite e Vasconcellos, do Conselho de Sua Magestade e Juiz da Relação de Lisboa*, 841-842.

[25] *Collecção Official da Legislação Portuguesa redigida por José Máximo de Castro Neto Leite e Vasconcellos, do Conselho de Sua Magestade e Juiz da Relação de Lisboa*, 843.

ishes of the county committees of aid were created with the goal of promoting public collections to collect clothing and medicine for the needy; it was ordained to the physicians that they should communicate the appearance of new cases of disease, especially cholera, and sensitized their patients for the care of cleansing the body and housing; the city of Viana do Castelo and its rural parishes were divided into health districts according to the number of existing facultatives; apothecaries were warned of the need to be permanently available to fill prescriptions from drugs and special medicines for the treatment of cholera; leaflets were distributed by populations with instructions on precautions to take to prevent and treat the disease.

Thus, we can consider that the fear of cholera, in the case of city of Viana do Castelo, served as a pretext for the authorities to unleash a set of actions to raise awareness, that fall within the area of not only public health, but also private. Being the lack of cleanliness and accumulation of filth, namely the presence of human waste in water and food, the factors of the emergence and spread of infectious diseases, the administrator of the county, the city hall, doctors, magistrates and police cables were given the task of instilling the habits of cleansing the body and the housing in the populations[26].

In August of 1860, before the fear of a new epidemic of yellow fever, Portugal was closed to vessels coming from infected or suspected ports without first had passed by the Lisbon lazaretto, the only one in the country, or Vigo in neighboring Spanish province Galicia, to check its sanitary condition. In that same year, it was published a list of suspicious vessels. Boats coming from Brazil were subject to close scrutiny, as elsewhere in this country were referred cases of yellow fever. The Port of Rio de Janeiro, classified as infected since December 1863, was finally declared clean in February 1864. This year, yellow fever returned again and several ports were considered contaminated, forcing the imposition of restrictions on the ships that came from them. The ports of Ceará, Luanda, Bermuda, Quebec and Haiti were on that list. In Brazil, the yellow fever seems to have risen in 1849 in the port of Salvador, where it spread to the provinces of Rio de Janeiro and São Paulo, harshly attacking the port cities and eventually extending to the interior of the country[27].

Cholera also determined the restrictions on ships coming from Macau, Hong Kong and any Chinese port. In 1848, the fear of yellow fever had restricted access for boats coming from Gran Canaria, Tenerife,

[26] AHGCVC, *Cholera Morbus*, No. 1.13.6.12-6, unpaged.

[27] Read Daniela da Silva Santos Krogh, *A Reconfiguração urbana de campinas no contexto das epidemias de febre-amarela no final do século XIX (1880-1900)* (Campinas, 2012), 15-16.

Rio de Janeiro, Bahia and New Orleans. Note that, since the beginning of the 60s of the nineteenth century, several ports in the American, Asian and African continents are being classified as contaminated or infected by yellow fever or cholera. In addition to Rio de Janeiro, Bahia and Pernambuco, Para was also considered a dirty port, so ships coming from this port had to go through the lazaretto of Vigo or Lisbon.

In 1860, were imposed restrictions on the Mediterranean ports, including those in neighboring Spain, in particular, Malaga and Valencia, as well as Turkey and Morocco, due to the spread of cholera in this region[28]. The Portuguese authorities considered that the disease was spreading more easily by sea than land. It was therefore essential to respect the provisions of the decree of January 3, 1837, which stated that the quarantine of boats coming from infected lands with *cholera morbus* was to last five days, whereas if from suspected ports would have a duration of three. To epidemics that threatened populations then, it was also added the bubonic plague. In 1860, the ports of European and Asian Turkey were considered contaminated, precisely because of the presence of this disease[29].

The *Regulation of Quarantine*s, dated 1864, is inscribed in the political fight against the entrance of cholera, yellow fever and plague by sea. It determined that no ship could enter the national ports without having been inspected by the officials of the health station, with the captain of the vessel remain incommunicable until he received further notice. The pilot, from he's entry into the vessel, was considered guard health. In health stations where there were private health guards, the pilot and customs officers had no longer sanitary functions as soon as one of those guards entered the ship.

The *health visit* should take place immediately after the vessel had anchored in its intended place. At the beginning of the *visit*, the captains of the ships were required to submit a health card and other documentation that was requested to them, as well as information regarding the number of passengers and their health status. The vessels that submitted a "clean" and regular heath card, without any ill passenger, were admitted, while those who were suffering from "dirty" health cards or presented some type of sickness on board should be retained for application of adequate sanitary conditions. On the other hand, vessels coming from ports suspected of cholera would have a quarantine of observation of five days, not being counted for this pur-

[28] AHCVC, Health Delegation of Viana do Castelo, *Providências acerca dos navios*, No. 1.14.4.11.1, unpaged.

