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Health: Introduction to the Dossier

Mariola Espinosa

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MARIOLA ESPINOSA

*New Directions in the History of
Cuban Medicine and Public Health:
Introduction to the Dossier*

ABSTRACT

The three articles on the history of medicine and public health in early twentieth-century Cuba presented in this issue constitute a long-overdue reorientation of the history of medicine in Cuba, one that looks beyond medical institutions and the lives of great doctors to understand the interrelationship of science, medicine, and the social context in which knowledge was accumulated and was applied. This is an important accomplishment. The next challenge, this introductory essay contends, will be not only to bring the insights of the social history of medicine to Cuba but also to bring Cuba into the global history of medicine.

RESUMEN

Los tres artículos sobre la historia de medicina y salud pública al principio del siglo XX en Cuba presentados en este volumen forman parte de una reorientación de la historia de medicina en Cuba que debió haber ocurrido antes: una historia que se enfoca más allá de las instituciones de salud y las vidas de los grandes médicos para entender la interrelación entre la ciencia, la medicina y el contexto social en el cual el conocimiento científico crece y se aplica. Esto es un logro importante en la historiografía. Esta introducción sostiene que el próximo reto es, no sólo ofrecer las revelaciones de la historia social de la medicina a los estudios sobre Cuba, sino también evaluar el rol de Cuba en la historia global de la medicina.

When John Gutiérrez approached me to be the discussant for the panel “Race, Health, and Disease in Republican Cuba” at the Cuban Research Institute’s Tenth Conference on Cuban and Cuban-American Studies, I was thrilled. We had met and talked early on in our academic careers as we were both venturing into what seemed uncharted territories of Cuban history: a new history of yellow fever on the island in my case, and a history of tuberculosis during the early republic in his. Almost a decade later, the conversation about the history of early twentieth-century Cuban health care has gained more members: Jennifer Lambe, whose work on the history of mental illness and mental health care

appeared in the previous issue of *Cuban Studies*; Daniel Rodríguez, who examines the history of health, medicine, and welfare in Cuba; and Kelly Urban, who has been working on the history of tuberculosis and national sanatoria-building projects on the island. There is no doubt that the essays in this issue represent a thriving field of inquiry in the scholarship of Cuban history of the first half of the twentieth century, and one might conclude that the history of medicine is a new and innovative field in Cuban history.

However, this is not really a new topic of research. There is a long-established literature of the history of Cuban medicine. These works, mostly published in the second half of the twentieth century, follow the same patterns as the traditional histories of medicine of the United States and Europe published at that same time. What characterizes this generation of scholarship is that it is composed of predominantly large histories whose focus of research is on institutions, like hospitals, and on physicians, usually white male doctors. Most striking, these early histories of medicine are mostly authored by physicians who were interested in their own chosen profession and became amateur, yet well recognized, historians. Within this framework we find the prolific Gregorio Delgado García, whose work includes *La doctrina finlaísta: Valoración científica e histórica a un siglo de su presentación*, *Historia de la enseñanza superior de la medicina en Cuba de 1726 a 1900*, *Temas y personalidades de la historia médica cubana*, and *Estudios sobre la historia médica cubana*, among others.¹ There are also the numerous works of José López Sánchez, who focused more on the men of the Cuban medical sciences like Tomás Romay and Carlos Finlay in works like *Tomás Romay y el origen de la ciencia en Cuba* and *Finlay el hombre y la verdad científica*, and the long histories of medicine, such as the two-volume *La medicina en La Habana, 1550–1730*, the two-volume *Ciencia y medicina: Historia de la medicina*, and *Cuba: Medicina y civilización, siglos XVII y XVIII*.² It is also important to note the numerous volumes of *Cuadernos de Historia de Salud Pública*, founded in 1952 and published by the Sociedad Cubana de Historia de Salud Pública, where much of this work has appeared and indeed continues to appear. These histories provide a grounding for understanding the core of Cuban histories of medicine. But as useful as these works are, by the end of the twentieth century, the history of medicine in Cuba remained static in its focus on accounts of great men and traditional long histories, even when the history of medicine elsewhere in the world, including much of the rest of Latin America, had come to reflect the influence of social and cultural history.

