Era of Epidemics Abstract

In a book underway, I argue that Brazil's epidemiological environment altered sharply for the worse when 1) Brazilian trade expanded; 2) trans-Atlantic shipping increased; 3) ships became faster and larger. These changes forced Brazilians into circuits of disease that had been mostly confined to the North Atlantic during the first half of the 19th century. Epidemiological changes brought three new destructive diseases to Brazil. These include yellow fever in 1849, cholera in 1854, and bubonic plague in 1899. Smallpox had been present since the arrival of the first explorers, but it was deadlier and more costly during the second half of the 1800s than during the first half of the century. At all levels, the Brazilian state was utterly unprepared to deal with these new health challenges until the 1890s. This happened mostly because all public health except the sanitary regulation of ports was in the hands of hundreds of small municipal town councils that did not or could not coordinate and lacked resources to battle these diseases. Lack of ability was not simply a matter of lack of knowledge: the Brazilian government acknowledged that European and North American governments had greatly reduced or eliminated smallpox through coordinated vaccination campaigns well before the smallpox virus was identified.

Although yellow fever, cholera and smallpox wrecked great havoc on Brazil between 1850 and 1900 - a time when the country was actively trying to attract investment and immigrants - government capabilities altered considerably during these five decades. By the 1890's public officials had begun to improve their ability to protect communities from epidemics, especially in Brazil's wealthier states. When bubonic plague struck the coast of Sao Paulo for the first time 1899, it did not become a catastrophic new disease like yellow fever or cholera. Instead, it was effectively isolated and controlled. There are two reasons why Brazilian public health officials succeeded in 1899 when they had repeatedly failed before. First, they had new knowledge about epidemiology (i.e., germ theory, aseptic techniques). Second, provincial authorities had taken power over many public health duties from the municipalities under the laws of the new Republic. Reorganization and centralization permitted better coordination and resource allocation. Brazil's era of epidemics had ended by 1910, when yellow fever, cholera, plague and smallpox no longer posed such great threats to Brazil's cities and large towns.

If these claims can be proven, there are important implications. Historians have suggested “uncontrollable” disease as one of several reasons for:

1. why the Brazilian government ended the slave trade in 1850;
2. the growing political instability and weakness of the Imperial regime, culminating in the Republican coup of 1888;
3. prolonging and deepening destruction and loss of life during Brazil's war with Paraguay (1864-70);
4. and prohibitions by European governments of migrants to Brazil.

The decline of common epidemic and waterborne diseases at the end of the 1800s and early 1900s is the main factor for Brazil’s rapidly expanding population, especially in urban areas. Despite the possible role that disease had in many of Brazil’s most important political, social and demographic changes of the nineteenth and twentieth centuries, little work has been done to explore this topic.
While much of this story occurs in the Atlantic, there is also evidence that the epidemiological environment along the American rim of the Pacific basin also altered. Yellow fever and cholera arrived in Peru and Chile for the first time in the 1840s and 1850s. Bubonic plague stuck Latin America and California in the late 1890s. Brazil’s “era of epidemics” may have an important era across the continent and over portions of two oceans.