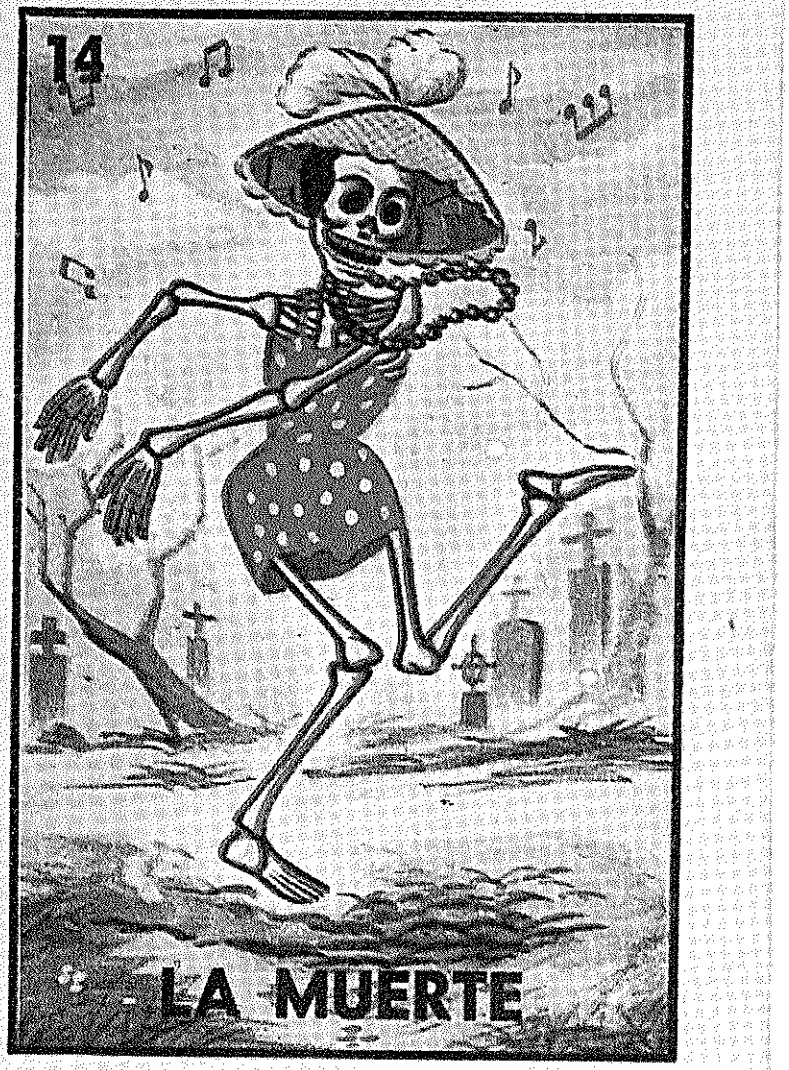

is Mexican lottery card from the 1920s identifies the "new woman" as hreat to social order.

THE HUMAN TRADITION IN MODERN LATIN AMERICA

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SR BOOKS
A Scholarly Resources Inc. Imprint
Wilmington, Delaware

Peter Berger discussed Sartre's construct in *Invitation to Sociology*, reprinted as "Society as Drama," in *Drama in Life: The Uses of Communication in Society*, edited by James E. Combs and Michael W. Mansfield (New York, 1976), pp. 41–43. Also see Hugh Duncan, *Symbols in Society*, reprinted as "Axiomatic Propositions" in the same collection, p. 37.

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6

Emilio and Gabriela Coni: Reformers, Public Health, and Working Women

Donna J. Guy

By the end of the nineteenth century, Argentina bristled with confidence and optimism. After the conflicts that had resulted in Juan Manuel de Rosas's overthrow in 1852 and the subsequent dispute over whether Buenos Aires should become the national capital (resolved by 1880), the nation settled down to enjoy peace and prosperity. With its fine public educational system, its broad avenues and public buildings, and its prosperous middle class, Buenos Aires became the Paris of Latin America. Thousands of European immigrants streamed into Argentina, residing primarily in the capital and drawing attention to critical urban problems.