The works in this volume fit with the more recent trend in the scholarship of Latin American histories of medicine and public health in the past decade that, while complicating and questioning the large traditional narratives, still focus on strictly national stories. That is to say, these are histories of medicine that examine a single country, taking events beyond national boundaries little

into account. The largest strand of these works demonstrates that the processes of state formation, nation building, and political legitimation that occurred during this period were tightly bound up with the development of public health institutions and shows that the latter is crucial to our understanding of the former.³ A second strand of research demonstrates how doctors worked to solve the distinctive problems of public health faced in their countries by adopting, adapting, and sometimes actively rejecting the theories and knowledge claims asserted by foreigners.⁴ A final strand emphasizes the reactions of Latin American patients and publics to disease, public health measures, and the availability of treatment they encountered.⁵ In all of these works, regardless of their specific focus, events beyond national borders, if they are considered at all, are relegated firmly to the background.

In a sense, then, the works presented in this volume represent a catching up of the history of Cuban medicine and public health with what has been done for much of the rest of Latin America. These works no longer present long-term institutional histories or the biographies of great doctors. This is a wonderful, and truly necessary, first step. But I want to suggest that when those interested in the history of Cuban medicine and health care read this issue of *Cuban Studies*, they learn from the limitations already exposed by some of the histories of health in Latin America and keep in mind the direction of the larger global historiography of medicine, because the history of Cuban health and medicine has the potential to become the cutting edge of the field.

The limitations of the nationally focused approach are twofold. A first limitation—already evident in the histories of other parts of Latin America and one that historians of Cuban health and medicine can learn from—is that, while valuable as contributions to national histories, research that pays little attention to similar or related events in the rest of the world can lead to inaccurate narratives of national exceptionalism. A second, related limitation is that national histories by definition neglect the transnational nature of science and scientific advancement. Researchers do not work in intellectual isolation, and looking at medicine and ideas of health care within circumscribed geographies can limit our historical understanding of how doctors and sanitarians themselves thought about their work. So the next step beyond the sort of national histories presented in this issue is to place Cuba in comparison with other Latin American countries and the rest of the world. For example, physicians around the world worked in the early twentieth century to control tuberculosis and at the same time formulated ideas of cleanliness, filth, and contagion that reflected their social and racial biases. Comparing how doctors in Havana thought about the disease and how they characterized its victims with how historians have already found doctors to have done in Buenos Aires—not to mention Johannesburg or Philadelphia—will be crucial to reaching a better understanding of the phenomenon.⁶ The medical treatment of mothers and their children has

similarly drawn sustained attention from historians of Latin America and beyond; placing the Cuban experience alongside those of elsewhere promises to illuminate both.⁷

The articles presented here will therefore prompt further inquiries into the extent to which there is something distinctive about the Cuban approach to health care. And then they will raise the question of how this distinctiveness fits into the larger global scientific conversation about disease and health care in the early twentieth century.

Further, placing the Cuban experience alongside that of other Latin American regions can reveal the ways in which scientists working on the same issues in different places are in contact with one another, thereby illuminating how scientific medical knowledge spreads and is appropriated, revealing then a more complex network of transnational exchanges of information where Cubans are active—perhaps, indeed, central—participants. Placing Cuban histories of medicine and public health in a larger global framework presents the opportunity to break with the long-dominant narrative in the history of medicine, which still locates the source of scientific knowledge as Europe and North America and imagines it flowing unidirectionally toward the rest of the globe. In short, it presents the opportunity not merely to bring medicine to the attention of historians of Cuba but also to demonstrate the importance of Cuba to historians of medicine.

