

Social representations of cancer and cancer patients in São Paulo: 1900 – 1950

Claudio Bertolli Filho¹

Received on: May 16, 2002
Accepted on: August 8, 2002

FILHO, Cláudio Bertolli. Social representations of cancer and cancer patients in São Paulo: 1900-1950. *Salusvita*, Bauru, v. 21, n. 2, p. 101-116, 2002.

ABSTRACT

The aim of this article is to analyze the representations on cancer and cancer affected patients that were produced and disseminated in São Paulo in the first half of the 20th century. From documental sources produced by doctors, educators and lay people, it is possible to recognize the common effort into the process of understanding de clinical and laboratorial aspects of the disease as well as the stigma on the victims of malignant tumors, stressing that such stigma is partially alive nowadays.

KEYWORDS: tumors, social representation of cancer and cancer affected persons, disease anthropology, history of cancer in São Paulo.

INTRODUCTION

In the western culture cancer appeared as a concrete threat in the last decades of the 19th century, keeping its precedence for at least one century despite the epidemiological and symbolical concurrence of tuberculosis, leprosy and syphilis, among other diseases. In 1980, when the fears provoked by the recent Acquired Immuno Deficiency Syndrome (AIDS) asked for some new definitions in the priorities in many fields for research, teaching and social intervention of medical and biological sciences, cancer and cancer affected persons counted already with a long and, many times, terrible history.

Cancer was considered “unmentionable” for a long period and consequently the persons affected by it became a target for many social representations not only in clinical debates and laboratories but also among lay people, making a vicious circle in which Science & Culture matched in the interpretation on what arouse as a huge enigma defeating the medical efficiency, threatening individuals and urging the social strata to become alert.

1Ph.D. in Social History – USP.
Professor, department of Human Sciences, School of Architecture, Arts and Communication.
Professor, Graduation Program in Education for Science, School of Sciences – UNESP-Bauru.

Address: Rua Albino Tâmbara, 9-16 ap. 63 Jardim Panorama CEP 17011-230Bauru – SP
Fone: (14) 234-4081
E-mail: cbertolli@uol.com.br

On the one hand, fear generated by malignant tumors in the social field has encouraged and still encourages scientists facing the challenge proposed by the disease. On the other hand, the fear has also led to a cautionary reaction by historiographers and social scientists, not to say a complete silence. Due more to the discomfort of the theme than the lack of documental sources or adequate method, Human Sciences have cared little about the subject, condemning cancer and its accessories to the exposing territory dominated by laconism, a condition that highly contrasts with the flourishing research on other diseases and patients. This being said, the aim of this work is to verify the scientific and lay representations, as well the health education discourse, focused on cancer and cancer affected patients conceived in the city of São Paulo through the first half of the last century.

Choosing space and time as boundaries is due to the circumstances that from 1900 to 1950 the Brazilian medicine was able to settle itself, at least on the legal side, as the only knowledge fully capable of understanding diseases and patients and to interfere positively in the issues related to the individual and collective health. In this context, it was assigned to medicine, or under the chancel of the Hippocratic community, the elaboration of specific conceptions that, while accepting neoplasm as a public health problem, built images that were accepted by most scientists as well as by a comprehensive society. It is important to stress that the coincidence of the moment when the discussions on cancer started and the national attempts for social and economical modernization were not at random. The disease, that since the beginning of the 19th century was considered by European scientists as a result of the industrial society, became a focus of study of the Brazilian medicine in the period in which science was attempting to consolidate its role as an instrument able to give some guidance in the updating of the collective behavior, preparing minds and bodies to react to the needs opened by the expansion of capitalism that was conquering its space mainly in the more relevant urban areas.

The challenge of evaluating the course of ideas encouraged by the existence of a disease of ample repercussion has imposed that one take the image of Medicine as constituted by a group of unique social representations that, by being analyzed, tested and then incorporated by the scientific community, is assumed as “true” for a lengthy period of time (PEREIRA, 1983; BERTOLLI FILHO, 2001). At the same time, it is believed that cancer is one of the top pathologies to stimulate social metaphor, inducing researchers and lay community to evaluate the disease and patients as a result of possible deregulations of the social life (SONTAG, 1979; HERZLICH et al., 1984).

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The identity of the disease and the encouraged institutionalization

The enigma represented by cancer and its consequences has touched a significant number of Brazilian clinicians since the beginning of the 20th century. The fact that São Paulo has assumed – even more than the federal capital – leadership in modernizing initiatives has encouraged many attempts to decipher and, if possible, to restrain the progression of cancer. Stimulated by the challenge and also envisaging the future glory and prompt rewards, many doctors, knowing little about the mechanism of the disease, assume the title of “cancerologists”, learning about the pathology in the clinics and precarious laboratories, searching for clarifications in the books edited in Europe and, later on, in the United States.