Gabriela Laperrière, a French schoolteacher and journalist, was one of these immigrants. After her marriage to Emilio Coni, a Buenos Aires doctor and city council member, she continued to write, became a factory inspector, and, like her husband, joined the Socialist party. Both worked for implementation of measures that would improve the lot of the working class in the capital city.

A belief grew in Argentina that the traditional political parties were exhausted and incapable of leading the nation into the twentieth century. The immigrants, the growing working class, and the concomitant penetration of European ideologies encouraged the rise of new parties. The Radical Civic Union and the Socialist party proposed an end to the laissez-faire philosophy of the old Liberals. They advocated a more activist government, one that would assume some responsibility for the wellbeing of its citizens. Buenos Aires and other cities became the major beneficiaries of the new social reforms, heightening the disparity between the quality of life in rural and urban areas of the country.

The careers of Emilio and Gabriela Coni illustrate some unresolved dilemmas that accompanied the new politics of social welfare. Civil liberties had not been a strong part of the Hispanic tradition, so few Argentines criticized Emilio Coni's efforts to control people's behavior for their own and for the public good. With the best of intentions, Coni saw illness as a metaphor and implicitly blamed the poor

for their tuberculosis or syphilis. In the hands of liberal reformers science and technology could become additional tools with which to manipulate and control the less educated and the powerless. What were the implications of having the *científicos* (scientific men) replace the traditional caudillos and political bosses as the intermediaries between governments and their citizens?

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Dr. Emilio R. Coni and his wife Gabriela exemplified the commitment and dedication of health workers and social reformers in the Argentine capital city, Buenos Aires, during the late nineteenth and early twentieth centuries. Confronted by rapid population growth, outbreaks of epidemic and pandemic diseases, and inadequate housing, the Conis helped shape public policy and private efforts aimed at reducing the alarming rates of infant mortality and communicable diseases. To accomplish their goals they identified women who worked and the work that women performed in the home, the factory, and the bordello as subjects for reformist activities.

Emilio was a *higienista* (public health physician) and, intermittently between 1880 and 1909, a member of the Buenos Aires health board. Gabriela Laperrière de Coni had her own multifaceted career as a journalist, novelist, factory inspector, and feminist Socialist activist. Although we know little about their private lives, their influence on public health strategies and protective labor legislation for women and children are important contributions to the history of Buenos Aires.

Both Conis wanted to improve women's health, but they disagreed about the best way to accomplish this. Emilio exemplified the nineteenth-century male liberal reformer. A doctor and city council member, he wanted first to control and then to change the behavior of women in order to make sure that they raised healthier children. In contrast, Gabriela had little experience wielding power and authority. She, too, wanted to keep the children of Buenos Aires healthy, but Gabriela believed that this goal could be met without coercion. A feminist Socialist, she believed that women would be better mothers if they were given more control over their lives. Therefore, she worked to relieve women of household tasks, of unhealthy working conditions, and of ignorance.

Physicians and social reformers in Argentina had to contend with a number of factors. From the 1860s until World War I, the country experienced unprecedented growth and modernization. During this time the young nation encouraged European immigrants to come and provide the labor and technical expertise needed by Argentine agriculture and industry. Argentina's search for a foreign-born work force coincided with the exodus of millions of Europeans who traveled to the New World in search of economic advancement and a new life. Between 1857 and 1890 the country's population tripled.

Argentine cities, particularly the capital and port of Buenos Aires, were completely unprepared for rapid urban growth. In 1854, Buenos Aires had a population of 90,000. In fifteen years it had almost doubled to 177,000, only to increase to 670,000 by 1895 and to 1,575,000 in 1914. Most of the population growth was due to the arrival of Europeans or the migration of native-born workers from the Argentine interior. As the city grew, unsanitary living conditions and exposure to epidemic diseases threatened to decimate the newly arrived working class.