Again, the works presented here constitute a long-overdue reorientation of the history of medicine in Cuba, one that looks beyond medical institutions and the lives of great doctors to understand the interrelationship of science, medicine, and the social context in which knowledge accumulated and was applied. This is an important accomplishment. The next challenge for these scholars, and for others who will build on their work, will be not just to bring the insights of the social history of medicine to Cuba but also to bring Cuba into the global history of medicine.

NOTES

1. *La doctrina finlaísta: Valoración científica e histórica a un siglo de su presentación*, Cuadernos de Historia Salud Pública no. 65 (Havana: MINSAP, 1982); *Historia de la enseñanza superior de la medicina en Cuba de 1726 a 1900*, Cuadernos de Historia de la Salud Pública No. 75 (Havana: MINSAP, 1990); *Temas y personalidades de la historia médica cubana*, Cuadernos de Historia de la Salud Pública No. 72 (Havana: MINSAP, 1986); and *Estudios sobre la historia médica cubana*, Cuadernos de Historia de la Salud Pública No. 66 (Havana, MINSAP, 1983).

2. *Tomás Romay y el origen de la ciencia en Cuba* (Havana: Emp. Cons. "Artes Gráficas," 1964); *Finlay el hombre y la verdad científica* (Havana: Ed. Cient. Tec., 1987); *La medicina en La Habana, 1550–1730*, Cuadernos de Historia de la Salud Pública Nos. 47–48 (Havana: MINSAP, 1970); *Ciencia y medicina: Historia de la medicina* (Havana: Ed. Cient. Tec., 1986); and *Cuba: Medicina y civilización, siglos XVII y XVIII* (Havana: Ed. Cient. Tec., 1997).

3. Important books that exemplify this well-developed body of scholarship include Steven Palmer, *From Popular Medicine to Medical Populism: Doctors, Healers, and Public Power in Costa Rica, 1800–1940* (Durham, NC: Duke University Press, 2003); Claudia Agostoni, *Monuments of Progress: Modernization and Public Health in Mexico City, 1876–1910* (Boulder: University Press of Colorado, 2003); Julia Rodríguez, *Civilizing Argentina: Science, Medicine, and the Modern State* (Chapel Hill: University of North Carolina Press, 2006); Ann Zulawski, *Unequal Cures: Public Health and Political Change in Bolivia, 1900–1950* (Durham, NC: Duke University Press, 2007); Gilberto Hochman, María Silvia Di Liscia, and Steven Palmer, eds., *Patologías de la patria: Enfermedades, enfermos y nación en América Latina* (Buenos Aires: Editorial Lugar, 2012).

4. See, for example, Simone Petraglia Kropf, “Carlos Chagas e os debates e controvérsias sobre a doença do Brasil,” *História, Ciências, Saúde-Manguinhos* 16 (July 2009): 205–227; Mónica García, “Producing Knowledge about Tropical Fevers in the Andes: Preventive Inoculations and Yellow Fever in Colombia, 1880–1890,” *Social History of Medicine* 25, no. 4 (2012): 830–847.

5. For example, Diego Armus, *La ciudad impura: Salud, tuberculosis y cultura en Buenos Aires, 1870–1950* (Buenos Aires: Edhasa, 2007).

6. On Buenos Aires, see *ibid.*; for Johannesburg, see Randall M. Packard, *White Plague, Black Labor: Tuberculosis and the Political Economy of Health and Disease in South Africa* (Berkeley: University of California Press, 1989); on Philadelphia, see Barbara Bates, *Bargaining for Life: A Social History of Tuberculosis, 1876–1938* (Philadelphia: University of Pennsylvania Press, 1992).

7. See, for example, Alexandra Minna Stern, “Responsible Mothers and Normal Children: Eugenics, Nationalism, and Welfare in Post-Revolutionary Mexico, 1920–1940,” *Journal of Historical Sociology* 12, no. 4 (1999): 369–397; and Alexandra Minna Stern and Howard Markel, eds., *Formative Years: Children’s Health in the United States, 1880–2000* (Ann Arbor: University of Michigan Press, 2002).