In São Paulo, the pioneering attempt to the scientific understanding of cancer dates back to the beginning of the last century, when Dr. Arnaldo Vieira de Carvalho (1904) became the first clinician to publish an article on this subject, rejecting the terms “cancro” in favor of “malignant tumors” and “cancer”, defining the cancerous formation as a specific morbid entity with hereditary character and as a result of the disorganized proliferation of cells in the human organism. The authority gained by this specialist among the group of Brazilian doctors made his ideas become frequently reiterated by his peers for many decades. Despite the continuous increase in publications in the medical periodicals, however little was done that could be added to the issue along the first twenty years of the 20th century (MEIRA, 1905; MARQUES, 1914).

The difficulties in the clarification on the causes of the disease did not prevent the proliferation of treatments, many of them copied from researches conducted abroad. Many doctors declared to prescribe massive doses of insulin to their patients, mainly to those affected by “superficial neoplasm”, that is, skin cancer (JOBIN, 1925). André Vergley (1922), a French doctor living in Jaú, recommended to Brazilian clinicians to use dangerous compositions of arsenicals to make tumor disappear completely in the uterus of his patients. At the same time, other doctors used diluted copper sulphate to treat patients under immediate risk of death (MIRANDA, 1927). Even extensively advertised, the efficiency of such drugs and of the prescription of calcium injections, magnesium and oxygenation of compromised tissues could not be proved, not only due to the lack of experimental studies but also to the poor follow up of cases for an acceptable period of time.

Since the late 10's, some clinicians that studied in Europe encouraged the use of radiotherapy as the best strategy to treat cancer, although not refuting the relative hypothesis of the hereditary component of the disease. In 1918 Arnaldo Vieira de Carvalho mentioned the need to organize a specialized service in the administration of radium that resulted in a series of experimental studies leading to the conclusion that cancer affected patients could escape death or, at least, to gain a significant period of survival with the combination of radioactive substances and a ra-

dical modification of life habits. This made clear the notion that behaviors considered as “irregulars” were a factor favorable to the onset or the hereditary perpetuation of the disease (RABELLO, 1920).

The increasing number of cancer patients seeking assistance in the São Paulo Santa Casa could explain the urgency in the formation of qualified personnel to work in radiotherapy centers, what was advocated by a group of clinicians. This hospital was playing the role of a university hospital to the School of Medicine of São Paulo, which later was integrated to the University of São Paulo and, from 1933 on was associated also to the Paulista School of Medicine. These associations attracted patients from São Paulo State and from other states in Brazil, including those from the north and northeast region. Besides that, the success of the “administration of rays” expanded its indication to an array of other pathologies, including asthma, tuberculosis, mental illness, stimulating clinicians without adequate training in radiotherapy and even “masseurs” and “curious people” lacking minimal knowledge in medicine and physics to use this therapy what resulted in frequent fatal victims both among patients and therapists (MOTTA, 1919-1920; CARVALHO, 1925).

During the 20’s there was an increasing production of laboratorial research on cancer, most of them restricted to the verification of ideas that had been stimulating the debate in other countries, including Argentina and Uruguay, which become aware of the disease as a sanitary question even before Brazil. With a close identification to that tendency, the School of Medicine of the University of São Paulo, inaugurated in 1913, became interested in unveiling the enigma of neoplasms, sponsoring research with little practical results besides the construction of a community of specialists that defined themselves as “registered oncologists” what strengthened the efforts to monopolize the attention towards cancer affected patients. Despite this picture, which was not an exclusive appanage of doctor from São Paulo, cancer continued to be clinically focused on the basis of very confusing lenses, making patients with syphilis, tuberculosis, ulcers, leishmaniasis and even hemorrhoids and phimosis been misdiagnosed as victims of cancer and, to the other side, preventing patients really affected by cancer from being diagnosed by doctors, even by those specialized in oncology (MAGALHÃES, 1923; FABBRI, s.d.).

The lack of accuracy on medical diagnosis was mostly due to the medical incapacity to assume a coherent position facing the specificity of cancer and the biological causes of the disease. The National Department of Public Health, the top authority in public health in Brazil, seems to have some doubts on the discussions conducted in the academic ambient. In the 20’s, under the leadership of Carlos Chagas, the Department instructed that all cases of death due to cancer should be registered in the State Leprosy and Venereal Diseases Centers, implying the infectious and contagious condition of malignant tumors and, therefore, opening a new field for discussion among oncologists (KROEFF, 1946). Trying to skip the causes of the disease some researchers, among

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them Almeida Jr. (1923) and Oto Bier et al.(1929), devoted themselves to discover a safe laboratorial method for early detection of cancer by serological exams, seeking to identify specific substances in the organism directly related to the presence of growing tumors. By exploring another scientific slope, Bertolotti (1937) devoted most of his research to the attempt of producing chemotherapeutic agents that, associated to radiotherapy, could recover health or, at least, to limit the organic damage produced by cancer.