In 1858, Buenos Aires experienced its first yellow fever outbreak, and in 1871 more than thirteen thousand residents died from the disease. Epidemics of cholera, measles, and smallpox also periodically ravaged the city until the 1890s, while tuberculosis and syphilis were persistent causes of both infant and adult mortality. The city's first response to these problems was the creation of a municipal public health board in the 1850s and the subsequent passage of ordinances to control the purity of water and food and the disposal of garbage. Throughout the latter part of the nineteenth century teams of physicians and neighborhood officials periodically entered tenement houses and businesses in search of unsanitary conditions or people infected by disease.

By 1873 the University of Buenos Aires began to teach principles of hygiene, or public health, at its medical school. Graduates of these courses formed the next generation of public health physicians, and many of them were called upon to serve in municipal hospitals and to formulate city ordinances. With the advice of the *higienistas,* Buenos Aires

officials began to target specific groups of potentially infectious individuals, such as prostitutes, beggars, wet nurses, and domestic servants, and monitor them from a medical as well as, in some cases, a police perspective. At the same time, health officials began campaigns of public education to inform city inhabitants, both rich and poor, of the need to practice good health habits within the home. Strained by limited budgets and having few medicines with which to treat the many diseases that threatened Buenos Aires, physicians and public officials came to rely on a combination of modern water and sewer systems, vaccinations, increased hospital and clinic facilities, and preventive medicine based upon principles of hygiene in order to protect the city's health.

EMILIO R. CONI (1854–1928)

Emilio Coni was among the first class of doctors at the University of Buenos Aires to graduate with a specialization in public health. Considered a brilliant student, he soon embarked on an equally impressive career of public service. Even before he graduated he had collected and analyzed health statistics. Subsequently, he continued his statistical work, proposed and implemented public health programs in Buenos Aires, and published more than thirty books and pamphlets. Many of his ideas came from his reading in the field and from his observation of European public health organizations during trips abroad.

The young *higienista,* an idealistic liberal reformer, was convinced that Buenos Aires could be a healthier city provided that it had laws to enforce good medical practices. All he had to do was convince the ruling urban elite of the need to implement an extensive public health program to control, as well as to cure, sick inhabitants.

The formation of a municipal organization controlled by *higienistas* was one of Emilio's main goals. The proposed Asistencia Pública (Public Assistance) would centralize the administration and improve the efficiency of hospitals, laboratories, cemeteries, garbage collection, slaughterhouses, and social services. Without the vigilance of disinterested physicians, health conditions in the city would be at the mercy of doctors and politicians who might be unscrupulous or poorly informed. From the late 1870s until the early 1890s, Emilio worked unceasingly, often without compensation, to implement Asistencia Pública.

His years of public service spanned the critical decades from the 1870s until the 1920s. Emilio had started his career fighting epidemics, and many of his authoritarian tendencies were reinforced by the need to take swift, often arbitrary action in order to contain the spread of diseases such as cholera or smallpox. Teams of health workers literally had to invade tenement houses, identify the sick, isolate them, and disinfect or destroy their possessions. Because of his early experiences fighting the disease, Emilio favored mandatory smallpox vaccinations. He was willing to advocate often unpopular policies because he believed that the public's interest in health matters should take precedence over individual rights.

Emilio's determination to control individuals for the sake of the group's health can be seen clearly in his campaign against syphilis. In January 1875 the Buenos Aires municipal council had legalized female prostitution in licensed bordellos, provided that the women be examined twice each week and, if necessary, treated by a private physician. Emilio believed that medical examination of the prostitutes should be more rigorous and conducted by city physicians and that infected women should be more securely isolated in municipal hospitals. He began to campaign for these reforms in 1877 when he published an article that blamed infected prostitutes for all of the deaths from syphilis of infants in the city orphanage.

Doctors at the time had no simple cure for syphilis and few effective treatments for gonorrhea. They did know, however, that syphilis could be inherited by the children of infected mothers. Many European and Argentine physicians in the late nineteenth century also believed that women infected men but that men rarely infected women. Since prostitutes had many sexual partners, they were considered to be medically dangerous as well as immoral. Consequently, European authorities sought to control syphilis by monitoring female prostitution. The Buenos Aires ordinance of 1875 was a pale reflection of European laws, and, therefore, the young *higienista* believed that the alarming incidence of venereal disease in Buenos Aires would not be lowered without a more comprehensive system of medical control.