[29] AHCVC, Health Delegation of Viana do Castelo, *Providências acerca dos navios*, No. 1.14.4.11.1, unpaged.

pose travel days. The vessels from ports suspected of yellow fever would have a quarantine of the same duration and requirements. The same measures were applied to the plague-infected ports.

It was also determined that vessels coming from ports declared contaminated without any suspected occurrence on board, would be subject to a rigorous quarantine, lasting five days in case of cholera and eight days if proceed from a yellow fever infected port. In case of sickness, quarantine of rigor would be twelve days. In more serious cases, involving ships from an infected port, with patients on board or suspicious deaths, apart from the procedures above, would also be applied other health measures deemed necessary to ensure the control of the situation and safeguard public health.

According to the *Regulation of Quarantines*, a port was considered "clean" when thirty days had elapsed since the last case of plague and twenty days for yellow fever and cholera, without any observed occurrence, during that period of time.

As can be seen, the quarantine was either observation or rigor. The observation did not involve unloading of cargo to the lazaretto and the application of sanitary measures took place after the entry aboard of the guard health. The quarantine of rigor, on the other hand, forced landing of all goods including luggage, and its transportation to the lazaretto, starting the quarantine from the moment the load was withdrawn and disinfection measures would begin. The people that were either on board, or in the lazaretto, could receive groceries and other goods if they needed. If they wished to talk to the quarantined, would have to ask permission to the health guards, who were on board of the ship or to the lazaretto's inspector. The quarantined did not always gladly accept their entrance in the lazaretto. When the threat of cholera occurred in 1854, some of those who were admitted in Lisbon's lazaretto left the premises and caused various disorders[30]. The space was guarded by two sentinels and there was also an ordinance to inform the lazaretto's inspector of the arrival of boats. A year earlier, in 1853, it had already sought to clarify some doubts about the procedure to follow regarding the navigation during periods of health insecurity, determining that under the circumstances, the ships entering Portugal without a health card could receive, under the system of quarantine, food and aid[31].

[30] *Collecção Official da Legislação Portuguesa redigida por José Máximo de Castro Neto Leite Vasconcellos, 1854* (Lisbon, 1855), 24.

[31] *Collecção Official da Legislação Portuguesa redigida por José Máximo de Castro Neto Leite e Vasconcellos, do Conselho de Sua Magestade e Juiz da Relação de Lisboa* (Lisbon, 1854), 70.

The threat of cholera disappeared in 1855, but returned in the 60s of this century. Also in the 50s were felt the effects of yellow fever in Portugal, making his last appearance in 1860. The bubonic plague, on the other hand, hit the city of Porto in the last year of the century. It should be noted that not only were these three diseases (cholera, yellow fever and bubonic plague) that forced the action in the field of maritime sanitarism, therefore similar precautions were taken in case of typhus and smallpox.

Apart from some changes, lazarettos, quarantines and sanitary cordons remained the measures to combat the entrance and spreading of epidemics in the country, despite the negative consequences that these measures had on the economy. In Portugal, only the port of Lisbon had lazaretto, which forced the vessels from infected ports to travel to the Portuguese capital, before disembarking the passengers or goods at their destination port. Meanwhile, other countries such as England, dealing with the damage that these measures created, opted for different strategies, focusing particularly on preventive measures.

In northern Portugal, there was one factor that facilitated the entrance and spreading of epidemics such as cholera: the incomprehension of populations towards the measures taken by health and administrative authorities in order to protect them. The revolting actions took place in various locations in the north of Portugal, in particular close to the borders, when there were imposing restrictions on contacts with the Spanish province of Galicia to try to prevent the spread of diseases

The quarantine measures, lazarettos and sanitary cordons, lasted until very late in southern Europe and were subject to harsh criticism in the press, especially coming from groups linked to the commercial activity, whose interests were seriously hampered[32]. The persistence of these measures can be explained by the maintenance of the idea of contagion associated with cholera and yellow fever. This conception was, however, dropped in several countries in northern Europe, where hygienists and preventive measures were imposed earlier, following the progress of science and by virtue of economic interests.

[32] On the criticism shaped in the press read Maria Antónia Pires de Almeida, "A epidemia de cólera de 1853-1856 na imprensa portuguesa," *História, Ciências, Saúde – Manguinhos*, 18, No. 4 (August-December 2011): 1057-1071.