As a whole, both oncologists and health professionals specialized in other medical fields converged to the same conclusion: the increasing number of cases of cancer contrasted to the low level of knowledge on the subject among the medical community. For this reason the Paulista Medical Association asked one of its affiliated, Dr. Antonio Carlos Pinto Jr. to make a review on the discussion being held both in Brazil and abroad. As a result, Pinto Jr. produced an extensive document that, although keeping in mind the pedagogical aspects, limits itself to offering an entangled abstract of the diversified discussion on the theme, which leads more to confusion than to clarification on the challenge of cancer. Even though, the document was published in chapters in one of the top medical journals circulating among doctors of São Paulo and other States of Brazil (PINTO JR., 1942).

In this mild chaotic environment the works by Dr. Antonio Prudente Meirelles de Morias gained some prominence. He was grandson of the President of Brazil, Prudente de Moraes and studied medicine in Germany, a country reputed at that time as the top center in studies on oncology. In this connection, he took over the responsibility to up-date the discussions in Brazil carrying out the initial epidemiological analysis on cancer in the State of São Paulo and also conducting extensive and significant studies on surgical techniques and radiotherapy that, in a little time, became a model to the majority of Brazilian specialists (PRUDENTE, 1934; 1936 1, b; 1946; s.d).

The increasing scientific authority and the close relation to the São Paulo cream of society, to which he belonged, granted Dr. Prudente the mission, in association with Dr. Antonio Candido de Camargo, to obtain funds to build and implement the Radium Institute. It was inaugurated in 1929 inside the Santa Casa of São Paulo and later on was nominated Instituto Arnaldo Vieira de Carvalho, although being informally nicknamed by doctors as “heaven’s gate” due to the short life expectancy to those treated there. These two oncologists and Dr. Oswaldo Portugal were responsible for the settlement of other important centers for treatment and support of cancer affected patients, among them the Institute of Radium in the Humberto I Hospital and the Francisco and Ermelindo Matarazzo Hospitals in 1934, the Paulista Association to Fight Cancer in 1934 and, as a development of the later, the Institute of Cancer, which was the supporting entity of the Antonio Candido de Camargo Hospital, which after long discussions opened its doors in March, 1953 (PORTUGAL, 1936; SEABRA, 1989; SCHNEIRDER, 1989). The delay in creating the first hospital in São Paulo fully devoted to fight cancer was due

most probably to the ostracism imposed to Antonio Prudente facing his positions in favor of Germany during the 2nd World War.

In these terms were defined the efforts in São Paulo to the understanding of the disease and its institutionalization. In the end of the first half of the century, although winding and hesitant, the initiatives of São Paulo to fight cancer had resulted in increasingly sophisticated clinical and laboratorial studies and in the construction of a network of attention to patients that become a reference to the country.

The social construction of the image of the cancer patient

The questions involving medical actions regarding the disease have its reflexes in the posture assumed by specialists and the society as a whole towards patients with cancer. After all, who were the victims of such enigmatic disease that insisted in its hidden mechanisms, even under the increasingly subtle lenses of medical science? Which were the moral and behavioral faults that led individuals to become an easy prey of the insidious disease? How to instruct society to protect themselves from the tentacles of cancer? These and many other questions should be answered including the construction of an image about the victims of the disease that was then defined as the “disease of the century”.

Initially, philanthropic institutions and some drug industries, through the pages of newspapers, sponsored basic attempts to guide social groups on the causes, types of treatment and ways to deal with cancer. After the settlement of the *Estado Novo*, in the late 1937, these activities became a monopoly of the Section of Advertisement and Health Education of the Health Department of the State of São Paulo (SPES), which was created within the context of the centralizing modifications in the public service under the leadership of the federal temporary governor, who was also a doctor, Adhemar de Barros (BERTOLLI FILHO, 2000).

The official aim to instruct patients on the disease that affected the community and to warn society on the potential dangers resulting from living together with patients allows the sanitary propaganda to be evaluated on the grounds of the ideology of the Vargas dictatorship. In this regard, it may be stressed that the governmental voice appealed to a variety of stigmas to describe the causes of the disease and the life ruled by the disease; in contrast, the condition of being healthy was praised, not exactly as a support to the individual welfare but because health educators mechanically linked healthy people to the contingent of active workers that were working to build the nation.

The discriminatory base is adopted by governmental public health agents automatically that allocated diseased people – mainly the ones affected by tuberculosis, syphilis, cancer and mental diseases – as a double enemy of the society. Reason for that, according to the hygienic logic prevailing in that period, was that ill people not only were absent of the effort of producing collective goods but also because they consisted in a burden to the public and private money, since they sought the State and

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philanthropic institutions to obtain medical treatment and pensions, institutional donations or grants to guarantee a living to their families. In accordance with this posture, patients were taken as people that would not like to assume its responsibilities in the social environment, intentionally avoiding observing hygienic rules to launch themselves in the primacy of illness. Being morally perverted while ill, the disease deepened the moral distortion of its victim building an illusory vicious circle that was used in the official sanitary discourse to claim the dangerous condition of patients to the community (PAULA, 1944).