For similar reasons he began to advocate municipal medical inspection of wet nurses who could transmit syphilis through their milk. The hiring of a woman who had given birth recently to provide milk for another's infant was a

common practice among middle- and upper-income families in different parts of the world. Medical discoveries during the nineteenth century had revealed that the mortality of infants nursed by these women depended upon the level of care provided the babies and the wet nurses' health and milk quality. Furthermore, poor women supposedly often ignored their own children's needs in order to have breast milk for sale. Emilio urged mothers to either breast-feed their own infants or seek medical examinations of any wet nurses they hired. He recommended that the authorities create a system to inspect potential wet nurses and to regulate their business.

In 1880, Emilio was asked to join the Buenos Aires municipal council as a member of the Public Health Board. During his short time on the board he supported many neighborhood petitions to have women evicted from their lodgings because they were suspected prostitutes. He was unsuccessful, however, in his efforts to modify undesirable aspects of the bordello ordinance. Frustrated by the lack of action on his proposed health ordinances, such as new laws covering bordellos and prostitution, Emilio resigned from the board in 1881 and worked for other provincial and municipal authorities as a specialist in medical and census statistics.

Emilio envisioned a public health system that, in addition to protecting urban inhabitants, particularly children, from contagious individuals, complemented the work of charities and ultimately replaced charitable institutions. He wanted health care for indigents and the protection of poor and unwanted children. He was one of the first defenders of vagrants and successfully launched a municipally sponsored program to provide transient men with lodging and breakfast. He started hygiene programs in the schools and had milk distributed to schoolchildren. He translated pamphlets on sex education for children and adults as part of a campaign to inform the public of the dangers of venereal disease.

At the same time as he strove to bring about social and medical reform, Emilio was quite willing to sponsor municipal or national laws to take civil liberties away from alcoholics and to confine female prostitutes in medically supervised bordellos until they either married or died. He also advocated a ban on alcohol and tobacco consumption as

a way to lower the incidence of tuberculosis. His advocacy of coercive and charitable laws, fines, and public education demonstrate that he often had conflicting ideas on how to improve sanitary conditions in the city. While he hoped that people would learn about hygiene and voluntarily change their habits, he also was willing to force them to live healthier lives.

In 1887, Emilio established the first comprehensive service in Buenos Aires to register and monitor wet nurses. Subsequently, he worked on a number of national, provincial, and municipal committees related to public health issues. Then in 1890 the *intendente* (mayor) of Buenos Aires invited Emilio to study the causes of infant mortality. Two years later Emilio's committee published its report, and the Patronato y Asistencia de la Infancia (Children's Welfare Board) was established. The committee recommended ways to provide better services to poor and defenseless children and thereby reduce infant mortality. Their suggestions included encouraging parents to put children up for adoption rather than abandon them; instituting more rigorous and scientific vigilance over wet nurses; preventing children from working more than six hours per day; and teaching mothers about nutritious liquids and foods to feed young children.

By this time Emilio was at the peak of his energy and highly respected by city officials in Buenos Aires. Again the mayor called upon him, this time to reorganize completely municipal health facilities. With his typical zeal, Emilio set out to change the world, or at least the city. He divided public health facilities into two categories, Asistencia Pública and Administración Sanitaria (Sanitary Services). Within these institutions he organized an ambulance system, introduced evening medical clinics, centralized many hospital facilities, and defined standards for burials, autopsies, and disinfection of localities contaminated by infectious diseases.

He was willing to do almost anything to implement his program and often ended up in acrid oral and written battles with the mayor, the city council, and the principal charity of Buenos Aires, the Sociedad de Beneficencia, an organization run by prominent society ladies that controlled most hospital services for women. A dispute with the new mayor in 1893 led Emilio to resign once again from municipal service. He left for Europe where he spent several years representing Argentina in a number of public health matters. When he

returned, he stayed away from Buenos Aires until the turn of the century when he was invited back to the city to serve on the Public Health Board.

At the same time as he returned to the health board, Emilio began his great campaign against tuberculosis. He was president of the international commission on the prevention of tuberculosis in Latin America, and, in May 1901, he founded the Argentine Anti-Tuberculosis League, serving as director of the league's clinics until 1909. Earlier public health campaigns had led to a decline in mortality from yellow fever, cholera, smallpox, and other epidemic diseases. In their place, tuberculosis had become a major cause of illness and death among children and adults. Emilio set out to conquer tuberculosis, but once again he encountered resistance from public officials who were reluctant to commit scarce municipal funds to a campaign that would need vast amounts of money. Moreover, Emilio was bitterly disappointed by the scarce numbers of private citizens who were willing to pay dues to and support the league. By 1917, at the end of Emilio's career, he had concluded that only the national government had the resources necessary to finance the expansion of hospitals, centralize hospital administration, and, eventually, lower the incidence of diseases such as tuberculosis in Argentina. He drafted a law to carry out his program, but it was not acted upon. He died in 1928, embittered and frustrated by government officials who did not heed his expert advice.

In contrast to his boundless energy in pursuing the ideal of healthy children, his interest in mothers, particularly if they were working women, was more limited. Emilio saw all women as potential mothers. Since he assumed that women bore primary responsibility for *puericultura* (child care), he believed that they needed to learn how to take care of their children and how to keep the home hygienic. For good mothers and mothers with good intentions, he had unbounded time, energy, and ideas. All he needed was the financing, either public or private, for his programs.

On the other hand, while Emilio's writings demonstrated an awareness of the latest developments in public health technology, he rarely contemplated the impact of industrialization and modernization on women workers. Not until after the death of his wife did he go into factories nor did he concern himself with industrial health conditions unless they threatened children. After all, in his estimation working women were merely ignoring their primary roles as mothers.

Emilio's concern for women and children was part of his great campaign to make Buenos Aires a healthier place in which to live. At times he worried about the need for coercive measures to prevent the spread of illness, but he justified their use to protect all of the city's inhabitants. A biographer once wrote that Coni was "not the physician of the individual but rather of the collectivity; he was the physician not just of the ill, but also of the towns and cities." Without such dedicated doctors, cities like Buenos Aires would have been unable to control many of the health problems brought on by rapid population growth.

GABRIELA L. DE CONI (1866–1907)

Gabriela's early biography sheds little light on her preparation for a political career. In fact, we know little about her at all. Born in France and trained as a schoolteacher, Gabriela worked for several French newspapers before migrating to Argentina as a young woman. As Emilio's wife (there are some indications that she may have been married prior to meeting him), she continued her interest in writing, and only after 1900 did she turn most of her energy toward politics. Her brief political career was truncated by her death in 1907 at the age of forty. Despite the disparate lengths of their activist years, Emilio and Gabriela both deserve to be remembered for their efforts to improve the health of the working class, particularly of mothers and children, and to find appropriate ways to maintain safe and hygienic conditions in the home and workplace.

Emilio's and Gabriela's approaches to these problems were as different as the span of their careers. Emilio formulated public health policy to protect the city as a whole and ill children and indigents as groups. He concentrated on teaching urban mothers how to keep children healthy and on providing medical services for the poorest city residents. Gabriela focused on a somewhat different group. Deeply influenced by her husband's efforts to reduce infant mortality and prevent tuberculosis, she also was committed, as a Socialist and feminist, to the defense of working-class women and children. Hence, Gabriela targeted the unhealthy factory and the working-class home as the objects of her scrutiny, and she championed the political, economic, and

hygienic rights of women and children who worked and lived in those environments. Unlike the unemployed and the desperately poor, working-class people in Buenos Aires often earned too much to qualify for the municipal programs established by her husband, yet they were too poor to escape the need to work in insalubrious factories and businesses.