Connecting this image to patients favored frequent claims that the sick portion of the society was the main promoter of criticism to the dictatorship of Getulio Vargas and, furthermore, most patients were dominated by a vast malignity since they became happy to disseminate the illness among the healthy credulous persons. Taking this into consideration, it was recommended to healthy people to keep away from the weak, specially concerning children that, by their innocence, were an easy game to persons affected by cancer, tuberculosis, leprosy and syphilis.

Following this picture, the extensive collection of “sanitary advices” prepared, printed and freely distributed by the SPES was a rich source of information on the posture took as “irrefutable truth” by the sanitary administration in São Paulo regarding cancer and cancer affected persons. Initially the leaflets, not exceeding 50 lines, were distributed separately and later a part of these texts was compiled in a bound volume under the title of “Collectanea of SPES”. These books were distributed with priority to the press and to the most popular radio stations in the whole country. The messages were printed in the idle spaces of newspapers and radio programs (having illiterate people as target). As a result, the sanitary messages gained extensive dissemination reinforcing the collective stigma toward patients.

In this period, it should be stressed, cancer was not one of the top pathologies that were harvesting lives in the Brazilian population, as was the case of tuberculosis, yellow fever, small pox and typical infectious diseases of childhood. Even though the tumors and their victims inspired dozens of sanitary orientations that, intrinsically loosely articulated, raised among the population the same doubts that confounded specialist and increased even more the fear towards cancer and cancer affected persons.

Before dealing specifically with the issue of patients with cancer, health educators were primarily intrigued with the specific identity of the disease. What follows is part of a leaflet released by the Health Department:

Biologically, we only perceive life in its effects, escaping to our perception its intrinsic cause, which relay in the science of metaphysics. Therefore, the laws that coordinate intimately the normal cell growth escape completely to our query and, being cancer a disease characterized by an abnormal tissue multiplication in our body, it is admissible, to a certain extent, the ignorance on its genesis, remaining only the observation of its deleterious effects on health.

Continuing in this line, which sounds more like an excuse, and using a complex language hard to be understood by a large part of the target public, the folder stated:

It is known that, besides unknown constitutive factors that characterize the terrain of the individual, the permanent irritation of tissues, the chronic solution of continuity, the ancient gastric ulcers, the dental caries pricking the tongue, traumatizing dental prosthesis, the lengthened use of pipe, as well most of the chronic infections that induce a constant cellular repair has an important role in the genesis of malignant tumors (“WHAT IS CANCER?”, 1940).

Being these the principles reiterated in almost all “advices” on the theme of neoplasm, health educators could hardly add anything more on the identity of the pathology and on the cancerous process and, whenever trying to clarify the issue, they only reproduced the inaccuracy and dilemma emerged from the medical community. Some leaflets ascertained the hereditary origin of the disease whereas others warned about the contagiousness of tumors; others – the majority – restrict themselves to repeating sentences from medical manuals stating that malignant tumors resulted from the abnormal multiplication of cell and tissues on the human body.

Rare “alerts” sought deeper information; one of them tried to classify the tumors in two types: external and internal. On the former it was said that the oral cavity was the place most affected by tumors with a characteristic appearance of nodules that may be removed by surgery or exposition to X-ray. On the latter, little was said, commenting that medicine had a poor knowledge on how to localize these tumors in its early stages. Furthermore, they informed that women were more prone to be victims of “internal cancer” and that the uterine region was the most affected part of the body and that recognition of the disease was possible only in a late stage but, conversely, the victim would be able to survive only if detection was made within three months from the onset of the disease. In other words, they let implicit the notion that women affect by uterine cancer could have only death as final outcome (“O CANCER”, 1943).

The orientation in health education moved on the fickle terrain of evaluating the disease according to subjective criteria. In the absence of more clear and efficient notions, many “advices” intend to clarify and teach on the singularities of cancer through the description of the disease and of the patient, sentencing readers to a doubt whether the writer was referring to the disease or to the patient. In the leaflets quite often the disease was referred as “nasty”, “disgusting” and mainly “repugnant” in case when the “core” of the tumor “become necrotic or shattered releasing to the exterior the nauseating caseous material, which gives to the disease a very repugnant aspect” (CANCER E SUBSTÂNCIAS CANCERÍGENAS, 1940).

The question is: does the “very repugnant” aspect mentioned by the educator refer to the tumor? To the body/person victim of the tumor?

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Most probably the confessed feeling of repugnance by the educator was meant both to the tumor and the patient because since today it is common to mix disease and patients into one single entity in the informal communication among health workers.