When, then, did Gabriela develop her political ideas? Her novel, published in Paris in 1900, indicated that she was committed to social reform even before she began to be active politically. Her principal female character, Anita Kerven, was a young teacher who became a doctor and worked at the Children's Hospital. Anita was guided in her career by a kindly physician, Dr. Mendel. From him she learned many secrets of science and medicine and the difference between good physicians and those who were incompetent or inhumane. Anita also married a physician, Eduardo Larsan, who was both well trained and caring. These fictional characters had much in common with Emilio and Gabriela, although Gabriela herself never became a doctor. Nevertheless, it is clear that she learned much from her husband about the plight of sick children, and she used her knowledge to buttress her own political speeches about unhealthy working conditions.

Gabriela began her political career in 1900 as the press secretary for the Argentine National Council of Women, but she resigned that same year because of the council's conservative policies. After that, she became Buenos Aires's first factory inspector. As a member of the city's board of health, Emilio probably suggested that the mayor appoint Gabriela to the position. One of the goals of the league to combat tuberculosis that Emilio headed was to encourage factory owners to ensure the health of their employees. In August 1901, three months after the Argentine Anti-Tuberculosis League began to operate, Mayor Adolfo Bullrich named Gabriela L. de Coni to be an inspector of city factories employing women and children. Her job was to visit the factories, analyze their hygiene and health conditions, and prepare a report that would be sent to the national congress.

Gabriela took her assignment seriously and prepared an in-depth four-part study. Her first report, delivered in November 1901, was designed to tell the mayor of her personal fears and anxieties about the unhealthy working conditions that she encountered. She was disturbed that children less than ten years old were working and that the air was

filled with all kinds of impurities that could damage workers' lungs. Her recommendations culminated in her April 1902 proposal that protective legislation for women and children be enacted.

The law suggested by Gabriela consisted of eighteen articles and copious explanations in footnotes. Children were to be banned from factories and workshops until they were fourteen and could prove that they had been vaccinated for smallpox. They could work for only six hours per day. Women and children over eighteen could work eight hours but not before 6 A.M. or after 6 P.M. They would also be forbidden from working in factories considered dangerous or immoral. Finally, all women and children would be guaranteed Sundays off, and lactating mothers would have a room within the factory where they could breast-feed their children.

Although Gabriela did not live to see all aspects of her legislation enacted, parts of it were incorporated into another piece of protective legislation presented to the congress by Joaquín V. González in 1904. Although González's bill was rejected by the Socialist party as well as by the congress, the cause of protective legislation was, nevertheless, a key issue for Argentina's Socialist party. Indeed, it was Socialist Deputy Alfredo L. Palacios who drafted the legislation that was finally passed by the congress in 1907.

As Gabriela explored the factories of Buenos Aires, she realized that her position as inspector could help the campaign against tuberculosis. Accordingly, less than a month after her appointment, she wrote Dr. Samuel Gache, president of the league established by her husband, and offered to give talks about hygiene in the home, nutrition, and other topics related to the antituberculosis cause. As she put it, "Surely there are many female apostles, more competent and appropriate than myself, who could talk to upper-class women, but I want to serve the working women because they are more threatened and less prepared to combat disease, and thus their needs are more critical." Gache was delighted to have Gabriela's help and accepted her offer. By October 23, 1901, after less than one month, Gabriela already had given ten conferences.

Her 1902 speech to the Unione Operari Italiani (Italian Workers' Union) was published by the Argentine Anti-Tuberculosis League, and it enables us to recapture the intelligence and social commitment of an unusual woman. Gabriela, after citing a number of recent publications on the

subject, identified the causes of tuberculosis to be "alcoholism, unhealthy habitations, poor nourishment, excessive physical, mental, or moral labor, and poor hygiene." She informed her audience that these perils endangered men and women alike, although men tended to suffer more frequently from alcoholism while women and children experienced more poor health from working too strenuously. This was especially true for women, who were expected to perform domestic chores in addition to salaried labor, and Gabriela described the daily schedule of a typical working woman:

> The typical working-class woman has to be in the factory at 6 A.M.; if she is a mother and married, she arises at 4 or 4:30 to prepare breakfast, dress her children, and sweep and straighten out her lodging. Of course I am presuming all of this can be accomplished in an hour and a half, and the woman lives close to her place of work. At 11 A.M. she returns home, makes a fire, and prepares lunch for her family, all within an hour and a half. Some factories—very few—grant them two hours, others one. . . . At 6 P.M., having finished her work at the factory, she must begin the preparation of dinner, washing the dishes, and the children, if they need it. She must also mend, sew, iron, etc. . . . How many hours do these beasts of burden, these women who are perhaps pregnant, have to rest? Add them up yourselves: by 9 P.M., they have worked without rest for seventeen hours and not for themselves, but rather *for others,* for this family they have given birth to.