The known difficulties to define clearly the disease as well as the strategies to early diagnosis of cancer led most of the leaflets to restrict themselves to connect different elements as a same reality and frequently confusing, in the educational talks, predisposing factors, causal agents, symptoms and clinical signs. Such confusion allowed an inter-connection with a field that one educator has defined as “the most silent of all diseases”. Besides the facts presented in the leaflet “What is Cancer?”, mentioned elsewhere, other factors have been included in dozens of leaflets, some of them scarcely mentioned in the medical textbook of the period. Some of them can be seen in the incomplete list that follows: the high rate of tar found exclusively in brands of tobacco such as “Blond”, “Turkish” and “Egyptian”, gas and tar released by asphalt, the abuse of alcoholic beverages, nutrition based in red meat, long exposure to sunlight and “strong winds”, too hot baths, body contact with acids and strong basis, street dust, steam and gas from chimneys, irregularities in the menstrual cycle, persisting and longstanding roughness, constant pain and weakening of teeth, continuous stomach pain, sudden fatigue, lack of appetite, sudden difficulty for locomotion, constant constipation and diarrhea.

Out of these many “advices” one leaflet outstands since it explains the multiplication of cancer cases as an unwanted result of “new habits” imposed by “modern life”, that is, by the modern quotidian typical of the industrial-urban space. The “determining elements” of cancer were listed: rush life in towns, loud noise from radios and cinemas, fast food and “improper garments” such as heavy cloths in warm days, tight shoulder straps and ties, tight garters and skirts, silk stocking, tight shoes, high heel shoes and heavy make-up. More than that, other factors were appointed such as “ill-tempering” and, most of all, “spiritual degeneration” of the modern man, which was verified by the decrease in the number of churchgoers in contrast to the increasing number of people sympathetic to the communist ideology. Besides these factors, some others were mentioned as “predisposing” to cancer, such as avoiding daily shower, habit of leaving pipe in the corner of the mouth even when it is not lighted, to stay constantly close to “electric refrigerators”, abortion and laziness. It was add the information that cancer was secondary to infectious diseases caused by microbial agents, such as tuberculosis, syphilis, blenorhea and any kind of skin scar due to burns (VERDADES E ERROS ACERCA DO CANCER, 1940).

In sum, the Brazilian medicine was used to label as “promiscuous” all patients and particularly cancer affected patients. In scientific articles, medical books and sanitary “advices” the label of promiscuity was applied to almost everything, from the fact of many people sleeping in a same room to the presence in the bourgeois domestic precinct of houseworkers from Japanese descent or coming from the northeast region of

Brazil, marriage not registered in the public notary's office in addition to the other situations above mentioned.

As a result, such observations on cancer and its victims offer a detailed picture about the possible reasons to become ill and about the physical and moral features of the cancer-affected patient. In addition, it is implicit that the “alerts” promoted by the Health Department of the State of São Paulo had as one of their main goals to instruct and warn people on the urgency for early treatment of tumors as the only strategy against death. However, an intriguing question could be posed – why was the number of fatal cases of cancer increasing year by year? Health educators explained this reality as the result of the “cultural character” of the “Brazilian race”. The average man as stated in a leaflet, was reluctant to go to the doctor and, whenever accepting, strongly refused to have a biopsy performed. Instead, he preferred to have home medicine or to buy inefficient drugs offered by pharmacists and unscrupulous charlatans in which it was included homeopaths and even allopathic doctors that advocated the existence of surgical procedures and drugs that could cure advanced cases of cancer. Such people were usually denounced as “charlatans” by the Public Health authorities since they were regarded as people aiming to get money from patients without any consideration to the physical, psychological and financial hazards caused to the cancer affected persons (A LUTA CONTRA O CANCER, 1943).

As indicated by the health educators, the weapons against cancer were the preventive measures and a prompt visit to the doctor as soon as the first signs of an organic dysfunction appeared. Against the fear and the disinterest of the population, the pedagogical health discourse used to mention facts occurred in the United States of America, a country frequently taken by national sanitarians as an example to be followed by Brazilians. One of the “warnings” mentioned that the “brothers of the north” followed strictly the healthy rules of the modern world and did not behave as “negligent patients, engaged in fight tumors from the very early stages. In this connection, it was pointed that in the USA there was an institution named “Club of Cured Patients of Cancer” counting with not less than half a million of associates. The author of this leaflet, however, forgot to mention that the Brazilian philanthropic institutions for cancer treatment did not have enough budget to assist all the cases and the public health services were not well equipped to detect and treat the cancer affected patients. In São Paulo, the Sector of Advertisement and Sanitary Education was the institution in charge to receive and deliver material for anatomo-pathological examinations, which were made free of cost in the Sector of Experimental Medicine of the Health Department settled in a small laboratory in the basement of the School of Medicine of the University of São Paulo (O CANCER PODE SER CURADO, 1940; APRENDA A COMBATER O CANCER, 1941).

Facing these observations, the Department of Health of the State of São Paulo restrained to contribute to increase the collective anguish announcing the existence of a great number of “hidden cases of cancer” in São Paulo and in Brazil.

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In parallel to the official efforts – or in the absence of them – the rich and educated persons could provide themselves with sophisticated health services in the private clinics in Brazil and in Europe. They could also count with several books that, published in France, England and USA, had the objective to orientate “enlightened readers”, healthy or ill, on the cancer menace, preventing any stigma to the victims of the “disease of the century”.