Throughout 1902 the league's magazine continued to publish speeches and reports by Gabriela. In September the league responded favorably to her suggestion that soup kitchens be set up near factories so that inexpensive but nourishing meals would be available for workers. Such establishments would eliminate the need for women to cook for their families at lunchtime. Given the insufficient financial base of the league, no soup kitchens were established immediately. Nevertheless, by 1917 subsidized restaurants were operating throughout the industrial parts of the city under the auspices of the Salvation Army, the Sisters of the Sacred Heart, the Sisters of Mary the Provident, the St. Vincent de Paul Society, the Charity Dames, the Conservation of the Faith Society, the YWCA, the League for the Protection of Young Women, the Irish Sisters of Mercy, and the Dowry Society for Working Women. Most of these establishments

served working-class people full-course meals at very low prices.

Other activities undertaken by Gabriela after 1902 had a more immediate impact. Working more directly through the Argentine Socialist party, which had been organized in the 1890s, Gabriela was the first woman to support Socialist politicians at public political meetings. The only female member of the party's Executive Council in its early years, she was also one of the founders of the Centro Socialista Femenino (Socialist Women's Center) in 1902. The center endeavored to organize dressmakers, espadrille makers, telephone operators, and cigarette workers. Gabriela's support for the Centro Socialista Femenino was evident when she tried to use her influence as an inspector to mediate labor disputes between factory owners and striking women. In November 1904 she represented the women on strike against La Argentina Espadrille Factory after management had refused to accept an eight-hour work day. Gabriela bravely addressed more than eight hundred angry women workers, exhorting them to stay away from their jobs until their demands were met. Eventually, Gabriela's formal efforts to mediate the strike were rejected by the factory owners because she was not an employee.

Until national legislation mandated an eight-hour day for men and women, striking workers could rarely force employers to limit the number of work hours, although they could obtain higher wages. Gradually, Gabriela came to the conclusion that women should not offer their services to factories unless it was a matter of economic necessity. Instead, they should accept financial privation in order to make sure that their children were cared for and fed. Of course, for many workers in Buenos Aires unemployment was unacceptable. Given the prevailing high rents and low salaries in the city, it was usually imperative that women and young children contribute to the family income if they could.

News of Gabriela's activities after 1904 is impossible to find. Her tumultuous and active career as a defender of the rights of women and children ended as suddenly as it had commenced. According to the memoirs of Enrique Dickmann, a prominent Socialist physician, Gabriela was forced out of the party after she left Emilio for another man. More likely, she already was stricken with the illness that caused her death on January 7, 1907. Her brief, but intensive, efforts to

defend working women and children and document their abuse had to be taken up by others.

Alfredo Palacios and Emilio Coni continued Gabriela's campaign to enact municipal and national legislation to protect the working class and provide government-sponsored inexpensive medical care. In 1913 the Argentine feminist Socialist Carolina Muzzilli wrote a prize-winning study of the conditions faced by working women. Gabriela's work for the Argentine Anti-Tuberculosis League was continued, partly by municipal public health education programs, partly by the hygiene classes offered by the Socialist popular university program, the Sociedad de Luz (Society of Light), and partly by charitable organizations.

Emilio's work was also carried on by others. When he died in 1928 his plan to provide a centralized and well-financed program of hospital care and preventive medicine in Buenos Aires and other Argentine cities had not been fully implemented and funded. Twenty years later, during the presidential administration of Juan Perón (1946–1955), Dr. Ramón Carrillo, a *higienista* as dedicated as Emilio, started an ambitious program that incorporated many of Coni's 1917 suggestions. Under Carrillo's guidance, a new national program rapidly expanded the number of hospital beds, doctors, and nurses ready to serve public health needs. Because of the availability of penicillin and other modern medicines, communicable diseases that had endangered women and children finally were scientifically controlled.