The most important among these guides, written by Alfred Cantor (s.d.) and American doctor, was translated to Portuguese by Mrs. Carmem Annes Dias Prudente with a preface by her husband, Dr. Antonio Prudente. Tuned up to the prevailing ideas in the most reputed research and treatment centers for cancer in the world, the book followed a line in which it pointed out a variety of signs and symptoms produced by the neoplastic formations stimulating readers to take preventive measures to become free of tumors, as well as indicating early treatment to all ill persons. In this context, Cantor avoided incrimination and stigmatization of cancer affected patients, addressing the disease as an “accident” that could happens to anyone regardless of race, social status, sex, age and cultural background. Besides that, the American doctor stressed that there were no “lost cases” of cancer assuming a posture that many of his critics considered as too much optimistic since he declared that oncology was fast advancing into the knowledge, diagnose and treatment of the disease, being in condition to produce “real miracles” while recovering from death very advanced cases of the “silent disease”.

The French cancerologist Charles Oberling (1942) has produced another book that gained wide acceptance among lay and rich people. Although not translated to Portuguese, this book was frequently recommended by doctors to patients and, as in the case of Cantor, Oberling hardly mentioned the supposed “corrupt moral” of cancer-affected patients.

The condition of “mysterious disease”, “calamity of the XX century” and, most of all, “social problem” has stimulated, in the national context, not only doctors but also lay people to comment on the disease and its victims, writing texts aiming to call the attention of readers by its ballyhoo contents. Paulo Coelho Netto, a writer from Campinas and son of the famous writer Henrique Coelho Netto, pioneered in this field signing a book that make an association between sexual practices that he considered as “perverted” and the disease that he preferred to mention as “the disease of the mournful name” which instilled “ a true panic in the various social strata” (COELHO NETO, 1944).

For this author, which introduces his text stating that it was recommended in “privacy” by a reputed surgeon and professor of the School of Medicine of the University of São Paulo, the multiplication of cases of cancer in the capital of São Paulo state was due, primarily, to the “decline of the civilization” that, since the *belle époque*, had globally refused the patterns of morality and circumspection, which had been prevailing in the last centuries. Therefore, the author pointed to the proliferation of “monstrous” sexual practices, detecting in the “oral coitus” – classified by the

author in several of such categories – the main cause of neoplasm formations. Reason for that – as sated Coelho Netto – was the fact that cancer was a disease caused by estrin (a female hormone nowadays recognized in the literature as “estrone” and “foliculine”), which was responsible for the female characters and by the proliferation of the uterine mucosa just before the ovulation. Following the gaudy rhythm of the author’s ideas, readers could learn that estrin was transmitted to degenerated men and women (that is, homo or bisexuals) through cunnilingus, allowing the formation of cancer nodules primarily in the oral cavity and in the gastrointestinal tract and, secondarily, disseminating through the whole body.

Adhering to its “discovery”, Coelho Netto did not restrain from presenting confirmatory evidences of his pontifications. Sweden was said to be the mother-country of cancer because women in that country preferred oral sex as first choice to attain pleasure. Even old friends of the author, victims of cancer, were not spared; one of them, disclosed the indiscreet scholar, was “a wanton and a dangler after women”, being delighted to tie the “little puppies” by means of the condemned practices. The result of such “libertinage” could be only one: “ he become the victim, almost without symptoms, of an intestinal cancer” (COELHO NETTO, 1944).

Not only lay people, as Coelho Netto, practiced “diabolic” considerations on cancer affected patients; some doctors decided to follow this same line as was the case of Ray Nunes D’Aville that, despite presenting himself as a dentist working in São Paulo and Rio de Janeiro, has never been mentioned in any book about professionals of this area. Therefore, it is possible that D’Aville could have been a pseudonym used by the author that, as he mention, has taken the costs of his publication. Furthermore, there are no other books or publications in his name.

Assuming as no other has done all the horror to the disease and to the patient, the dentist has synthesized the representations towards cancer affected patients, adding the information that his words only reproduced the beliefs of many scientists which, however, do not have enough courage to express publicly their thoughts:

“Cancer only occurs in persons with weak and corrupt spirit. Prostitutes, ruffians, lazybones and wives that did not honor marriage are the main persons attacked by the disease. Worse than that, these persons are happy to disseminate the disease touching health people and biting children. They are monsters that kiss kids, touch the pure bodies with their open sores to disseminate cancer among the innocent and unwise (...) Public Health and the Police should settle special groups to identify, to arrest and to send these criminals far away from town. Out of this legion of ill people, most of them are immigrants coming from Japan, China and even from the North and Northeast regions for Brazil and that should be returned to their origins, thus leaving in peace the people of São Paulo, which aims only health to work and perpetuate São Paulo as the leading state of the nation” (D’Aville,...).

Constructing the role of the diseased individual from a negative point of view, the author continued his discourse making clear his position

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regarding the cancer affected persons and the destination that should be granted to the patients:

“ As a dentist that honors the sacred vows of the profession, I have to attend these abominable patients. More than a merciful sense towards these condemned to death, they deserve our denial. All those that today deny the validity of my words will briefly see that I am correct. Exclude cancer affected persons from the company of healthy people and São Paulo and Brazil will become less polluted, more healthy due to a decrease of moral degeneration” (D’Aville,.....).

Amidst the net of individual and collective fear induced by the enigmatic pathology, social perceptions aimed to question the details of the life of cancer-affected persons. In this regard, patients were defined as dangerous and repugnant since they were polluted, turning them into a metaphor of a time plenty of problems.

FINAL CONSIDERATIONS

The insertion of cancer and cancer affected patients in the cultural scheme, considered as a complex “web of meanings” and therefore with semiotic dimensions, opens the possibility to historical and anthropological understanding of the disease and the diseased individual. The documents used for this article, which means only the tip of the iceberg that further research may unveil completely, point out that both pathology and their bearers have a history. A History that defines itself as a process in continuous construction and that includes lengthen perceptions and stigma. The imbalance between the material structures produces by Science and the mental structures ensure the survival of the voices of the past. In this context, even weakened and partially modified stigma is still alive although more than half a century has elapsed since they were imputed to the diseased characters.

While a pathology that remains as a challenge to the medical science, malignant tumors favors the construction of a virtual biography of their victims that, in one or other way, continue to be blamed for their own distress. The “power of tradition” still produce surprising statements; in a recent visit to a reputed clinician, in a given moment the conversation diverted to the fact that a renowned TV star has publicly acknowledge that she had an anal cancer. The doctor immediately commented that she was “paying for what she had done” once she had been in love with a man younger than her. And he added – resembling the writings of Coelho Neto and D’Aville – that she was suffering of cancer because she “did all to seduce and to keep her young lover”.

The conclusions stated by this doctor, in private, were repeated by many lay persons interviewed by the author, witnessing the survival of ancient stigmas that have connection with the orientations adopted by medical science but also with the relations between health professionals and their patients and, in general terms, with the possibilities and limits

of the social insertion of the diseased persons. It is clear that such statements are not the rule. Actually, they are the exception that interferes with the concept of cancer-affected patients as citizens that deserve collective support and solidarity. It should be remembered that, recently, the victims of cancer themselves, timidly for sure, have been fighting stigma by means of auto biographies and testimonies in mass media in which they unveil their lives and their experiences with the disease.

Finally, it should be remembered that the idea of shedding some light on these personages assembled by the “silent disease” – be they patients, health professionals or the social strata as a whole – aims above all to retrieve them from the dusk of history. Therefore, this article aims to be not just an academic exercise but part of the commitment of science in preserving the human rights and dignity.

BIBLIOGRAPHIC REFERENCES

1. A LUTA contra o câncer. São Paulo, Secção de Propaganda e Educação Sanitária do Departamento de Saúde do Estado (folheto), 1943.
2. ALMEIDA JR., C. C. de *Das pesquisas hematológicas, serológicas e urológicas na diagnose das neoplasias malignas*. These inaugural, São Paulo, Faculdade de Medicina de São Paulo (mimeo), 1923.
3. APRENDA a combater o câncer. São Paulo, Secção de Propaganda e Educação Sanitária do Departamento de Saúde do Estado (folheto), 1942.
4. BERTOLLI FILHO, C. *História da sociedade pública no Brasil*. 5. ed. São Paulo: Ática, 2000.
5. _____. *História social da tuberculose e dos tuberculosos*. Rio de Janeiro: Ed. da Fiocruz, 2001.
6. BERTOLOTTI, M. *Contribuição da radiologia médica na luta contra os tumores malignos*. Anais Paulistas de Medicina e Cirurgia 33(4): 303-312, Abr. 1937.
7. BIER, Oto et al. *A r. do vermelho neutro de Roffo é específica do câncer?* Archivos do Instituto Biológico 2: 79-82. 1929.
8. CÂNCER e substâncias cancerígenas. Coletânea. São Paulo, Secção de Propaganda e Educação Sanitária do Departamento de Saúde do Estado, vol. 3. 1940.
9. CANTOR, A. J. *O câncer pode ser curado*. São Paulo: Ed. Nacional, s. d.
10. CARVALHO, A. V. de *Herança dos tumores malignos*. Revista Médica de S. Paulo 7(1): 2-8, Jan. 1904.
11. CARVALHO, O. de *Tumores malignos tratados pela radioterapia*. Revista da Sociedade de Medicina e Cirurgia de S. Paulo 8(9): 150-159, Nov. 1925.
12. COELHO NETTO, P. *Perversão sexual e câncer*. Rio de Janeiro: Oficinas Gráficas do Jornal do Brasil, 1944.

FILHO, Cláudio Bertolli. Social representations of cancer and cancer patients in São Paulo: 1900-1950. *Salusvita*, Bauru, v. 21, n. 2, p. 101-116, 2002.

FILHO, Cláudio Bertolli. Social representations of cancer and cancer patients in São Paulo: 1900-1950. *Salusvita*, Bauru, v. 21, n. 2, p. 101-116, 2002.