CONCLUSION

The careers of Emilio and Gabriela Coni set the course for future public health programs and strategies to help mothers and working women. Efforts to ameliorate the health problems and working conditions of women and children appeared to have common goals but in fact were quite different. Generally speaking, these goals could be divided into two categories: plans to help women and children by regulating their behavior and health; and programs to give women more control over their jobs as mothers and as workers through education and improved working conditions at home and in the factory. One strategy sought to control women, the other to empower them.

Municipal programs to improve the nourishment and health of poor children were vital to the well-being of the

inhabitants of rapidly growing cities. Planned by members of the governing class, the programs rarely contemplated the problems of the working-class mother who had to combine child care with salaried labor. Similarly, programs to monitor medically suspect women such as prostitutes and wet nurses rarely considered the fact that these women could contract diseases as easily as they could infect others. While these programs may have had laudable goals, often they were resisted by those whom they were supposed to benefit because they were too coercive.

Socialist feminist plans to help working-class women offered a different approach to the problems of public health. Reformers geared to helping working women and children ignored the need to provide public health information to the middle and upper classes. They also presumed that insalubrious conditions in the home or factory would affect women and children more than men, and they believed in the ability of the working class to demand health reforms in the workplace. When strikes and labor demands were not successful, people like Gabriela de Coni suggested that women and children withdraw from the labor force, an often unrealistic strategy.

Countries like Argentina and cities like Buenos Aires needed a combination of programs, some multiclass as they were in Emilio Coni's dream, others class-specific and sensitive to gender issues as in the feminist-Socialist vision of Gabriela. The aspirations of both Conis relied upon the commitment of personnel and funds by private and public agencies. Over the years, many of their plans reached fruition. In 1918, Emilio published a book documenting the various agencies providing social, medical, economic, and charitable services to the working class in Buenos Aires. In his book he took credit for initiating many public facilities. He also acknowledged Gabriela's role in suggesting many programs aimed at working women. Together they left a legacy of concern about public health, child care, and working conditions that would continue to spur public and private efforts to tackle the social and medical consequences of modernization.

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7

Mandeponay: Chiriguano Indian Chief in the Franciscan Missions

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Bolivia enjoyed a rather splendid isolation during the quarter c century following independence in 1825. The Catholic Church, state, and elites generally ignored the country's indigenous popu tion as long as the Indians paid tribute, which was the principal sou of government revenue in the first years of the republic. By midcentu an economic renaissance had begun. Foreign and local capital vived silver mining and made possible some agricultural expansi Greater profitability of commercial farming naturally inflated the va of land and threatened the isolated harmony of many Indian comr nities. By what tactics could the Indians guarantee their econor and cultural survival?

Passive accommodation would mean the rapid loss of land a of cultural autonomy, and the transformation of independent farm into a pool of reserve day workers for plantations owned by othe Rebellion would mean even quicker destruction. Ethnic and regio differences among those whom others termed *Indians* also limi the possibility of real unity among Bolivia's indigenous people. T state, even if it had wanted to protect the indigenous population, creasingly embraced a laissez-faire ideology that tacitly favored wealthy and powerful. Individuals such as Manuel Isidro Belzú Bolivia and Juan Bustamante in Peru, who tried to enact reforr met with derision from their recalcitrant colleagues and even dea

Mandeponay, chief of the Chiriguano Indians from 1868 until 19 combined the skills of a caudillo and of a traditional chieftain. T Chiriguano chief found a solution that worked—for a while. He invi one powerful institution, the Church, to place a check on the encroa ments of the government and the elite. Still, the Franciscan fath pacified as they protected, and their exhortations to the Indians to good Christians and good citizens ultimately undermined the cultu autonomy of Mandeponay's people. So, too, did Mandeponay's pol of encouraging Indian migration to Argentina to seek jobs. In the sh run, it gave the Indians independence, but in the long run, it thre ened communal unity.

We cannot but admire the wily stratagems of a proud ch who secured the best deal he could for his people and himself i