13. D'AVILLE, R. N. S. G. *Alerta: o perigo social dos cancerosos*. São Paulo: Ed. do autor, 1947.
14. FABBRI, H. *O problema higienico do câncer*. These inaugural, São Paulo, Faculdade de Medicina e Cirurgia de São Paulo, s. d., (mimeo).
15. HERZLICH, C. et al. *Maladies d'hier, malades d'aujourd'hui*. Paris: Payot, 1984.
16. JOBIM, H. *A insulina no tractamento do cancro*. Boletim da Sociedade de Medicina e Cirurgia de São Paulo 9(3): 76-84, Mai. 1925.
17. KROEFF, M. *Resenha da luta contra o câncer no Brasil*. Rio de Janeiro, Serviço Nacional do Câncer. 1946.
18. MAGALHÃES, F. *Lucta contra o câncer*. Primeiro Congresso Nacional de Praticos. Rio de Janeiro: Publicações Scientificas, 1923.
19. MARQUES, A. *Prognostico do câncer*. Revista Médica de S. Paulo 17(11): 175-177, 1914.
20. MEIRA, R. A. *O câncer em São Paulo*. Gazeta Clínica 3(12): 491-496, Dez. 1905.
21. MIRANDA, I. B. de *Tractamento de epitelioma pela aplicação tópica de uma solução de ac. Arsenioso*. Boletim da Sociedade de Medicina e Cirurgia de S. Paulo 10(4): 62-75, Jun, 1927.
22. MOTTA, C. *Radiotermite e carcinoma*. Revista da Sociedade de Medicina e Cirurgia de S. Paulo 3(8/12): 28-34, Out./Fev, 1919 ou 1920.
23. O CÂNCER. São Paulo, Secção de Propaganda e Educação Sanitária do Departamento de Saúde do Estado (folheto), 1943.
24. O CÂNCER pode ser curado quando diagnosticado precocemente. Coletânea. São Paulo, Secção de Propaganda e Educação Sanitária do Departamento de Saúde do Estado, vol. 3, 1940.
25. O QUE É o câncer? Coletânea. São Paulo, Secção de Propaganda e Educação Sanitária do Departamento de Saúde do Estado, vol. 3, 1940.
26. OBERLING, C. *Le problème du cancer*. Montreal/New York, L'Arbre/France Forever, 1942.
27. PAULA, A. de *Dispensário Antituberculoso*. Rio de Janeiro: Atheneu, 1944.
28. PEREIRA, J. C. de M. *A explicação sociológica na medicina social*. Tese de livre-docência, Ribeirão Preto, Departamento de Medicina Preventiva da Faculdade de Medicina de Ribeirão Preto da Universidade de São Paulo (mimeo), 1983.
29. PINTO JR., A. C. *O que deve saber sobre o câncer*. São Paulo, Médico 14(6): 349-405, Jun; 15(1/2): 3-39, Jul./Ago.; 15(3): 113-130, Set. 1942.
30. PORTUGAL, O. *A lucta anti-cancerosa em S. Paulo*. São Paulo: Graphica da Revista dos Tribunaes, 1936.
31. PRUDENTE, A. *O cancer precisa ser combatido*. Rio de Janeiro: Calvino Filho Ed., 1934.

32. _____. *Contribuição ao estudo da plástica mamária*. São Paulo: Publicitas, 1936 a.
33. _____. *O pré-cancer*. Revista de Cirurgia de S. Paulo 2(4): 217-254, Fev. 1936 b.
34. _____. Enxertos. In: CICCARINI, A. (org.). *Progressos da Cirurgia*. São Paulo: s. c. p., 1946.
35. _____. *Reparação no câncer: bases, técnica e tática*. São Paulo: Henrique Scheliga, s.d.
36. RABELLO, E. *Algumas indicações da radioterapia*. Boletim da Sociedade de Medicina e Cirurgia de S. Paulo 2(12): 278-287, Fev. 1920.
37. SEABRA, F. *História e origem da Fundação Antônio Prudente e do Instituto Central – Hospital Antônio Cândido de Camargo*. Acta Oncológica Brasileira 9(1): 28-30, Jan./Abr. 1989.
38. SCHNEIDER, C. A. R. *Histórico da Fundação Antônio Prudente*. Acta Oncológica Brasileira 9(1): 7-11, Jan./Abr. 1989.
39. SONTAG, S. *Illness as metaphor*. New York: Vintage Books, 1979.
40. VERDADES e erros acerca do câncer. São Paulo, Secção de Propaganda e Educação Sanitária do Departamento de Saúde do Estado (folheto), 1941.
41. VERGLEY, A. *Medicina Popular*. Jahu: Typ. Do Comércio de Jahu, 1922.

FILHO, Cláudio Bertolli. Social representations of cancer and cancer patients in São Paulo: 1900-1950. *Salusvita*, Bauru, v. 21, n. 2, p. 101-116, 2002.